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

NOTICE OF APPROVAL

APPLICANT (OWNER): Company Name (if applicable			CO-APPLICANT (CO-OWNER): Company Name (if applicable			
						First Name N
Mailing Address			Mailing Addres	s		
City	Sta	te Zip	City		State Zip	
PROPERTY:			COMMUNIT	Y ACTION AGENO	CY (CAA):	
Property Street			CAA Name			
City	State	Zip	CAA Mailing Ad	CAA Mailing Address		
			City	State	Zip	
	d approved for the		etration Grant Progra	nm with the above-n	amed CAA has	
Signature of CAA Representative			CAA Representative Name			
Date			CAA Representative Telephone			
			CAA Representa	ative Email		