

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

TENANT ACKNOWLEDGEMENT

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY

Property Street

City State Zip

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Mailing Address

City State Zip

I/We the below listed Tenant(s) acknowledge and understand that the purpose of the funds being provided under the MaineHousing Lead Hazard Reduction Demonstration Grant Program (the "Program") is to reduce lead hazards in my apartment located at the above-referenced Property. I/We also understand that the funds being provided under this Program may not be sufficient to address all lead hazards in or around my apartment and that the Owner(s) will be responsible for providing any additional funds which may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project can not be met under Program funding guidelines. MaineHousing will review each project on a case by case basis.

I/We acknowledge and understand that the lead hazards to be addressed through Program funds will be those specifically identified in a Program Construction Contract between the property owner(s) and a licensed lead abatement contractor and such identified lead hazards will be mitigated in accordance with lead hazard control guidelines established by the Maine Department of Environmental Protection and the United States Department of Housing and Urban Development.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled *Protect Your Family From Lead in Your Home* in connection with our apartment unit.

Signature of Tenant

Name of Tenant

Apartment #

Date

Signature of Co-Tenant

Name of Co-Tenant

Apartment #

Date