

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**WAIVER REQUEST**

**Project Funding:**    State Lead    Federal Lead    Healthy Homes

**Project Type:**    Single Family    Multi-Family

**Agency (CAA):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Technician Name: \_\_\_\_\_  
 Technician Phone: \_\_\_\_\_  
 Technician Email: \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____ _____	

Program	Additional \$ Needed	Contractor
	\$	
<b>Reason/Explanation</b> <i>(Attach if more space is required)</i>		

Program	Additional \$ Needed	Contractor
	\$	
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Program	Additional \$ Needed	Contractor
	\$	
<b>Reason/Explanation</b> <i>(Attach if more space is required)</i>		

**TOTAL NEEDED**    \$ \_\_\_\_\_    **REVISED PROJECT TOTAL**    \$ \_\_\_\_\_

\_\_\_\_\_  
 CAA Representative Signature

Date \_\_\_\_\_

<b>COMPLETED BY MAINEHOUSING</b>	
<input type="checkbox"/> <b>WAIVER REQUEST APPROVED</b>	<input type="checkbox"/> <b>WAIVER REQUEST DENIED</b>
_____ MaineHousing Technical Services Specialist Signature	Date _____
_____ MaineHousing Program Officer Signature	Date _____
<b>Explanation:</b>	