

Maine State Housing Authority (MaineHousing)
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)
PROJECT COVER SHEET / DOCUMENT CHECKLIST

INSTRUCTIONS: The CHIP Forms Bundle contains the MaineHousing forms required to process a project for payment. Adobe's bookmark feature provides a complete list of forms. Complete this Project Cover Sheet and the forms will auto-populate. Print completed forms for signatures.

PRIMARY APPLICANT

Name (or Entity) _____
First MI Last

Mailing Address _____

City State Zip _____

Phone _____

Email _____

OWNER (if different than Applicant)

Name (or Entity) _____
First MI Last

Mailing Address _____

City State Zip _____

Phone _____

Email _____

PHYSICAL ADDRESS (PROPERTY)

Property Street _____

City State Zip _____

COMMUNITY ACTION AGENCY (CAA)

CAA Name _____

Mailing Address _____

City State Zip _____

Phone _____

Representative Name _____

Representative Phone _____

Representative Email _____

Technician Name _____

Technician Phone _____

Technician Email _____

Inspector Name _____

Inspector Phone _____

Inspector Email _____

PROJECT

Work Order # _____

Work Order Issue Date _____

Completion Date _____

Project Cost \$ _____

CONTRACTOR (Vendor/Technician)

Contractor Name _____

Mailing Address _____

City State Zip _____

Phone _____

Email _____

Representative Name _____

Representative Email _____

COMMENTS

DOCUMENT CHECKLIST

INSTRUCTIONS: The following project documents are required by MaineHousing. Use this checklist to indicate which final/signed documents have been uploaded to HEAT Enterprise. Bundle documents and upload to "Bundle- CHIP Final Documents" in HEAT Enterprise > WAP Documents:

- Required Documents**
- CHIP Consent
 - Statement of Completion
 - Proof of Ownership
 - Declaration of Assets *(if applicable)*
 - Technician Evaluation Report
 - Contractor Proposal/Cost Estimate *(if applicable)*
 - Contractor Invoice(s)
 - Contractor Release of Liens
 - Inspection Photographs
 - Rental Agreement *(if applicable)*
 - Approved Waiver(s) *(if applicable)*

- Deferred Projects must include the following:**
- Deferral of Services Notice *(if applicable)*
- Heat Pump Projects must also include the following:**
- Vendor Cost Estimate
 - Photos of Unit (interior and exterior)
 - Vendor Heat Pump Inspection Checklist
 - CAA Heat Pump Inspection Checklist
- Projects exceeding \$10,000 must also include the following:**
- Invitation to Bid (3 minimum)
 - Contractor Bids
 - Bid Tabulation Sheet

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

CHIP CONSENT

PRIMARY APPLICANT (Applicant):

OWNER: (if different than Primary Applicant)

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

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 the name and contract information of the contractor will be provided to me prior to the commencement of work.
4. I understand that details of any warranties for materials used in the home will be provided by the contractor.
5. I understand that my signature below authorizes the CAA and/or MaineHousing and/or the 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.
6. 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.
7. I agree to allow my home to be photographed for pre- and post-work documentation.
8. ***Items a through e only apply to heat pump system installations.***
I understand the following:
 - a. The system is being installed as a secondary heating source and not designed to replace my primary heating system.
 - b. The CAA has provided me with copies of pamphlets *Introduction to Heat Pumps* and *Heat Pump User Tips*.
 - c. The contractor is responsible for providing education about the system, including how to operate the system in conjunction with my primary heating system, and that I must contact the contractor directly regarding the operation of the heat pump system.
 - d. I am not eligible for a rebate from Efficiency Maine Trust (EMT) for the installation of a CHIP-funded heat pump.
 - e. My signature below authorizes the CAA and/or MaineHousing to share information with EMT regarding the assessment, installation and inspection of the heat pump system at the above named Property.

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:

CAA:

Applicant Signature Date

CAA Representative Signature Date

OWNER: (if different than Applicant)

CAA Representative Name

Owner Signature Date

CAA Representative Phone

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 ₂ /O ₂	_____	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)

CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

STATEMENT OF COMPLETION

PRIMARY APPLICANT (Applicant):

OWNER (if different than Applicant):

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

- 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.
3. In the event that a heat pump system was installed with CHIP funds,
a. I acknowledge that I received education/information about the system, how to operate it in conjunction with my primary heating system, and I was provided with the vendor's contact information in the event that I have questions/concerns regarding the operation of the heat pump system.
b. I certify that I will not claim an EMT rebate for the heat pump system installed with CHIP funds.
4. I understand failure to provide complete, accurate information may result in me having to repay costs associated with the work.
5. 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

- I (the CAA Inspector) did not conduct an onsite inspected the job.
I (the CAA Inspector) conducted an onsite inspection of the job and certify that the materials and measures were properly installed in accordance with applicable code and standards.

CAA Inspector (signature) Date

CAA Inspector Name (print) Phone

VENDOR HEAT PUMP INSPECTION CHECKLIST

HEAT Job #: _____
 Property Owner: _____
 Property Address: _____
 Dwelling Type: SF Manufactured Home

CAA: _____
 Vendor: _____
 Review Date: _____
 Inspector: _____

INSTRUCTIONS: Check boxes to confirm that each requirement has been met. A signed copy must accompany the Vendor's invoice.

HEAT PUMP SYSTEM		
	Outside Component	Inside Component
Make/Manufacturer		
Model		
Serial #		
Component Location		
Thermostat Location		

REGISTERED VENDOR INSPECTION

Outdoor Unit

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. <input type="checkbox"/> Greater than or equal to 24" above ground 2. <input type="checkbox"/> Unobstructed airflow 3. <input type="checkbox"/> Level 4. <input type="checkbox"/> Does not interfere with walkway, porch, window or door | <ul style="list-style-type: none"> 5. <input type="checkbox"/> Installed at serviceable height 6. <input type="checkbox"/> Secured to wall or stable base 7. <input type="checkbox"/> Protected by rain cap (if installed under roof drip line) |
|--|--|

Line Set

- 8. Line set purged with nitrogen, pressure tested & evacuated with pump per mfg.'s instructions
- 9. Refrigerant added, if required by manufacturer:

<input type="checkbox"/> NA	Pounds	Ounces

10. Pressure Test

	MFG Guideline	Actual
Pressure (PSI)		
Duration (minutes)		
# of evacuations performed		
Vacuum level (microns)		

11. Line set lengths (feet)

	MFG Guideline		Actual
	Maximum	Minimum	
Standard length:			
For factory charge			

- | | |
|---|--|
| <ul style="list-style-type: none"> 12. <input type="checkbox"/> Floor/wall/ceiling penetrations sealed 14. <input type="checkbox"/> Flare connections tightened using manufacturer's torque specification 15. <input type="checkbox"/> Visible line sets run through line set covers with transition and termination fittings 16. <input type="checkbox"/> Insulation covers full length of line sets (no exposed copper) | <ul style="list-style-type: none"> 13. <input type="checkbox"/> Condensate line installed without dips or traps |
|---|--|

Indoor Unit

- 17. Level
- 18. Adequate clearances for services and operation
- 19. System was run in both heating and cooling modes to ensure proper operation

Electrical Work

- 20. Breaker service devise clearly labeled
- 21. All electrical work performed by licensed electrician or as authorized by Electrician's Board
- 22. Disconnect box wiring shock risk reduced by lock, strap tie and/or box that provides other means of protection

Vendor must submit the completed Vendor Inspection Checklist to the CAA with invoice for payment.

Registered Vendor Signature: _____ **Date** _____

HOMEOWNER

- 23. I have been supplied with an Owner's Manual for the heat pump and vendor's contact information.
- 24. I have been taught how to turn the heat pump on and off, clean the filter, switch between heating and cooling modes, change the temperature set-point, adjust airflow direction and call for services.
- 25. Noise and vibration levels are acceptable.
- 25. Line set covers are aesthetically acceptable.

Homeowner Signature: _____ **Date** _____

CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)
CAA HEAT PUMP INSPECTION CHECKLIST

HEAT Job #: _____ CAA: _____
 Property Owner: _____ Inspector: _____
 Property Address: _____ Inspect Date: _____
 Dwelling Type: SF Manufactured Home Vendor: _____

Heat Pump System		
	Outside Component	Inside Component
Make/Manufacturer		
Model		
Serial #		
Component Location		
Thermostat Location		

Installation Review	Pass	Fail	NA	Corrective Action Required	RESOLVED/ Date
1. Only one heat pump system installed in dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. In compliance with the vendor quote and work order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Mounted in an unobstructed location on <input type="checkbox"/> brackets <input type="checkbox"/> stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Component location maximizes energy efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Rain cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Duct covers sealed (prevents pest entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Duct covers level or plumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Insulation full length of refrigerant lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. No exposed copper lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10. No evidence of compressor oil from unit/line set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11. Exterior and interior components level and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12. Wireless remote control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
13. Electrical work complete (per work order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14. Electrical panel/service box labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15. Thermostat in acceptable location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16. Thermostat properly installed and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17. System run in heating/cooling mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Homeowner Interview	Pass	Fail	NA	Corrective Action Required	RESOLVED/ Date
18. Received heat pump manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19. Received Introduction to Heat Pumps and User Tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
20. Shown how to clean indoor filters, outdoor coils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
21. Shown how to use heat pump controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
22. Shown how to address error messages / corrective actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
23. Given vendor contact information for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
24. Received Heat Pump Client Satisfaction Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Comments

I (the CAA Inspector) certify that the heat pump materials and measures were properly installed in accordance with the work order and that installation was completed in accordance with *CHIP Guidance and Procedures*.

CAA Inspector (*signature*) _____ Date _____

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 CAA State CAA 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 of persons who are required to declare assets.

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

II. ASSETS

**List cash, checking, savings, CD & money market accounts.
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 all stocks, bonds & mutual funds.

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