

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

PROJECT COVER SHEET – MULTI-FAMILY

INSTRUCTIONS: Complete this Cover Sheet and the forms contained in this Bundle will auto-populate. Adobe's bookmark feature provides users with access to each form contained in the Bundle. The Cover Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data and then print completed documents for signature(s). Forms not contained in the Bundle can be downloaded from the CAA Portal.

Provide the following data:

APPLICANT (OWNER)

Company Name _____
First Name _____ MI _____
Last Name _____
Mailing Address _____
City _____
State _____ Zip _____
Daytime Telephone _____
Evening Telephone _____
Email _____

CO-APPLICANT (CO-OWNER)

Company Name _____
First Name _____ MI _____
Last Name _____
Mailing Address _____
City _____
State _____ Zip _____
Daytime Telephone _____
Evening Telephone _____
Email _____

PROPERTY

Property Street _____
Property City _____
Property State _____ Zip _____
County _____

CAA (ESCROW AGENT/ADMINISTRATOR)

CAA Name _____
Mailing Address _____
City _____
State _____ Zip _____
Telephone _____
Rep Name _____
Rep Telephone _____
Rep Email _____
Inspector Name _____
Inspector Telephone _____
Inspector Email _____
Intake Worker Name _____
Intake Telephone _____
Intake Email _____

PROPERTY TYPE

Single Family
 Multi-Family # of Units _____

CONTRACT

Contract/Grant Amount \$ _____
Contract/Agreement Date _____
Project Completion Date _____
Interior Start Date _____
Interior End Date _____
Exterior Start Date _____
Exterior End Date _____

CONTRACTOR

Contractor Name _____
Mailing Address _____
City _____
State _____ Zip _____
Telephone _____
Contractor Rep Name _____
Contractor Rep Telephone _____
Contractor Rep Email _____
Lead Designer Name _____
Lead Designer Telephone _____
Lead Designer Email _____

OWNER-OCCUPIED UNIT

UNIT # _____
Household Size: _____
Maximum Eligible Income: _____
AMI: _____

TENANT INFORMATION

UNIT #

Tenant Name

First MI Last

Co-Tenant Name

First MI Last

Mailing Address

City, State Zip

Telephone

Email

Household Size:

Maximum Eligible Income:

AMI:

UNIT #

Tenant Name

First MI Last

Co-Tenant Name

First MI Last

Mailing Address

City, State Zip

Telephone

Email

Household Size:

Maximum Eligible Income:

AMI:

UNIT #

Tenant Name

First MI Last

Co-Tenant Name

First MI Last

Mailing Address

City, State Zip

Telephone

Email

Household Size:

Maximum Eligible Income:

AMI:

Household Income and Assets:

Owner does not need to complete income/asset information. However, if owner needs assistance above the \$10,000 per unit program limit and owner claims he/she cannot afford to pay the difference between the unit subsidy and total project cost, then owner will be required to provide supporting documentation to demonstrate financial hardship.

Owner Occupant must complete the section below if owner's unit is to be enrolled into the program.

Applicant 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-Applicant 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 (Owner must provide verification of all income):

GROSS AMOUNT	(a) APPLICANT	(b) CO-APPLICANT	(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.

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 enter the improved property to determine that the improvements specified in this application have been completed. I/we understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the Administrator nor MaineHousing guarantees the quality of workmanship of the property improvements. I/we understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

NOTICE: Consumer reports (Merchant's Report) may be obtained in connection with this Application by the Administrator. If requested, 1) You will be informed whether or not consumer reports were obtained; and 2) If reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports.

Signature of Applicant (Owner) _____
Date

Signature of Co-Applicant (Co-Owner) _____
Date

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:

Hispanic or Latino American Indian/Alaskan Native & White

Not Hispanic or Latino: Asian & White

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.

Office Use Only

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

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

Dated _____
Signed by CAA Representative

Name of CAA Representative

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

PRIVACY NOTICE

MAINE STATE HOUSING AUTHORITY

Safeguarding information in this age of technology presents new challenges for all of us. But at the Maine State Housing Authority, your confidence in us is our greatest asset. For that reason we adhere to strong guidelines to ensure that any private financial information you share with us is protected and held in confidence. Our employees are highly trained and are held to the highest standards of conduct.

Maine State Housing Authority wants you to understand how we gather, use and safeguard information about you to provide you with our products and services. This notice explains our practices for the gathering, sharing and security of information relating to our customers.

