CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

STATEMENT OF COMPLETION

Agency:	Agency Contact Name: Agency Contact Title: Agency Contact Phone:
	Agency Contact Email:
Applicant: Property:	Owner (if different 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.				
CAA Inspector (signature)	Date			
CAA Inspector Name (print)	Phone			