

Maine State Housing Authority (MaineHousing)  
 WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
**PROJECT COVER SHEET**

**INSTRUCTIONS:** The WAP 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	
Property City State Zip	

COMMUNITY ACTION AGENCY (CAA)	
CAA Name	
Mailing Address	
City State Zip	
Phone	

PROJECT	
Work Order #	
Work Order Issue Date	
Completion Date	

Representative Name	
Representative Phone	
Representative Email	
Technician Name	
Technician Phone	
Technician Email	
Inspector Name	
Inspector Phone	
Inspector Email	

**Project Cost**

CONTRACTOR (CREW)	
Contractor Name	
Mailing Address	
City State Zip	
Representative Name	
Representative Phone	
Representative Email	

COMMENTS
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## 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- WAP Final Documents" in HEAT Enterprise > WAP Documents:

**Required Documentation:**

- Consent Form
- Proof of Ownership
- Power Source Signoff
- ASHRAE Calculation (*in RED or Excel*)
- Final Ventilation Checklist (ASHRAE)
- Inspection Completion
- Thermal Barrier Application (*if applicable*)
- Contractor Invoice
- Contractor Release of Liens
- Insulation Certification
- CTE Documentation
- Pre, Post & Elevation Photographs (*4 sides*)
- Drawings/Footprint
- Approved Waiver(s) (*if applicable*)
- Rental Agreement (*if applicable*)

**Deferred Projects must include the following:**

- Deferral of Services Notice

**Appliance Repair/Replace must also include the following:**

- Appliance Replacement Consent
- Technician Evaluation
- Photograph of existing and replacement appliance with tag
- Appliance vendor invoice for delivery, install and/or repair
- Vendor Release of Liens

Maine State Housing Authority (MaineHousing)  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

## WAP 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

**APPLICANT ASSURANCES:**

1. I understand and agree that above-named CAA may make WAP improvements to my home as deemed necessary in accordance with MaineHousing rules and procedures.
2. I understand and agree that cellulose or fiberglass insulation, various types of foam plastic insulation and/or various types of sealants and caulking may be used in the weatherization of my home. I shall receive Material Safety Data Sheets from the contractor chosen for the job. The SDS sheets shall cover the materials used in my home.
3. I understand and agree that as a result of these weatherization measures, it may be deemed necessary to install mechanical ventilation such as bathroom or kitchen exhaust fans with programmable switches to control the amount of air flow in my home for the purpose of health & safety. I further agree that the process of ventilation has been explained to me and I understand the necessity of the measures.
4. I understand and agree that the energy rating goal is to be up to R-49 in the attic and R-19 in the walls, when the physical characteristics of the structure allow. I further understand and agree that air sealing may be done and a vapor barrier may be installed.
5. I have received a copy of the EPA publication *The Lead-Safe Certified Guide To Renovate Right* and have also been educated on weatherization and health and safety topics pertinent to my home.
6. I understand and agree that if WAP services are approved for my home that my signature below authorizes the CAA and any contractors employed by the CAA to perform recommended services.
7. I understand a signed copy of this *WAP Consent* and a written work order will be provided to me prior to the commencement of any work. The written work order will include:
  - a. A list of the measures to be installed in the home.
  - b. The name and contact information of the contractor.
8. I understand that details of any warranties for materials used in the home will be provided by the contractor prior to installation.
9. I understand that my signature below authorizes the CAA and/or MaineHousing and/or the Department of Energy 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 testing with a blower door and other methods as deemed necessary to verify the quality and integrity of the associated work.
10. I understand that materials were provided solely for the WAP 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.
11. In consideration of any WAP services received, I understand that upon completion and final inspection of the work, the CAA shall deliver to me a list of all installed work done with description of the tasks performed and quantities and types of materials used.
12. 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 me 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 WAP improvements, I may be required to repay MaineHousing an amount equal to the cost of the WAP 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 WEATHERIZATION PROGRAM (WAP)  
**RADON INFORMED CONSENT**

**INSTRUCTIONS:** The *Radon Informed Consent* must be signed by applicants/property owners in consideration of any WAP services received.

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "[Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program](#)," there is a small risk of increased radon levels in homes when the building air tightness levels are improved. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

**Precautionary Measures:** All counties in Maine are identified as having moderate- to high-potential-radon levels.\* Precautionary measures indicated below may be installed as part of weatherization work completed:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Open sump pit capped
- Crawl space venting inspected and/or improved
- Basement isolated (air sealed) from living space
- Other: \_\_\_\_\_

**I am aware that weatherization work completed may affect levels of radon, and that mechanical ventilation may counteract any potential increases. I have received the Environmental Protection Agency's (EPA's) "A Citizen's Guide to Radon" and radon-related risks were discussed. By signing below, I acknowledge that I have read this informed consent form and have chosen to go forward with weatherization of my home.**

**APPLICANT:**

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

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

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

\*Defined as counties with predicted indoor radon screening levels at or above 2 pico curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-information#radonmap>.