Information We Gather

As part of providing you with financial products or services, we gather non-public personal information about you from the following sources:

- Applications, account forms and other information that you provide to us, whether in writing, in person, by telephone, electronically or by any other means. This information may include your name, address and social security number.
- Your transaction with us.
- Information about your transactions with non-affiliated parties.
- Information from a consumer reporting agency.

Information We Share

We do not share any personally identifying information on our current or former customers to any third party, except the following as permitted by law:

With your permission.

- To comply with federal or state laws and other applicable legal requirements.
- To consumer reporting agencies.
- To respond to subpoena or court order, judicial process or regulatory authorities.
- To third parties assisting us in performing our functions or services to you. These third parties are under contract to maintain this information in confidence and not use this information for other purposes. For example, we may share personally identifying information with mailing services, firms that assist us in marketing our products or other financial institutions with whom we jointly market financial products or services. We may share personally identifying information with service providers who help us process your applications or service your accounts. Our service providers include attorneys and other professionals.

Because we do not share non-public information, outside of these exceptions, opting-out is not necessary.

If you are no longer an active customer, we will retain your records for as long as required by law. We will continue to treat your personally identifying information as described in this notice.

Our Security Procedures and Information Accuracy

We restrict access to the personal and account information of our customers to those employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect customer information.

We also have internal controls to keep customer information as accurate and complete as possible. If you believe that any information about you is not accurate, please let us know.

If you have a privacy-related concern, please contact our Compliance Officer, Paula Weber, 207-626-4619 or 1-800-626-4600 ext. 1619.

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

AFFIDAVIT FOR MULTI-FAMILY OWNER(S)

Each person signing this Affidavit for Multi-Family Owner(s), being duly sworn, deposes and says that:

1. The building(s) and apartment unit(s) for which I am requesting a Loan under the Maine State Housing Authority Lead Hazard Reduction Demonstration Program (the "Program") is located within the State of Maine at the following address (collectively, the "Program Units"):

(Street)

(Town)

2. The Program Unit(s) are owned by me.
3. For a period of no less than three years beginning on the date on which the Loan is closed, I agree to lease at least 50% of the Program Units to tenants with a household income at or below 50% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines and which guidelines I acknowledge are maintained by the Administrator, and I agree to lease the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, I will obtain a "waiver" from the Program Administrator.
4. During the three year term I agree to screen prospective Program Unit tenants to determine income eligibility so that the income requirements described in Section 3 above are satisfied, and I agree to verify tenant income eligibility with the Program Administrator to confirm that the Section 3 income requirements are being satisfied as often as may be required by the Program Administrator.
5. When leasing Program Units during the three year term I agree to give priority to income eligible families with children under the age of six years.
6. I agree to advertise vacant/vacated Program Units on the MaineHousingsearch.org website. I agree to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.
7. I understand I must submit a new tenant income verification form to the Program Administrator when a change in tenancy occurs during the three year term. Additionally, I will comply with Program Administrator's request to complete and submit an Annual Verification of Grant Compliance form.
8. I understand that any misrepresentation or misstatement in this Affidavit or any other document executed in connection with the Program Loan issued to me will constitute a breach of this Affidavit and entitle the Maine State Housing Authority MaineHousing to take appropriate proceedings against me. **I may be subject to Criminal Penalties for any misrepresentation, misstatement made in connection with this Affidavit or failure to abide by the requirements contained in this Affidavit.**
9. I understand that MaineHousing, the Program Administrator, any mortgage insurer or guarantor or any of their representatives may wish to investigate or to verify the matters set forth in this Affidavit or in other documents provided in connection with the my application for a Program Loan, and I hereby permit such investigation or verification.
10. I understand that upon sufficient notice, MaineHousing or agents of the Program Administrator shall have the right of entry to the Program Units and the right to inspect all Program work done, material, equipment and fixtures furnished, installed or stored in and about the Program Units.

11. In the case of co-owners, statements made throughout this Affidavit in the singular include the plural.

Date: _____

Signature of Applicant

Date: _____

Signature of Co-Applicant

State of Maine
_____,ss.

Personally appeared the above-named _____ being
duly sworn stated under oath that the facts set forth herein are true based on his/her personal knowledge and
information contained in records in his/her custody and control.

