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

APPLICANT ACKNOWLEDGEMENT OF LIMITED FUNDS

APPLICANT (BORROWER):		APPLICANT (CO-BORROWER):			
Company Name (if applicable)		CAA Name			
First Name MI Last Name		First Name	MI	Last Name	
PROPERTY:		COMMUNITY ACTION AGENCY (CAA)			
Property Street		CAA Name			
Property City Property State	Property Zip	Mailing Address	;		
		City		State	Zip
CONTRACTOR:		CONTRACT	AMOUN	IT: <u>\$</u>	
Contractor Name		CONTRACT	DATE:		
I/We acknowledge and understand that specifically identified in a Program Correspondence written Contact Date and such it guidelines established by the Maine Delive, acknowledge that I/we have recepamphlet entitled <i>Protect Your Family</i> prepared in connection with the above. Signed by all owners of the proper	nstruction Contract be dentified hazards will epartment of Environ eived a copy of the U from Lead in Your He referenced Property	etween me/us and the mitigated in mental Protection ited States Envolve and a copy	nd the ab accordar on. vironmen	oove named (nce with lead tal Protection	Contractor on the hazard control Agency
Signature of Applicant (Owner)			Da	ate	
Signature of Co-Applicant (Co-Owner)			Da	ate	
If I am an owner of rental propertie below, that the above referenced b tenants as required by law.					
Signature of Applicant (Owner)			Da	ate	
Signature of Co-Applicant (Co-Owner)			Da	ate	