

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

WAIVER REQUEST

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes DHHS

Agency (CAA): _____ CAA Contact Name: _____

Agency Address: _____ CAA Contact Title: _____

Project Type: Single Family Multi-Family CAA Contact Phone: _____

CAA Contact Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	

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

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	\$	
Reason/Explanation <i>(Attach if more space is required)</i>		

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	\$	
Reason/Explanation <i>(Attach if more space is required)</i>		

TOTAL NEEDED \$ _____ **REVISED PROJECT TOTAL** \$ _____

CAA Representative Signature Date _____

CAA Representative Name

COMPLETED BY MAINEHOUSING

MaineHousing Program Officer Signature	PO Approved	PO Denied	Date: _____
MaineHousing Technician Signature	Tech Approved	Tech Denied	Date: _____

Explanation: