

Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM

TENANT APPLICATION AND INFORMATION

Community Action Agency (CAA)

CAA Name _____
CAA Address _____
CAA City/State/Zip _____

Questions should be directed to:

Name of Intake Staff: _____
Telephone of Intake Worker: _____
Email of Intake Worker: _____

Return completed and signed applications to the above-named CAA.

Tenant Name: _____ First MI Last	Co-Tenant Name: _____ First MI Last
Date of Birth: _____	Date of Birth: _____
Social Sec #: _____	Social Sec #: _____
Address: _____ _____	Apartment # _____ #Bedrooms: _____
Telephone: _____	Rent Amount: _____

Total number in house (including you): _____

Name(s) of dependent children	Birthdate	Ages	Blood Lead Levels VEBL's ug/dl
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income and Assets:

Occupants must complete the section below to be enrolled in the Program.

Tenant Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*
Employer Name _____ Employer Telephone _____
Employer Address _____ Position _____
_____ No. of Years _____

Co-Tenant Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*
Employer Name _____ Employer Telephone _____
Employer Address _____ Position _____
_____ No. of Years _____

Head of Household Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*
Employer Name _____ Employer Telephone _____
Employer Address _____ Position _____
_____ No. of Years _____

Gross Income:			
Occupants must provide verification of all income.			
GROSS AMOUNT	(a) TENANT	(b) CO-TENANT	(c) Head of Household
A. Wages (gross monthly) from Employment	_____	_____	_____
B. Additional Monthly Income From:			
1. Overtime	_____	_____	_____
2. Part-Time Employment	_____	_____	_____
3. Pensions	_____	_____	_____
4. Veteran's Administration Compensation	_____	_____	_____
5. Net Rental Income	_____	_____	_____
6. Self Employment*	_____	_____	_____
7. Child Support	_____	_____	_____
8. Public Assistance (TANF/WIC/GA)	_____	_____	_____
9. Social Security Benefits	_____	_____	_____
10. Unemployment Compensation	_____	_____	_____
C. Other**	_____	_____	_____
D. Gross Monthly Income (Total A, B & C)	_____	_____	_____
E. Total (Line D Multiplied by 12)	_____	_____	_____
F. Gross Household Income (Total E(a)+E(b)+E(c):	_____		

*If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.
 ** Includes bonuses, dividends, interest, royalties, alimony, sick pay, disability, retirement, income from trusts, income from business activities or investments.

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information Yes No

Head of Household (check all that apply)

Sex of Head of Household Male Female # of Household Members _____

Single **Race:**

Married White

Elderly Black/African American

Single Parent with Children American Indian/Alaska Native

Two Parents with Children Asian

Other (specify) _____ Native Hawaiian/Other

 Pacific Islander

Ethnicity: American Indian/Alaskan Native & White

Hispanic or Latino Asian & White

Not Hispanic or Latino: Black/African American & White

 American Indian/Alaskan Native & Black/ African

 American

Physically Disabled Head of Household Yes No Other Multi-Racial

Displaced Homemaker* Yes No

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

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I certify that ALL the information I have provided on this form is **TRUE** and **CORRECT** and I acknowledge the lender's right to verify.

Tenant Signature: _____ Date: _____

Co-Tenant Signature: _____ Date: _____

Office Use Only

The Gross Income as calculated pursuant to this Income Form and the Procedural Guide has been verified by the Administrator to be: \$ _____

Maximum Eligible Income for this Tenant is: \$ _____ Percentage of AMI: _____

Dated

Signed by CAA Representative

Name of CAA Representative

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TENANT INCOME RECERTIFICATION

TO BE COMPLETED ONLY IF THE LOAN DOES NOT CLOSE WITHIN FOUR MONTHS OF APPLICATION.

Tenant Name: _____
 First MI Last

Co-Tenant Name: _____
 First MI Last

Property Address: _____

STATE OF MAINE

COUNTY OF _____, XS

_____, _____, and _____,

being duly sworn, depose and say that his/her/their Gross Income as calculated pursuant to the Income Eligibility Worksheet, Pages 1 and 2 is now:

\$ _____

Date: _____

Signature of Tenant

Date _____

Signature of Co-Tenant

Date _____

Signature of Head of Household

Subscribed and sworn to before me on _____

(Seal)

Name: _____

Notary Public/Attorney-at-Law

Commission Expires: _____

Notaries Public must have each person signing raise his or her hand and licit an affirmative response to the following oath: "DO YOU (SWEAR/AFFIRM) UNDER PENALTY OF LAW THAT YOU HAVE READ AND UNDERSTOOD THIS INCOME RECERTIFICATION AND THAT THE STATEMENTS WITHIN ARE TRUE BASED UPON YOUR PERSONAL KNOWLEDGE (SO HELP YOU GOD)?"

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BLOOD TESTING RELEASE FORM

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past **three (3) months**, you should contact your child's primary health care provider or the local health department to arrange for a test.

Please check one of the following- the one which best describes your children:

My children under six **have** had their blood lead levels tested in the past **three (3) months**. Please identify

Provider Name _____ **Date of Test** _____

I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction Demonstration Program.

My children under six **have not** had their blood lead levels tested in the past three **(3) months** and I agree to have them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Demonstration Program

Parent or Guardian Signature

Date

Parent or Guardian Name

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TENANT APPLICATION AND INFORMATION FORM

This Applicant and Information Form describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Demonstration Program Loan/Grant from MaineHousing.

HOW THE PROGRAM WORKS:

MaineHousing's Lead Hazard Reduction Demonstration Program is administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund your loan with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the program.

TEMPORARY RELOCATION

- Landlords must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Landlords are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- Single family homeowners may be eligible for relocation grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. This money can be used for moving expenses, costs for alternative housing and other relocation related expenses. Homeowners are responsible for having the home vacant and ready for contractor work prior to commencement of work.
- Homeowners and tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

OTHER REQUIREMENTS

- During the work, the contractor will need to use water, electricity and other utilities. **The cost for the use of these utilities will be at the expense of the owner.**
- Site visits will be conducted by staff from the CAA and MaineHousing during the construction phase.

RETURNING HOME:

You or your tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while you or your tenants live in the home.

RESOLUTION OF DISPUTES: MaineHousing uses a standard procedure for resolving disputes among the owner, the contractor, and the CAA concerning the rehabilitation of a home. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- *Notice of Dispute.* Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- *Informal Conference.* The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- *Binding Arbitration.* The lead hazard construction contract and/or the general construction contract between the contractor and you will contain a binding arbitration clause. If the informal conference does not produce a resolution,

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the CAA will issue a document stating that no resolution was reached and that the parties will participate in a binding arbitration proceeding to be held as soon as possible after the informal conference. Unless the CAA, owner, and contractor otherwise agree, the arbitration shall be conducted in accordance with the construction industry arbitration rules of the American Arbitration Association. The decision of the arbitrator will be final.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY FOR CLARIFICATION BEFORE SIGNING.

I certify that I have read, understand, and agree to the responsibilities and information contained in this Applicant Information Form.

Tenant Signature: _____ Date: _____

Co-Tenant Signature: _____ Date: _____