

Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM
**HEALTHY HOMES ASSESSMENT AND INTERVENTION
COMPLIANCE AGREEMENT**

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CONTRACT DATE: _____

CONTRACT AMOUNT: _____

I have been informed of the Healthy Homes Assessment and Intervention Program.

I CHOOSE NOT TO PARTICIPATE.

Signature of Applicant Date

Signature of Co-Applicant Date

I CHOOSE TO PARTICIPATE.

By choosing to participate in the Healthy Homes Assessment and Intervention Program, I agree to the following:

1. The CAA will conduct a Healthy Homes Assessment.
2. I understand that this work will be bid upon and completed by licensed contractors, in conjunction with the lead paint abatement work that will be performed on my property. A list of certified contractors will be provided to me from the CAA.
3. I further understand that the Healthy Homes Intervention work will be paid for under the supplemental Healthy Homes grant, separate from the Lead Hazard Reduction Demonstration Program grant/loan.
4. I agree it is my responsibility to remove any and all items in the basement, outdoor area, or any other location that may need to be cleared in order to accommodate for the Healthy Homes Intervention work.

Signature of Applicant Date

Signature of Co-Applicant Date