

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.

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