Before me,

Print Name: _____

Notary Public/Attorney at Law

Commission expires: _____

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

APPLICANT INFORMATION FORM

This Applicant 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:

Maine State Housing Authority's Lead Hazard Reduction Demonstration Program is administered by Community Action Agencies (CAA/Administrator). 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.

Maine State Housing Authority 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.

GENERAL PROGRAM INFORMATION:

SINGLE FAMILY OWNER OCCUPIED HOMES

- A grant will be provided for income eligible owner occupied single family homes. You will be required to sign several documents, including an application, grant documents, a lead hazard reduction demonstration construction contract and other documents necessary for completion of lead hazard control work. You must also provide proof of your income such as check stubs and complete income tax returns and will need to provide proof that you own the building (e.g. a property deed).
- The maximum grant amount that a single family homeowner can receive is \$16,000. You must use the home you plan to repair as your principal residence and there must be a child under the age of 6 years permanently residing in your home. This amount may not be enough to treat all of the lead hazards in your home. MaineHousing reserves the right to increase the loan amount on a case by case basis, contingent upon available funds. MaineHousing also reserves the right to declare the project too expensive or economically unfeasible and to "walk away".
- In addition to the lead hazard reduction demonstration grant funds, additional grant money is available to conduct Healthy Homes Rating System (HHRS) environmental assessments in Program homes and related Healthy Homes (HH) interventions in select units receiving lead hazard reduction interventions. Healthy Homes interventions will address indoor allergens, household injury risks, mold, radon and other home-based environmental health hazards as identified by the HHRS. The maximum allowed funding pre HH intervention is \$3,238.

MULTIFAMILY PROPERTY OWNERS

- Deferred/forgivable loans will be provided to owners of rental properties. The maximum number of rental units a for-profit or non-profit owner can enroll is ten. The maximum loan amount an owner can receive is 10,000 per unit or \$100,000. Owners who have enrolled 10 unit limits under a separate grant are eligible to enroll an additional 10 units, which can consist of different properties. Owners will be required to lease the enrolled units to low-income families for a period of three years and must sign an affidavit and loan documents promising such. If costs exceed \$10,000 per unit, owners must pay the difference. If owners can't or refuse to pay the difference, MaineHousing reserves the right to "walk away". The cost of lead paint inspections and abatement design will be funded by MaineHousing for eligible rental units and not included in the loan amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard control work.
- Owners will be required to sign several documents, including an application, an affidavit, loan documents, a construction contract and other documents necessary for completion of lead hazard control work. Owners must also provide proof of building ownership (e.g. a property deed).
- Loan terms are as follows: Maximum of \$10,000 per unit, up to a maximum of 10 units or \$100,000, 0% interest, no monthly payments and entire loan is forgiven if you lease the enrolled units to low-income families for a period of three years from date of loan closing. If you transfer title, refinance, foreclosed on, sell the property or break the affordability requirements prior to the maturation of the three year loan term, **the entire loan amount** is due back to MaineHousing.

TEMPORARY RELOCATION

- Owners must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Owners 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 \$1,200 to help with temporary relocation costs. It is the owner'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 \$1,200 to help with temporary relocation. 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

- Homeowner insurance is required for all properties enrolled in the program. Applicants with properties located in a FEMA recognized Special Flood Hazard Area will not be allowed to participate in the program.
- Owners can only hire a qualified, licensed contractor to perform the work and cannot use loan proceeds to pay for his/her own labor or to purchase his/her own materials to perform the work.
- Do not start any work until your application is approved **AND** you have signed required loan documents and other required documents with the Community Action Agency. Any work started prior to loan closing will not be funded by MaineHousing.
- 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.

CONTRACTOR PROPOSALS:

- The CAA will obtain a minimum of three bids from separate, qualified contractors to perform the work. The contractor must be a Maine Department of Environmental Protection licensed lead abatement contractor and or a Lead Smart Renovator (if the type of work allows for a Lead Smart Renovator).
- You should check the contractor's past performance through references and the Better Business Bureau. Your CAA may be able to offer assistance to you.
- The CAA will award the project to the lowest bidder. If you choose a contractor whose bid is higher than another, **you will be responsible** for paying the difference between the low bid and the bid you chose.

CONTRACTS:

- Maine State Housing Authority's Lead Hazard Reduction Demonstration Program requires a standard lead hazard reduction demonstration construction contract to be signed by you and the chosen contractor. The CAA will provide the contract you must use.

