

## HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

## WAIVER REQUEST

Agency (CAA): \_\_\_\_\_ CAA Technician Name: \_\_\_\_\_  
 CAA Address: \_\_\_\_\_ CAA Technician Phone: \_\_\_\_\_  
 (Street, City, State, Zip)  
 CAA Technician Email: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_  
 Property: \_\_\_\_\_ Contractor: \_\_\_\_\_

Include with all waiver requests, scope of work, applicant pre-screening form, and any applicable color photos (unless no cost waiver)

Program Grant	Additional Funding Requested
<b>EMERGENCY HOME REPAIR</b>	<b>\$2,000.00</b>
Policy Deviating from: <i>HARP Guide, Section A2.C.1: Emergency funds up to \$15,000 for Emergency Home Repairs.</i> Reason/Explanation: <i>The location of the leach field requires the build of a temporary path to allow equipment access.</i>	
<b>Policy Deviating from:</b>  <b>Reason/Explanation:</b>	

Additional Amount Requested		Leveraged Funding Available	
Home Repair	\$ _____	HRN/CDBG funds available	\$ _____
Older Adult Home Repair	\$ _____	Other:	\$ _____
Emergency Home Repair	\$ _____	Other:	\$ _____
Emergency Manufactured Home Repair	\$ _____	Total Leveraged Funding available	\$ _____
Accessibility	\$ _____		
Total Amount Requested	\$ _____		No funds available

Total Additional Amount Requested: \_\_\_\_\_

PROJECT TOTAL : \_\_\_\_\_

Project Total = original project amount + additional amount requested after leveraged funding considered.

CAA Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

## COMPLETED BY MAINEHOUSING

PO APPROVED

PO DENIED

Tech APPROVED

Tech DENIED

MaineHousing Program Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

MaineHousing Technician Signature \_\_\_\_\_

Date \_\_\_\_\_

MaineHousing Notes: