

**BRAP WAIVER REQUEST FORM**

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Person (person completing form): \_\_\_\_\_ LAA: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Class Member Status:  YES  NO Program Start Date: \_\_\_\_\_

Does applicant meet DHHS Community Support Eligibility Criteria as defined in the MaineCare Benefits Manual?  YES  NO

Is the applicant receiving or in the process of being (re-)instated for SSI/SSDI benefits?  YES  NO  
If 'YES' where is the applicant in this process: \_\_\_\_\_

Does applicant have an active application with a Section 8 Public Housing Authority or Agency?  YES  NO  
If 'YES' what is the wait list number or date of application, if known: \_\_\_\_\_

Does applicant meet one of the four priorities?  YES  NO If YES, please indicate which priority:  
 #1 Applicant is leaving a state institution (AMHI, BMHI) or private psychiatric hospital bed, or has been discharged within the last six months from any of these institutions  
 #2 Applicant is homeless as defined by US Department of Housing and Urban Development (HUD)  
 #3 Applicant is living in substandard housing as defined by HUD  
 #4 Applicant is moving from a community residential program, funded by DHHS, to a more independent living arrangement

Income Source:  SSDI  SSI  TANF  GA  NONE  OTHER Specify: \_\_\_\_\_

Total Monthly Income Amount: \$ \_\_\_\_\_ Monthly HAP request: \$ \_\_\_\_\_

Reason for waiver request (please be specific): \_\_\_\_\_

Disposition of Waiver:  Approved  Denied  Conditional Approval (note conditions below)  
Approval Conditions (please be specific): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Waiver Code:  1. Extension of 24-month maximum stay  
 2. Use of General Assistance and/or Income other than SSI/SSDI  
 3. Class member with no priority rating  
 4. Section 8 Waitlist is closed  
 9. Other: \_\_\_\_\_

I understand the above terms and conditions of this waiver. Failure to comply with the terms and conditions of this waiver and the terms of the Bridging Rental Assistance Program (BRAP) may result in the termination of assistance.

Head of Household (Tenant) Signature: \_\_\_\_\_ Date: \_\_\_\_\_