CONTRACTOR PAYMENTS:

- No payments will be released to the contractor until the CAA authorizes payment. Final payment will be withheld until the contractor passes a visual inspection and a lead dust wipe clearance test performed by the CAA.
- You, the chosen contractor and the Community Action Agency will enter into an Escrow Agreement. This enables the CAA to hold and distribute the construction funds on your behalf and in accordance with program rules.

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: The Maine State Housing Authority 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, 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.

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

APPLICANT (OWNER):

CAA (ADMINISTRATOR):

Signature of Applicant

Signature of CAA Representative

Signature of Co-Applicant

CAA Representative Name

Date

Date

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

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Name of Customer Account or Other Identifying Number

I have applied for or obtained a loan or grant from MaineHousing and _____ (CAA).

As part of this process and/or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, MaineHousing and/or the CAA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to MaineHousing and the CAA, for verification purposes, the following applicable information:

1. Past and present employment or income records.
2. Bank account, stock holdings, and any other asset balances.
3. Past and present landlord references
4. Other consumer credit references

If the request is for a new loan or grant, I further authorize MaineHousing and/or the CAA to order a credit consumer report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., MaineHousing and the CAA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan/grant and loan application will be available to MaineHousing and the CAA without further notice or authorization, but will not be disclosed or released by MaineHousing and the CAA to another government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan/grant.

The recipient of this form may rely on the Government's representation that the loan/grant is still in existence.

The information MaineHousing and the CAA obtains is only to be used to process my request for a loan/grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the notice to Applicant Regarding Privacy act Information. I understand that if I requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

Customer Signature Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

MSHA and the CAA are an Equal Opportunity Lender

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

MAINEHOUSING INVOICE

Applicant (Owner):	CAA:
Property Address:	Number of Units:
	Invoice Date:

1st PHASE	
Lead Inspection and Risk Assessment (\$600)	\$
Lead Design (\$500)	\$
Abatement amount and Merchant Fee	\$
Approved change order	\$
Healthy Home intervention	\$
Dust wipes for units occupied by children under 6	\$
Water test for units occupied by children under 6	\$
Soil test for units occupied by children under 6	\$

INTERIM PHASE	
Approved change order	\$

FINAL PHASE	
Relocation, must include copies of invoices & receipts*	\$
Travel reimbursement for projects over 50 miles from office (must include amount of mileage and how many trips)	\$
Origination Fee (s) up to \$1,300 per unit (standard fee)	\$
Final Dust wipes _____ swipes @ _____	\$
Miles _____ # of site visits _____	\$

TOTAL PROJECT AMOUNT	\$
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*Must include copies of invoices, receipts, mileage to receive any reimbursement for Relocation & Travel

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

DOCUMENT CHECKLIST - MULTI-FAMILY LOAN SUBMISSION

Applicant (Owner):	CAA:
Property Address:	Number of Units:
	Date Submitted:

PHASE 1	CAA DOCUMENT SOURCE
FILE SECTION 1 (<i>Owner</i>)	
Applicant-Owner Application (including Applicant Information Form)	Appendix A
Applicant Affidavit	Appendix A
Authorization to Release Information (Owner)	Appendix E
Children Under 6 Years Old Visiting Certification	Appendix
Proof of Ownership (Property Deed and/or tax bill)	Borrower
Proof of Insurance (homeowners insurance information)	Borrower
Good Faith Estimate	Appendix D
Merchant's Report	CAA
FILE SECTION 2 (<i>Tenants & Invoice</i>)	
Phase 1 Billing Invoice	Appendix 1-A
Phase 1 Multifamily Checklist for Loan Documentation	Appendix U
Waivers (if applicable)	Appendix K
Tenant Application and Information Form (including Tenant Blood Testing Release Form, if applicable)	Appendix B
FILE SECTION 4 (<i>Bids, Reports, Designs & Plans</i>)	
Lead Paint Inspection and Risk Assessment Report	CAA
Lead Design Plan (<i>including Addendums</i>)	Exhibit C
Bid Package (including Bid Tabulation Sheet and Refusal to Bid, if any)	CAA
FILE SECTION 5 (<i>Fed & State Compliance</i>)	
Environmental Review with supporting documentation (<i>Submit to MH prior to loan closing</i>)	Appendix F
FILE SECTION 6 (<i>Photos, Correspondence</i>)	
Colored Photo(s) (pre-project)	CAA
Correspondence	CAA

CAA/Administrator certifies that all documents listed have been included with the project file located at the CAA/Administrator's office. CAA/Administrator further certifies that documents not included on this Checklist, but are required by program regulations as referenced in the Procedures Guide, are maintained in the Borrower(s) file at the CAA/Administrator's office. These documents are subject to periodic inspection by MaineHousing.

