

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

**ANNUAL VERIFICATION OF GRANT COMPLIANCE**  
**For Multi-Family and Rental Properties**

**APPLICANT (OWNER):**

**APPLICANT (CO-OWNER):**

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
First Name MI Last Name

**PROPERTY:**

**COMMUNITY ACTION AGENCY (CAA)**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
CAA Name

\_\_\_\_\_  
Property City Property State Property Zip

**CONTRACTOR:**

**Contract Amount:** \_\_\_\_\_

\_\_\_\_\_  
Contractor Name

**Closing Date:** \_\_\_\_\_

**Date Annual Verification Request Prepared:** \_\_\_\_\_

On the above-referenced Closing Date, you were awarded a 0% deferred forgivable loan from the Maine State Housing Authority (MaineHousing) in the above-referenced Contract Amount for lead hazard control work to be completed at your property located at the above referenced Property in the following units: \_\_\_\_\_ (the "Program Units"). As a condition of the loan agreement, you agreed to comply with the conditions listed below for a period of no less than three years beginning on the date on the Closing Date. Please contact Megan McDonough, *Housing Program Officer*, MaineHousing Energy and Housing Services at 207-624-4602 immediately, if you have been unable to meet the requirements listed below. If for any reason the area median income requirement cannot be met, you may request a waiver from the Program Administrator.

**NOTE:** In order to meet the conditions of the loan, this Verification must be returned to: MaineHousing- EHS, 353 Water Street, Augusta, ME 04330 within 15 business days of the above noted Date Annual Verification Request Prepared.

I hereby certify to each of the following statements that I have checked:

- TAXES AND CLAIMS:** I have paid all taxes due on the Property and have kept the Property free from future claims against it.
- REPAIR AND MAINTENANCE:** I have kept the Property in good condition and made all repairs reasonably necessary to comply with local codes and ordinances.
- INCOME GUIDELINES:** From the Closing Date through today, I have leased at least 50% of the Program Units to tenants with a household income at or below 50% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines and I have leased the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD.

**Property Owner's Signature**

\_\_\_\_\_  
Applicant (Owner) Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant (Co-Owner) Signature

Date: \_\_\_\_\_