

Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
PROJECT COVER SHEET - SINGLE 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)	
First Name	_____ MI _____
Last Name	_____
Mailing Address	_____
City	_____
State	_____ Zip _____
Daytime Telephone	_____
Evening Telephone	_____
Email	_____

CO-APPLICANT (CO-OWNER)	
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	_____
Technician Name	_____
Technician Telephone	_____
Technician Email	_____
Intake Worker Name	_____
Intake Telephone	_____
Intake Email	_____

PROPERTY TYPE	
<input type="checkbox"/> Single Family	
<input type="checkbox"/> Multi-Family	# Units _____

CONTRACT	
Contract/Grant Amount	\$ _____
Contract/Agreement 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	_____

ELIGIBILITY	
Household Size:	_____
Maximum Eligible Income:	_____
AMI:	_____

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

NOTICE OF RIGHT TO CANCEL

Single Family Home

Multi-Family Home

APPLICANT (BORROWER):

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 Zip

Mailing Address

City State Zip

CONTRACTOR:

Contract Amount: _____

Contract Date: _____

Contractor Name

In this Notice, the words "I", "me", and "my" mean each person who signs as a Borrower below. The words "you" and "your", and "the Lender" mean the Community Action Agency who signs as a Lender below.

1. DESCRIPTION OF LOAN

This Notice relates to a grant/loan from the Lead Hazard Reduction Demonstration Program for the above referenced Contract Amount and on the above-referenced Contract Date (the "Loan"), secured by a mortgage on my home which is located at the above-referenced Property.

2. MY RIGHT TO CANCEL

I am entering into a Loan that will result in a mortgage on my home. I have a legal right to cancel this Loan, without cost, within three business days from whichever of the following events occurs last:

- a. the date of the loan; or
- b. the date I received my Mortgage Loan Disclosure; or
- c. the date I received the Notice of Right to Cancel.

If I cancel the Loan, the mortgage is also canceled. Within 20 calendar days after you receive my notice, you must take the steps necessary to reflect that the mortgage on my home has been canceled and you must return to me any money or property I have given to you or to anyone else in connection with this loan.

I may keep any property or money you have given me until you have done the things mentioned above, but I must then offer to return the money or property. If it is impractical or unfair for me to return the property, I must offer its reasonable value. I may offer to return the property at my home or at the location of the property. Money must be returned to the Lender at the address above. If you do not take possession of the money or property within 20 calendar days of my offer, I may keep it without further obligation.

3. HOW TO CANCEL

If I decide to cancel this loan, I may do so by notifying the Lender in writing at the address above. I may use any written statement that is signed and dated by me and states my intention to cancel, or I may use this Notice by dating and signing it where indicated below. I should keep one copy of this Notice because it contains important information about my rights.

You may use any written statement that is signed and dated by you and states your intention to cancel, or you may use this Notice by dating and signing below. Keep one copy of this notice as it contains important information about your rights.

If I cancel by mail or telegram, I must send the notice **no later than midnight of** _____ (midnight of the third business day from the date above). If I send or deliver my written notice to cancel some other way, it must be delivered no later than that time.

I WISH TO CANCEL

Signature of Borrower

Date: _____

Signature of Co-Borrower

Date: _____

4. ACKNOWLEDGMENT OF RECEIPT

Each of us acknowledges receipt of two completed copies of this Notice, and we understand its meaning.

Signature of Borrower

Date: _____

Signature of Co-Borrower

Date: _____

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 – SINGLE FAMILY GRANT SUBMISSION

Applicant (Owner):	CAA:
Property Address:	Date Submitted:

