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

APPLICANT ACKNOWLEDGEMENT OF LIMITED FUNDS

APPLICANT (BORROWER):	CO-APPLICANT (CO-BORROWER):
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
Property City Property State Property Zi	ip Mailing Address
	City State Zip
CONTRACTOR:	CONTRACT AMOUNT: _\$
Contractor Name	CONTRACT DATE:
specifically identified in a Program Construction Co above written Contact Date and such identified haz guidelines established by the Maine Department of I/We, acknowledge that I/we have received a copy pamphlet entitled <i>Protect Your Family from Lead in</i> prepared in connection with the above referenced I	of the United States Environmental Protection Agency Your Home and a copy of the Lead Inspection Report
Signed by all owners of the property:	
Signature of Applicant (Owner)	Date
Signature of Co-Applicant (Co-Owner)	Date
	nrolled into this Program, I further certify, by signing d Lead Inspection Report has been distributed to my
Signature of Applicant (Owner)	Date
Signature of Co-Applicant (Co-Owner)	Date