CAA Representative Signature

Date

CAA Representative Name

Maine State Housing Authority (MaineHousing)
Lead Hazard Reduction Demonstration Grant Program

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION FORM

Property Address: _____ Apt. #: _____

On your application for funding through MaineHousing's Lead Hazard Reduction Demonstration Grant Program (LHRD), you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting for the LHRD is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date: _____

Owner/Occupant Signature: _____

Owner/Occupant Name: _____

Date: _____

Co-Owner Signature: _____

Co-Owner Name: _____

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 VEHL'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.			
	(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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	# of Household Members	_____
Single	<input type="checkbox"/>		Race:	
Married	<input type="checkbox"/>		White	<input type="checkbox"/>
Elderly	<input type="checkbox"/>		Black/African American	<input type="checkbox"/>
Single Parent with Children	<input type="checkbox"/>		American Indian/Alaska Native	<input type="checkbox"/>
Two Parents with Children	<input type="checkbox"/>		Asian	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>		Native Hawaiian/Other	<input type="checkbox"/>
			Pacific Islander	<input type="checkbox"/>
Ethnicity:			American Indian/Alaskan Native & White	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>		Asian & White	<input type="checkbox"/>
Not Hispanic or Latino:	<input type="checkbox"/>		Black/African American & White	<input type="checkbox"/>
			American Indian/Alaskan Native & Black/ African American	<input type="checkbox"/>
Physically Disabled Head of Household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Multi-Racial	<input type="checkbox"/>
Displaced Homemaker*	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

UNIT # _____

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

UNIT # _____

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

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)?"

UNIT # _____

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

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

UNIT # _____

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

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,

UNIT # _____

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: _____

UNIT# _____

Maine State Housing Authority (MaineHousing)
2016 LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

TENANT/LANDLORD INCOME DECLARATION FORM

The following income verification document review hierarchy must be followed in all cases (please reference HUD Policy Guidance Number: 2013-07 Dated: October 1, 2013):

- A. Third Party (online or hard copy)
- B. Verbal Third Party (documented by the grantee)
- C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)

Program Administrator must document attempts to verify income through steps A. Third Party (online or hard copy) and B. Verbal Third Party (documented by the grantee):

A. Third Party online/hard copy verification:

Attempted on: _____ Attempted by _____
Comments _____

B. Verbal Third Party verification:

Attempted on: _____ Attempted by _____
Person contacted: _____
Organization/employer/business: _____
Date of conversation: _____
Information conveyed/reason for not having a written request and response:

C. Tenant/Landlord Declaration *(signed statement by tenant and/or landlord):*

The Applicant is unable or unwilling to provide adequate third party documentation, and a verbal third party confirmation of income is not possible; therefore, this declaration is being submitted.

Applicant's employer: _____
Applicant's income: _____
Income deductions: _____
Evidence of financial assistance received from other public sources:

Number of children in the unit and ages: _____

Comments

(Other information relevant to the applicant's eligibility that provides a basis for providing assistance, such as neighborhood income statistics, location of the unit within a designated revitalization zone, etc.):

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Landlord Signature	_____ Landlord Name	_____ Date
_____ Tenant Signature	_____ Tenant Name	_____ Date
_____ Administrator Signature	_____ Administrator Name	_____ Date

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 # _____
Telephone: _____	#Bedrooms: _____
	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.			
	(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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	# of Household Members	_____
Single	<input type="checkbox"/>	<input type="checkbox"/>	Race:	
Married	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>
Single Parent with Children	<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>
Two Parents with Children	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Other	<input type="checkbox"/>
			Pacific Islander	<input type="checkbox"/>
Ethnicity:			American Indian/Alaskan Native & White	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
Not Hispanic or Latino:	<input type="checkbox"/>	<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>
			American Indian/Alaskan Native & Black/ African American	<input type="checkbox"/>
Physically Disabled Head of Household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Multi-Racial	<input type="checkbox"/>
Displaced Homemaker*	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

UNIT # _____

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

UNIT # _____

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

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)?"