PHASE 2	CAA Document Source
FILE SECTION 1 <i>(Owner)</i>	
Notice to Commence Work	MaineHousing
FILE SECTION 2 <i>(Invoices, Checklists & Waivers)</i>	
Phase 2 Billing Invoice	Appendix I-A
Phase 2 Single-Family Document Checklist	Appendix W2
FILE SECTION 3 <i>(Contractor)</i>	
Pre-Construction Report	Appendix M
Certificate and Release of Liens	Appendix I-B
Certificate of Final Inspection	Appendix Q
Change Order(s) (if applicable)	Appendix N
Contractor Payment Request(s) with invoices	Appendix I-C
FILE SECTION 5 <i>(Fed & State Compliance)</i>	
DEP Notification	Contractor
Dust Wipe Clearance Results	CAA
HUD Quarterly Report: Supplemental Information Worksheet	Appendix T
HUD Required Section 3 Verification Data Form	Appendix R3
Lead Paint Plus Essential Maintenance Practice Plan	Appendix R
Letter of Lead Hazard Control Compliance	Appendix P
Occupant Protection Plan	Contractor
Healthy Homes Contractor Payment Request with invoices (if applicable)	Appendix HH-3
Healthy Homes HHRS Assessment Report (if applicable)	CAA
Healthy Homes Certificate and Release of Liens (if applicable)	Appendix HH-4
Healthy Homes Certificate of Final Inspection (if applicable)	Appendix HH-5
FILE SECTION 6 <i>(Photos & Correspondence)</i>	
Colored Photo(s) of Project: work in progress and completed	CAA
Correspondence	CAA
(Wires)	MaineHousing

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

PRE CONSTRUCTION CONFERENCE REPORT

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

Property City Property State Property Zip

CAA Technician:

Technician Name:

Technician Telephone:

Technician Email:

CONTRACTOR:

Contractor Name

I (We), the undersigned have, on this date, participated in a pre-construction conference prior to the signing of a Contract for my (our) above-referenced Property. I (We) acknowledge that I (we) understand the terms of the Contract, the project design specifications explaining the scope work to be performed by the Contractor, the role of the CAA, and our responsibilities during the construction phase. I (we) have been given adequate explanations to our questions, if any, and are aware that assistance will be provided by the CAA administrator or Lead Hazard Reduction Demonstration Grant Program ("Program") staff as requested. I (We) further understand and acknowledge that the Program assumes no responsibilities for the work performed and does not warrant any work performed.

HUD 24 CRF Part 35: I (we) further certify that I (we) have been made aware of the dangers of lead based paint, and have received a copy of Protect Your Family From Lead in Your Home pamphlet. I (we) understand that we will be required to be relocated until all work is complete and dust wipe clearances are achieved. I (we) understand that we may not return or enter the work area until notified by the CAA Administrator.

Signature of Owner

Date

Signature of Co- Owner

Date

Building Permit required Yes No If yes copy must be placed in project file. If No, explain how you know that a permit is not required:

I, the undersigned, hereby certify that the pre-construction conference was held on this date between the homeowner(s,) CAA Administrator, contractor(s), and myself. I understand and agree that the work performed must meet the standards required by the Maine Department of Environmental Protection and the Lead Hazard Control Program as established by the job specifications.

Signature of Contractor

Date

I, the undersigned, hereby certify that I participated in a pre-construction conference on this date.

Signature of CAA Representative

Date

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

CERTIFICATE AND RELEASE OF LIENS

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACT AMOUNT: _____

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CONTRACTOR:

Contractor Name

CONTRACT DATE: _____

Regarding the Construction Contract ("Contract") entered into between the Owner and Contractor identified above, for work performed on the above-referenced Property in accordance with the agreed upon project specifications, the Contractor certifies/states as follows:

1. \$ _____ is due from and payable by the Owner to the Contractor pursuant to the Contract and duly approved Change Orders and modifications.
2. All work invoiced under the Contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Contract.
3. That upon receipt of the payment stated in Paragraph 1 hereof, the Contractor does hereby release the Owner from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Owner does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

Contractor Representative Signature

Date

Contractor Representative Name

Acknowledged by:

Applicant (Owner) Signature

Date

Co-Applicant (Co-Owner) Signature

Date

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

CERTIFICATION OF FINAL INSPECTION

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

CONTRACT AMOUNT: _____

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

LEAD INSPECTOR:

Name: _____

Telephone: _____

Email: _____

CONTRACT DATE: _____

I, the undersigned, hereby certify that the Contractor has satisfactorily completed the lead-paint mitigation work, including all change orders, as outlined in the Lead Hazard Reduction Demonstration Program Construction Contract ("Contract"), and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s)/Owner(s) and the Contractor on the above written Contract Date.

Lead Inspector Signature

Date

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date

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

CONTRACTOR PAYMENT REQUEST

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

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

CONTRACT AMOUNT: \$ _____

CONTRACT DATE: _____

TYPE OF PAYMENT: Final Progress _____% of work completed as outlined in the Contract.

CONTRACTOR:

I hereby request an inspection to receive payment # _____ for the amount of \$_____. I certify that I have satisfactorily completed the necessary work to justify this request. Cost breakdown/invoice(s) attached.

