

UNIT # \_\_\_\_\_

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:**          \$ \_\_\_\_\_