COMMUNITY AGING IN PLACE PROGRAM

Consent and Release and Waiver Agreement

This Release and Waiver of Liability (the "Waiver) is executed on this _____ day of _____, 2026, by _____ (the "Homeowner/Recipient"), in favor of _____ (the "Partner Organization") _____ ("Partner Organization" Acronym).

CONSENT:

I, the Homeowner/Recipient, have asked to have _____ to perform work in my home and to engage in activities related to increasing safety, accessibility and minimizing the burden of home maintenance inside my home.

Your personal information is confidential. With your consent, your personal information, including historical information, will be made available to other agencies, including MaineHousing Partner Agencies, who may provide services to you through the Home Accessibility and Repair Program or other MaineHousing Programs. A list of MaineHousing Partner Agencies is available from MaineHousing.

I, the Homeowner/Recipient, grant permission to MaineHousing, the above-named CAA or MaineHousing Partner Agency to:

(1) provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;

(2) provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;

(3) provide information to and obtain information from the agencies referenced above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA; and

(4) disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Accessibility and Repair Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to Local Housing Authorities, Maine Department of Health and Human Services, Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Accessibility and Repair Program and other programs with MaineHousing.

ACCEPTANCE, RELEASE AND WAIVER:

I acknowledge that I have been consulted about the actions _____ will take as described in the attached Work Plan when I requested this work be done and again when workers arrived to perform the tasks.

I understand that _____, the organizers, and the persons performing the work do not guarantee any of the materials installed or the work performed.

I understand that _____ the organizers, and the persons performing the work assume no liability for the quality of the materials installed or the quality of the work performed, or any accidental damage to my property and I shall not hold them liable.

I understand that _____ is committed to completing the work itemized on the attached Work Plan. Upon completion of the work, the project will be considered finished.

I do hereby release and forever discharge and hold harmless _____ and its agents, successors and assigns, from any claims, liabilities and demands of any kind or nature, either in law or in equity, that I, the Homeowner/Participant, may have against _____, and its agents, successors and assigns, which arise or may hereafter arise from work performed as part of the Community Aging in Place Program.

IN WITNESS WHEROF, I, the Homeowner/Recipient, have executed this Agreement as of the day and year first written above.

Homeowner Signature   _____

Homeowner Printed Name   _____

Recipient Signature (if different)   _____

Recipient Printed Name (if different)   _____

Witness Signature   _____

Witness Printed Name   _____

*Homeowner and Participants must sign this form before work begins.