**FINAL INDOOR AIR QUALITY CHECKLIST**  
**ASHRAE 62.2 – 2013 Residential Ventilation Standard**

**PRIMARY 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

The following ventilation equipment is installed in the Property:

- Bath Fan       Fan timer Switch       Range Hood       In-line Fan

To meet Indoor Air Quality Standards the Inspector has set ventilation equipment to the following specifications:

Cubic Feet per Minute  
(CFM) required \_\_\_\_\_

Measured Exhaust Fan Full  
Speed (CFM) \_\_\_\_\_

Fan/timer operation schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of power outage, please refer to the manufacturer's operating instructions to reprogram the original fan/timer settings to those specified above.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy this form was provided to the Applicant as part of client education; a copy is kept with the Applicant's file

\_\_\_\_\_  
Signature of CAA Inspector

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
CAA Inspector Phone

**ACKNOWLEDGEMENT**

- I received owner's manuals for all installed ventilation equipment.
- The process of ventilation has been explained to me and I understand that altering the settings/disconnecting the ventilation equipment may result in unhealthy indoor air quality.

**APPLICANT:**

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

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

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

WEATHERIZATION ASSISTANCE PROGRAM (WAP)

INSPECTION COMPLETION

PRIMARY 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 certify I am the owner/occupant of the above residence. I agree that the property needed the weatherization work described herein and that the work was completed satisfactorily. To the best of my knowledge the materials used and tasks performed are valid and correct. I understand I will receive the list of tasks performed and materials installed.
2. I understand that materials were provided solely for the weatherization of the above residence, and that the non-use, removal, sale, and/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, sale, and/or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefits from the CHIP, WAP, Fuel Assistance or any other MaineHousing administered program.
3. I further understand that the labor and material for this work on the above residence was provided to me at no cost. I am under no legal obligation to pay for the weatherization materials except as noted in the preceding paragraph.
4. Prior to any work commencing I received a description of the work to be performed from the CAA. I was also given copies of all applicable Material Safety Data Sheets from the contractor prior to the start of the weatherization work.
5. I understand that my signature below authorizes MaineHousing and/or the Department of Energy and/or the Department of Health and Human Services to conduct an inspection of the weatherization work. These inspections may involve testing with a blower door and other methods as deemed necessary to verify the quality and integrity of the installed measures.
6. 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 Weatherization Assistance Program.

I (the Applicant/Owner) am satisfied with the completed work.

Applicant (signature) Date
Owner (signature) Date

I (the CAA Inspector) certify that the weatherization materials and measures were properly installed in accordance with the Maine Weatherization Assistance Program Standards.

CAA Inspector (signature) Date
CAA Inspector Name (print) Phone

Maine State Housing Authority (MaineHousing)  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

**THERMAL BARRIER APPLICATION**  
Weatherization Contractor / Applicator Verification

**PRIMARY APPLICANT:**

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

**PHYSICAL ADDRESS (Property):**

\_\_\_\_\_  
Street

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

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

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

**CONTRACTOR:**

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

**COMMUNITY ACTION AGENCY (CAA):**

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

Thermal Barrier Product (must be approved by Maine State Fire Marshall):

\_\_\_\_\_

I verify that the above noted thermal barrier was installed per the manufacturer's specifications.

Additionally, I verify that one depth gauge card was visibly installed on each wall surface with the product ID on the gauge.

Lastly, I verify a copy of the product specifications sheet for the installed thermal barrier as well as all applicable MSDS information has been provided to the client / homeowner, named above, at job completion.

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

\_\_\_\_\_  
Date

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

Maine State Housing Authority (MaineHousing)  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

**INSULATION CERTIFICATE**

**Date of Completion** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contractor Name** \_\_\_\_\_  
**Contractor Address** \_\_\_\_\_  
**Contractor Phone** \_\_\_\_\_

**WALLS** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

**CEILINGS** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

**WALLS** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

**CEILINGS** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

**FLOORS** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

**OTHER** (sq ft) \_\_\_\_\_  
Type of Insulation \_\_\_\_\_  
Installed Thickness \_\_\_\_\_  
Settled Thickness \_\_\_\_\_  
R-Value Installed \_\_\_\_\_  
Amount Installed (sq ft) \_\_\_\_\_  
Weight of Bags \_\_\_\_\_  
Number of Bags \_\_\_\_\_

*I certify that the residence identified above was insulated as specified and that the installation was conducted in conformance to applicable codes, standards and regulations.*

\_\_\_\_\_  
Installer Name

\_\_\_\_\_  
Installer Signature

\_\_\_\_\_  
Date









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