UNIT # _____

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

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

UNIT # _____

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

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,

UNIT # _____

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: _____

UNIT# _____

Maine State Housing Authority (MaineHousing)
2016 LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

TENANT/LANDLORD INCOME DECLARATION FORM

The following income verification document review hierarchy must be followed in all cases (please reference HUD Policy Guidance Number: 2013-07 Dated: October 1, 2013):

- A. Third Party (online or hard copy)
- B. Verbal Third Party (documented by the grantee)
- C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)

Program Administrator must document attempts to verify income through steps A. Third Party (online or hard copy) and B. Verbal Third Party (documented by the grantee):

A. Third Party online/hard copy verification:

Attempted on: _____ Attempted by _____
Comments _____

B. Verbal Third Party verification:

Attempted on: _____ Attempted by _____
Person contacted: _____
Organization/employer/business: _____
Date of conversation: _____
Information conveyed/reason for not having a written request and response:

C. Tenant/Landlord Declaration *(signed statement by tenant and/or landlord):*

The Applicant is unable or unwilling to provide adequate third party documentation, and a verbal third party confirmation of income is not possible; therefore, this declaration is being submitted.

Applicant's employer: _____
Applicant's income: _____
Income deductions: _____
Evidence of financial assistance received from other public sources:

Number of children in the unit and ages: _____

Comments

(Other information relevant to the applicant's eligibility that provides a basis for providing assistance, such as neighborhood income statistics, location of the unit within a designated revitalization zone, etc.):

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Landlord Signature	_____ Landlord Name	_____ Date
_____ Tenant Signature	_____ Tenant Name	_____ Date
_____ Administrator Signature	_____ Administrator Name	_____ Date

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 # _____
Telephone: _____	#Bedrooms: _____
	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.			
	(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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	# of Household Members	_____
Single	<input type="checkbox"/>	<input type="checkbox"/>	Race:	
Married	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>
Elderly	<input type="checkbox"/>	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>
Single Parent with Children	<input type="checkbox"/>	<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>
Two Parents with Children	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian/Other	<input type="checkbox"/>
			Pacific Islander	<input type="checkbox"/>
Ethnicity:			American Indian/Alaskan Native & White	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>
Not Hispanic or Latino:	<input type="checkbox"/>	<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>
			American Indian/Alaskan Native & Black/ African American	<input type="checkbox"/>
Physically Disabled Head of Household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Multi-Racial	<input type="checkbox"/>
Displaced Homemaker*	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

UNIT # _____

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

UNIT # _____

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

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)?"

UNIT # _____

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

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

UNIT # _____

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

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,

UNIT # _____

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: _____

UNIT# _____

Maine State Housing Authority (MaineHousing)
2016 LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

TENANT/LANDLORD INCOME DECLARATION FORM

The following income verification document review hierarchy must be followed in all cases (please reference HUD Policy Guidance Number: 2013-07 Dated: October 1, 2013):

- A. Third Party (online or hard copy)
- B. Verbal Third Party (documented by the grantee)
- C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)

Program Administrator must document attempts to verify income through steps A. Third Party (online or hard copy) and B. Verbal Third Party (documented by the grantee):

A. Third Party online/hard copy verification:

Attempted on: _____ Attempted by _____
Comments _____

B. Verbal Third Party verification:

Attempted on: _____ Attempted by _____
Person contacted: _____
Organization/employer/business: _____
Date of conversation: _____
Information conveyed/reason for not having a written request and response:

C. Tenant/Landlord Declaration *(signed statement by tenant and/or landlord):*

The Applicant is unable or unwilling to provide adequate third party documentation, and a verbal third party confirmation of income is not possible; therefore, this declaration is being submitted.

Applicant's employer: _____
Applicant's income: _____
Income deductions: _____
Evidence of financial assistance received from other public sources:

Number of children in the unit and ages: _____

Comments

(Other information relevant to the applicant's eligibility that provides a basis for providing assistance, such as neighborhood income statistics, location of the unit within a designated revitalization zone, etc.):

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____ Landlord Signature	_____ Landlord Name	_____ Date
_____ Tenant Signature	_____ Tenant Name	_____ Date
_____ Administrator Signature	_____ Administrator Name	_____ Date