

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

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

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Greater than or equal to 24" above ground              | 5. <input type="checkbox"/> Installed at serviceable height                           |
| 2. <input type="checkbox"/> Unobstructed airflow                                   | 6. <input type="checkbox"/> Secured to wall or stable base                            |
| 3. <input type="checkbox"/> Level  | 7. <input type="checkbox"/> Protected by rain cap (if installed under roof drip line) |
| 4. <input type="checkbox"/> Does not interfere with walkway, porch, window or door |   |

#### 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			

- |   |  |
|---|--|
| 12. <input type="checkbox"/> Floor/wall/ceiling penetrations sealed   | 13. <input type="checkbox"/> Condensate line installed without dips or traps |
| 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)                         |  |

#### 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 \_\_\_\_\_

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

**RELEASE OF LIENS**

**PRIMARY APPLICANT:**

\_\_\_\_\_  
First Name                  MI                  Last Name

**PHYSICAL ADDRESS (Property):**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City    State                  Zip

**Work Order Date:** \_\_\_\_\_

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

\_\_\_\_\_  
First Name                  MI                  Last Name

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**COMMUNITY ACTION AGENCY (CAA):**

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

Regarding the Contract entered into between the CAA and Contractor, for work performed on the above-referenced Property in accordance with the agreed upon Work Order, the Contractor certifies/states as follows:

1. There is due from and payable by the CAA to the Contractor, the amount of \$ \_\_\_\_\_ pursuant to the Work Order and duly approved Change Orders and modifications.
2. The undersigned certifies that all work required under the Work Order has been performed in accordance with the terms thereof and was completed on \_\_\_\_\_ and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Work Order.
3. The undersigned releases any and all claims, other than for the final payment set forth above, arising under or by virtue of the Work Order and agrees to indemnify the CAA, MaineHousing and the property owner against any such claims.
4. The undersigned has provided directly to the Applicant or attached to this Release all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under the Work Order.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

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"/>		
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					
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**

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**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 \_\_\_\_\_