Contractor Representative Signature

Date

Contractor Representative Name

LEAD DESIGNER / RISK ASSESSOR:

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the Contractor in the amount of \$_____

Lead Designer/Risk Assessor Signature

Date

Lead Designer/Risk Assessor

OWNER:

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home/property.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the Contractor has performed.
- You are requesting payment to the Contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.

Owner Signature

Date

Co-Owner Signature

Date

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

CHANGE ORDER

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACT AMOUNT: \$ _____

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CONTRACTOR:

Contractor Name

CONTRACT DATE: _____

Item Number*	Description of Change	Cost Change
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED		\$

Original Contract Amount: \$ _____ | **Updated Contract Amount:** \$ _____

The contract time **IS EXTENDED** by _____ calendar days. **IS NOT EXTENDED.**

New Completion Date: _____

This amendment is made a part of the Contract, and the parties have hereto set their signatures:

Applicant (Owner) Signature	Date
Co-Applicant (Owner) Signature	Date
Lead Designer/Risk Assessor Signature	Date
CAA Technician Signature	Date

_____ MaineHousing Program Officer	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____
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Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM
QUARTERLY REPORT: SUPPLEMENTAL INFORMATION
For individual, completed units

Single Family Home

Multi-Family Home

APPLICANT (OWNER):

TENANT:

Company Name (if applicable)

Tenant Name

First Name MI Last Name

Apartment/Unit #

PROPERTY:

COMMUNITY ACTION AGENCY (CAA):

Property Street

CAA Name

Property City Property State Property Zip

CAA Representative Name

Apartment/Unit #: _____
Total # of rooms in unit: _____
of children with EBLL: _____

Key Dates:

Enrollment date _____ Work started date _____
Assessed date _____ Clearance achieved date _____

of rooms treated in unit: _____

Areas Abated (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Interior | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Exterior | <input type="checkbox"/> Ground floor |
| <input type="checkbox"/> Common Area | <input type="checkbox"/> Upper level(s) |
| <input type="checkbox"/> Crawl space | <input type="checkbox"/> Attic |

Relocation Total: \$ _____

Abatement Total: \$ _____

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

**Required Essential Maintenance Practices Plan for Lead Hazard Reduction
Demonstration Projects using Paint Plus Essential Maintenance Plan (“Paint Plus”)
to Eliminate Lead Hazards**

APPLICANT (OWNER):

Company Name (if applicable)

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

First Name MI Last Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

LEAD INSPECTOR:

Name: _____

Telephone: _____

Email: _____

Residential Unit: _____

Overview

Paint Plus Essential Maintenance Plan (“Paint Plus”) is an interim (short-term) method used by lead contractors and property owners to temporarily eliminate lead hazards. Interim controls are achieved through the removal of any chipping, cracking, and flaking paint plus the application of a new protective coating of paint in conjunction with the implementation of a written essential maintenance plan. This method cannot be used on impact or friction surfaces (e.g. floors, stair treads/risers, thresh holds, window sashes, parting beads, stops, window wells, doorjambs and edges).

Essential Maintenance Plan

An Essential Maintenance Plan is a written and implemented plan of paint inspection and maintenance that ensures that the paint remains in good condition and that the surface is not creating a lead hazard. The building owner must carry out Essential Maintenance Practices six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces.

Enclosed you will find an inventory of the building components that you will need to inspect and several forms that will assist you in documenting your Essential Maintenance Plan-related activities. Also enclosed you will find the “Essential Maintenance for a Lead-Safe Home” brochure. Please make sure you read this brochure; it provides information you need to implement Essential Maintenance Practices.

Elements of the Essential Maintenance Plan

The Essential Maintenance Plan has 4 parts: an inventory of painted surfaces that need routine inspection and maintenance; a schedule and protocol for routine visual inspections; forms for documenting routine inspections and essential maintenance performed; and the booklet “Essential Maintenance for a Lead-Safe Home” that describes how to perform essential maintenance.

“Paint Plus” Building Component Inventory

The “Paint Plus” *Building Component Inventory Form* contains a list of all building components within your dwelling unit where paint plus essential maintenance practices was used by the contractor. It is organized first by Room Name, and then lists Building Component and Location in the Room. These are the specific building components that must be visually inspected and properly maintained.

Scheduled Visual Inspections of Building Components

Each of the building components listed on the “**Paint Plus**” **Building Component Inventory Form** must be visually inspected six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. You must do this visual inspection to document that the condition of the paint remains intact.

How to do a visual inspection

When performing your inspection, check each building component for signs of:

- Flaking paint
- Peeling paint
- Cracking paint
- Paint chips
- Dust on window sills
- Dust on the floor

If the building component is damaged and/or needs repair, follow the **Safe Work Practices** referred to in the enclosed brochure, “**Essential Maintenance for a Lead-Safe Home**”.

What to do after your visual inspection

After completing the routine visual inspection, fill in the enclosed form, “**Visual Inspection Form**” to document that you have done your visual inspection(s). Save this form with your Essential Maintenance Practices Plan.

Documenting Essential Maintenance Practices Plan Requirements

Included are forms used to record your Essential Maintenance Practice-related activities. It includes a signature sheet that is to be used to document that you have read and understand the Essential Maintenance Practices Plan requirements.

Forms/Signature Sheet:

- Understanding the Requirements of the Essential Maintenance Practices Plan Signature Sheet;
- Paint Plus Building Component Inventory Form;
- Visual Inspection Form; and
- Essential Maintenance for a Lead-Safe Home brochure.

Understanding the Requirements of the Essential Maintenance Practices Plan

I/We have read and understand the requirements of the Essential Maintenance Practices Plan, and agree to maintain this facility in accordance with the developed Essential Maintenance Practices Plan.

:

Applicant/Owner Signature

Date

Co-Applicant/Owner Signature

Date

Building Component Inventory Form

The following listing shows the type and location of those building components where Paint Plus Essential Maintenance Practices was used as a lead hazard control method by a lead abatement contractor to eliminate lead hazards. These are the specific building components that must be visually inspected and properly maintained to prevent lead hazards from redeveloping.

Residential Unit: _____

<i>Room Name</i>	<i>Building Component</i>	<i>Location in Room</i>

Visual Inspection Form and Essential Maintenance Record

This form is used to document your visual inspections and essential maintenance actions conducted six months from the initial application of the paint and annually thereafter, whenever occupancy changes and immediately after the occurrence of unexpected events which cause deterioration of the painted surfaces. This helps ensure that the paint on these building components remains in good condition and that the surfaces are not creating lead hazards.

Residential Unit: _____

Room Name	Building Component	Location in Room	Changed Noted	Maintenance Needed	Date Maintenance Completed

INSPECTION DATE

Signature of Lead Inspector

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

LETTER OF LEAD HAZARD REDUCTION COMPLIANCE

DATE:

TO:

ADDRESS:

Dear Owner:

This letter is to certify that I inspected your property at _____
Apartment No _____ relevant common areas and exterior areas in
_____ Maine for lead hazard reduction compliance on _____ and on that
date those surfaces treated as specified in the Design Plan dated _____ were found to
be corrected and in compliance with HUD Guidelines and State of Maine Department of Environmental Protection
criteria for clearance. A post hazard control work visual inspection and dust wipe samples were taken and found
to be below these clearance criteria.

HUD Guidelines and State of Maine DEP Lead Management Rules do not require full abatement of lead-
containing components within a dwelling. In many instances, interim controls will be used to mitigate lead paint
hazards. This means that lead-based paint remains in your home and you should bear this in mind if you decide
to perform any additional rehab to your home. Those components/surfaces/areas specified in the Design Plan
will be corrected under the Maine State Housing Authority Lead Based Paint Hazard Reduction Program. A
report detailing the sample results in conjunction with this Letter of Compliance are evidence that the work has
been completed.

Sincerely,

Lead Inspector
Inspector # _____

DISCLAIMER: THIS LETTER OF LEAD HAZARD CONTROL COMPLIANCE DOCUMENTS THAT THE LEAD
HAZARD CONTROL WORK OUTLINED IN THE LEAD HAZARD CONTROL CONSTRUCTION CONTRACT AS
WELL AS CLEARANCE SAMPLING HAVE BEEN PERFORMED, MEETING CLEARANCE LEVELS
ESTABLISHED IN THE HUD GUIDELINES.

THIS LETTER **DOES NOT CONSTITUTE A LEAD-SAFE STATUS CERTIFICATE** AS DEFINED IN THE MAINE
DEP LEAD MANAGEMENT REGULATIONS.