Maine State Housing Authority (MaineHousing)
2016 HOME REPAIR PROGRAM

STATEMENT OF RELEASE

APPLICANT (Owner):

First Name MI Last Name

Mailing Address

City State Zip

Daytime Telephone

Evening Telephone

Email

CO-APPLICANT (Co-Owner):

First Name MI Last Name

Mailing Address

City State Zip

Daytime Telephone

Evening Telephone

Email

PROPERTY:

Property Street

City State Zip

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Mailing Address

City State Zip

CAA Representative/Contact Name

CAA Representative Telephone

CAA Representative Email

CAA Representative Fax

I/We, the undersigned authorize the CAA, identified above, to contact any employer, town official or other agency deemed necessary and appropriate to obtain information or verifications required to comply with my/our Home Repair Program Grant request through MaineHousing.

Signature of Applicant/Owner

Date

Witness

Date

Signature of Co-Applicant/Co-Owner

Date

Witness

Date