Maine State Housing Authority (MaineHousing)
2016 HOME REPAIR PROGRAM

DROUGHT RELIEF EMERGENCY SELF CERTIFICATION

APPLICANT:

First Name MI Last Name

Mailing Address

City State Zip

CO-APPLICANT:

First Name MI Last Name

Mailing Address

City State Zip

PROPERTY:

Property Street

Property City Property State Property Zip

COMMUNITY ACTION AGENCY (CAA):

CAA Name

Name of CAA Representative

Each person signing this Self Certification affirms the following:

The property for which I am requesting a grant is located within the State of Maine at the following address:

Street: _____

Town: _____

I, _____ (applicant/property owner) certify that to the best of my knowledge, my lack of portable water has been caused by recent drought related conditions. I certify that my lack of water is recent in nature and not caused by a condition known to me, other than drought.

IMPORTANT: READ THIS BEFORE SIGNING

I/we certify that the above statements are true, accurate and complete to the best of my/our knowledge and belief. This application shall remain with the Administrator to which it is submitted and/or MaineHousing.

I/we hereby consent to and authorize the Administrator and MaineHousing, after giving reasonable notice, to physically inspect my property first to determine whether the work is needed and later to confirm the work was completed.

I/we understand that the selection of a contractor and the acceptance of the materials used and the work performed is my responsibility and neither the Administrator nor MaineHousing guarantee the quality of workmanship of the property improvements.

Signature of Applicant/Owner Date

Signature of Co-Applicant/Co-Owner Signature Date