

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

**HEALTHY HOMES INTERVENTION
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 Healthy Homes 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

Witness

Date