

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 Healthy Homes Production

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 (Attach if more space is required)		

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

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

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

\_\_\_\_\_ Date \_\_\_\_\_

CAA Representative Signature

\_\_\_\_\_

CAA Representative Name

COMPLETED BY MAINEHOUSING

PO Approved PO Denied Date: \_\_\_\_\_

\_\_\_\_\_

MaineHousing Program Officer Signature

Tech Approved Tech Denied Date: \_\_\_\_\_

\_\_\_\_\_

MaineHousing Technician Signature

Explanation: