

UNIT # _____

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

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

APPLICANT (OWNER):

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

Company Name (if applicable)

First Name MI Last Name

First Name MI Last Name

PROPERTY

COMMUNITY ACTION AGENCY (CAA):

Property Street

CAA Name

City State Zip

CAA Mailing Address

City State Zip

I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard control work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("Administrator"), and/or other documents which may be required by the Administrator, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the Administrator and the above referenced Contractor to prepare the Property for lead hazard reduction work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.

Reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the Administrator is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.

By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that \$1,250 is the maximum amount of money to be received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard control work is being carried out. If you do not understand this agreement, do not sign it.

Signature of Occupant

Apartment/Unit #

Date

Name of Occupant

Signature of Co-Occupant

Apartment/Unit #

Date

Name of Co-Occupant

By signing below, the Administrator acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

Signature of CAA Representative

Date

CAA Representative Name