

**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-screeing form, and any applicable color photos (unless no cost waiver)

Program Grant	Additional Funding Requested
EMERGENCY HOME REPAIR	\$2,000.00

Policy Deviating from: *HARP Guide, Section A2.C.1: Emergency funds up to \$15,000 for Emergency Home Repairs.*
 Reason/Explanation: *The location of the leach field requires the build of a temporary path to allow equipment access.*

EXAMPLE

Policy Deviating from:

Reason/Explanation:

	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	\$ _____	No funds available
Total Amount Requested	\$ _____	

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: