



Maine State Housing Authority (MaineHousing)  
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

## CHIP CONSENT

Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_

**Applicant:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Property:**

\_\_\_\_\_

\_\_\_\_\_

**Owner** (if different  
than Applicant):

\_\_\_\_\_

1. I understand and agree that above-named CAA may make CHIP improvements to my home as deemed necessary in accordance with MaineHousing rules and procedures.
2. I understand and agree that if CHIP services are approved for my home that my signature below authorizes the CAA and any contractors employed by the CAA to perform recommended services.
3. I understand that any parts, components or heating system(s) that are replaced in my home will be removed from the premises by the vendor.
4. I understand that the name and contract information of the contractor will be provided to me prior to the commencement of work.
5. I understand that details of any warranties for materials used in the home will be provided by the contractor.
6. I understand that my signature below authorizes the CAA and/or MaineHousing and/or the U.S. Department of Health and Human Services to conduct inspections of the work, either in progress or after the work is completed. I understand these inspections may involve methods deemed necessary to verify the quality and integrity of the associated work.
7. I understand that materials were provided solely for the services provided at the above-named Property, and that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA reclaiming those materials or reclaiming the purchase and installation costs of those materials. I further understand that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefit from the CHIP, WAP, Fuel Assistance or any other MaineHousing administered program.
8. I agree to allow my home to be photographed for pre- and post-work documentation.

By signing below, I certify that I have read the above statements and agree to the assurances. My signature also verifies this Property is not currently for sale, nor is it designated for foreclosure. I understand failure to provide complete, accurate information may result in my having to repay cost associated with the work.

I understand that the labor and materials for the work on the above Property will be provided to me at no cost. However, I further understand that if I sell the Property within one (1) year of the completion of the CHIP improvements, I may be required to repay MaineHousing an amount equal to the cost of the CHIP improvements within sixty (60) calendar days of the date of sale.

**APPLICANT:**

**OWNER:** (if different than Applicant)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

**STATEMENT OF COMPLETION**

**Agency:** \_\_\_\_\_ Agency Contact Name: \_\_\_\_\_  
\_\_\_\_\_ Agency Contact Title: \_\_\_\_\_  
\_\_\_\_\_ Agency Contact Phone: \_\_\_\_\_  
\_\_\_\_\_ Agency Contact Email: \_\_\_\_\_

<b>Applicant:</b> _____	<b>Owner</b> (if different _____
<b>Property:</b> _____	than Applicant): _____
_____	

1. I hereby certify that I am the owner/occupant of the above residence.
2. I understand that materials were provided solely for the CHIP services provided at the above-named Property, and that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA reclaiming those materials or reclaiming the purchase and installation costs of those materials. I further understand that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefit from CHIP, Weatherization Assistance, Fuel Assistance or any other MaineHousing administered program.
3. I understand failure to provide complete, accurate information may result in me having to repay costs associated with the work.
4. I acknowledge that I received a Client Satisfaction Survey card which provides an opportunity for me to provide MaineHousing with information about my experience with the Central Heating Improvement Program.

By signing below, I certify that I have read the above statements and agree to the assurances. My signature also verifies this Property is not currently for sale, nor is it designated for foreclosure. If I sell the Property within one (1) year of the completion of the CHIP improvements, I understand I may be required to repay MaineHousing an amount equal to the cost of the CHIP improvements within sixty (60) calendar days of the date of sale.

I am satisfied with the completed work, and to the best of my knowledge all materials were completely and properly installed.

Applicant (*signature*) \_\_\_\_\_ Date \_\_\_\_\_  
Owner (*signature*) \_\_\_\_\_ Date \_\_\_\_\_

**For heating system replacements only:** I (the CAA Inspector) conducted an onsite inspection of the job and certify that the materials and measures to the best of my knowledge were completely and properly installed.

\_\_\_\_\_ Date \_\_\_\_\_  
CAA Inspector (*signature*)

\_\_\_\_\_ Phone \_\_\_\_\_  
CAA Inspector Name (*print*)

Maine State Housing Authority (MaineHousing)  
 CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)  
**TECHNICAL EVALUATION REPORT**

**CONTRACTOR:** \_\_\_\_\_ **WORK ORDER #** \_\_\_\_\_

**PRIMARY APPLICANT:** \_\_\_\_\_ **OWNER** (if different than Applicant): \_\_\_\_\_

First Name MI Last Name

First Name MI Last Name

Telephone

Telephone

**PHYSICAL ADDRESS (Property):**

**COMMUNITY ACTION AGENCY (CAA):**

Street

CAA Name

City State Zip

**CTE CHECKLIST/PROCEDURE (Technician to initial/complete all that apply):**

SSE as found (if known)	_____ %	Date of last CTE (if serve tag is present)	_____
Clean, brush & vacuum system	_____	Air filters replaced	_____
Covers & plates sealed	_____	Electrodes: _____	Cleaned _____ Replaced _____
Belts inspected	_____	Water glass: _____	Cleaned _____ Replaced _____
Chimney & flue pipe inspected	_____	Pump strainer & inner housing cleaned	_____
Controls operate properly	_____	Fuel/air mixture properly adjusted	_____
Barometric operates properly	_____	Nozzle replaced	_____
Low water cut-off flushed	_____	Firing rate optimized	_____
Motors lubricated	_____	Oil filter replaced	_____
Thermostat okay & properly located	_____	Check condition of oil tank	_____

**TEST RESULTS (Technician to initial/complete all that apply):**

Pump Pressure	_____	Draft (over-fire)	_____	Draft (stack)	_____
Gross stack temp	_____	Net Stack Temp	_____	SSE	_____ %
Smoke #	_____	CO <sub>2</sub> /O <sub>2</sub>	_____	CO	_____

**Technician to note any code violations identified or additional repairs needed that exceed the limit of this Work Order:**

*I certify as follows: (1) the work order has been completed in accordance with manufacturer's instructions and all applicable codes; and (2) this Technical Evaluation Form has been accurately completed.*

Signature of Technician

Date

Contractor Technician Name

License # (if applicable)



Maine State Housing Authority (MaineHousing)  
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

**DECLARATION OF ASSETS AFFIDAVIT**

**Community Action Agency (CAA)**

**Questions about the affidavit should be directed to:**

CAA Name \_\_\_\_\_

CAA Contact Name: \_\_\_\_\_

CAA Address \_\_\_\_\_

Telephone: \_\_\_\_\_

CAA City, State Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Return completed and signed affidavits to the above-named CAA.**

The information in this Affidavit is being requested to determine eligibility for assistance with heating system repair or replacement for the dwelling located at:

**Physical Address:** \_\_\_\_\_

**I. DECLARANT INFORMATION**

**List all applicant household members.**

	First Name	Last Name	Age	Address
1				
2				
3				
4				
5				
6				
7				

**II. ASSETS**

**List value of all assets. Ex: cash, checking, savings, CD, money market accounts etc.  
Do not list health savings accounts, educational funds, and burial accounts.**

Name and Address of Financial Institution	In Whose Name(s) Held	Type of Account	Account Balance
			\$
			\$
			\$
			\$

**List value of all investments. Ex: stocks, bonds, mutual funds, crypto currency, retirement accounts etc.**

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
			\$
			\$
			\$
			\$
			\$

**List all real estate (including property jointly owned).**

Name(s) of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Loan Balance
			\$
			\$
			\$
			\$

**III. DECLARANT CERTIFICATIONS**

Under penalty of perjury, I certify the information I gave is true, correct, and complete to the best of my knowledge as of the date set forth opposite my signature on this Affidavit. I will provide additional information upon request. If I have knowingly given false, misleading, or incomplete information, I understand I may be subject to criminal penalties, liable to MaineHousing for repayment of any benefits received, and/or risking my future eligibility for benefits.

\_\_\_\_\_  
Declarant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Declarant's Printed Name

**For CAA use only:**

**Total Countable Assets:** \_\_\_\_\_

**Notes:**

Maine State Housing Authority (MaineHousing)  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

## RENTAL AGREEMENT

1. The parties to this Rental Agreement (hereinafter the "Agreement") are the following:  
\_\_\_\_\_ Hereinafter "Tenant"  
\_\_\_\_\_ Hereinafter "Landlord"  
\_\_\_\_\_ Hereinafter "Agency"
2. The Landlord consents and agrees that the Agency may make WAP and/or CHIP improvements or repairs in accordance with the MaineHousing rules to the property located at \_\_\_\_\_ in \_\_\_\_\_ Maine (hereinafter "Property") and presently leased to the Tenant.
3. In consideration of the WAP and/or CHIP services provided by the Agency, the parties agree to the following:
  - a. OTHER LETTING OR LEASE AGREEMENT - The parties agree that the terms of this Agreement are incorporated into any written letting or lease agreement between the Landlord and the Tenant and if there is any conflict between the provisions of this Agreement and the provisions of such letting or lease agreement, the provisions of this Agreement shall govern.
  - b. RENT INCREASE - The present rent for the Property is \$ \_\_\_\_\_ per \_\_\_\_\_. The amount of rent will not be raised because of any increase in the value of the Property due solely to the WAP and/or CHIP improvements made to the Property during the term of this Agreement as described in Section 5 below. The amount of rent charged to the Tenant may only be increased to reflect the Tenant's prorated share (being determined by a ratio of the living space in the Tenant's apartment to the total building residential space) of the following expenses actually incurred and documented by the Landlord:
    - i. Actual increases in property taxes other than increases due to WAP and/or CHIP improvements made to the Property, as documented by a property tax bill relative to the Property.
    - ii. Actual cost of amortizing improvements other than WAP and/or CHIP improvements to the Property which occurred on or after the date of this Agreement and which directly benefits the Tenant as relevant evidence of such improvements.
    - iii. Actual increases in expenses of maintaining and operating the Property, as documented by bills, invoices and other relevant evidence of such expenses, taking into account the savings attributable to WAP and/or CHIP improvements made to the Property.

This section may be waived if, and only if, the Property is found eligible for subsidy, in which case the actual rent charged by the Landlord shall conform to the standards of such subsidy program.
  - c. TERMINATION OF TENANCY - There shall be no termination of tenancy except for the following reasons: (1) the Tenant, Tenant's family or an invitee of the Tenant has caused substantial damage to the Property which the Tenant has not repaired or caused to be repaired, (2) the Tenant has caused or permitted a nuisance at the Property, (3) the Tenant has caused or permitted an invitee to cause the Property to become unfit for human habitation, (4) the Tenant has violated or permitted a violation of the law regarding tenancy, (5) the Tenant is seven (7) days or more in arrears in payment of the rent. Termination shall be in accordance with the provisions of 14 M.R.S.A § 6002 (1).

d. SALE OF PROPERTY - In the event the Landlord sells the Property within one (1) year of the completion of the WAP and/or CHIP improvements, the Landlord agrees to pay the Agency an amount equal to the cost of the WAP and CHIP improvements made to the Property as of the date of sale. Said amount shall be paid to the Agency within sixty (60) calendar days of the date of sale.

4. Landlord agrees that in the event that the Tenant's tenancy is terminated before one (1) year from the completion of WAP and/or CHIP improvements, the Landlord will exercise its best efforts to lease the Property to a low-income Tenant.
5. The Agreement will begin on the date of the signature of the parties and will expire on the first rent payment date which occurs twelve (12) months after the date the WAP and/or CHIP work is completed, as documented by the WAP/CHIP Inspection Completion form.
6. It is intended by the parties that all parties to this Agreement, including the Tenant, are beneficiaries of this Agreement and shall have the right to enforce this Agreement.
7. The Landlord and the Tenant authorize the Agency to receive a statement from the fuel supplier/utility supplier as to the quantity of fuel used at the Property in each of the past three (3) years and the future three (3) years. The information is to be used only to determine the cost effectiveness of the WAP and CHIP improvements.

Dated \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Witness

Dated \_\_\_\_\_

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Witness

Dated \_\_\_\_\_

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Witness

CENTRAL HEATING IMPROVEMENT PROGRAM  
**DEFERRAL OF SERVICES NOTICE**

**Agency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_

**Applicant:**

\_\_\_\_\_

**Property:**

\_\_\_\_\_  
\_\_\_\_\_

**Owner** (if different  
than Applicant):

\_\_\_\_\_

The following describes the problems/conditions found and how the problems prevent this home from receiving Central Heating Improvement Program services at this time:

\_\_\_\_\_

The following corrective actions are required before Central Heating Improvement Program services can be initiated:

\_\_\_\_\_

You may contact the following resources to inquire about other possible types of assistance:

\_\_\_\_\_

If the problems are corrected, your home may qualify for Central Heating Improvement Program services provided the household is still eligible and there is available funding.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
Agency Representative Phone

**ACKNOWLEDGEMENT**

I understand that the condition(s) outlined above prevent my home from receiving MaineHousing Central Heating Improvement Program services at this time. It is my responsibility to contact the Agency when the condition(s) has been corrected. By signing this document, I understand that I am not giving up my rights to my benefits provided by the MaineHousing Central Heating Improvement Program.

**APPLICANT:**

**OWNER** (if different than Applicant):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date