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

CERTIFICATE AND RELEASE OF LIENS

APPLICANT (OWNER): Company Name (if applicable)		CO-APPLICANT (CO-OWNER):
		Company Name (if applicable)
First	Name MI Last Name	First Name MI Last Name
PR	OPERTY:	COMMUNITY ACTION AGENCY (CAA):
Prop	perty Street	CAA Name
Property City Property State Property Zip		CONTRACTOR:
		Contractor Name
СО	NTRACT AMOUNT:	CONTRACT DATE:
iden	arding the Construction Contract ("Contract") ent tified above, for work performed on the above-re n project specifications, the Contractor certifies/s	eferenced Property in accordance with the agreed
1.	\$ is due from and payal Contract and duly approved Change Orders a	ble by the Owner to the Contractor pursuant to the 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
Cont	tractor Representative Name	_
Acl	knowledged by:	
Applicant (Owner) Signature		Date
Co-A	Applicant (Co-Owner) Signature	Date