PHASE 1- MULTI-FAMILY DOCUMENT CHECKLIST

Applicant (Owner)		CAA						
Property Address			Date Submitted					
Program Type(s):			Healthy Hom					
				Document Reference	FEDERAL LEAD	STATE LEAD	DHHS	
FILE SECTION 1 (Owner))							
Owner Application				Appendix A	Х	Х	Х	
Authorization to Release I	nformation (Owner)			Appendix E	Х	Х	Х	
Proof of Ownership (Prope	erty Deed and/or tax bill)			Owner	Х	Х	Х	
Proof of Insurance (home	owners insurance informa	tion)		Owner	Х	Х	Х	
Income Self-Certification				Owner Occupant		Х	Х	
Merchants Report				CAA	Х	Х	Х	
Notice of Preliminary Gran	nt Approval			Appendix LD-1	Х	Х	Х	
Grant Agreement				Appendix LD-2	Х	Х	Х	
Declaration of Covenants	and Restrictions (signed)			Appendix H	Х	Х	Х	
FILE SECTION 2 (Invoice	s, Checklists, Waivers, To	enant)						
Project Summary Sheet				Appendix 1	х	Х	Х	
Phase 1 Billing Invoice				Appendix 1A	Х	Х	Х	
Phase 1 Multi-Family Doc	ument Checklist		A	Appendix 1B-MF1	Х	Х	Х	
Waivers (if applicable)				Appendix K	Х	Х	Х	
Tenant Application				Appendix B	Х	Х	Х	
Income Eligibility Docume	nts (State Lead and DHH	S may self-certify)	Own	er Occupant /Tenants	Х			
Tenant Blood Testing Rele	ease Form <i>(children only)</i>			Appendix D	Х	Х	Х	
MaineCare Eligibility Lette	r(s) (children only) (if app	licable)		As of Nov 2022			Х	
Children Under 6 Years O	Id Visiting Certification			Appendix G	Х	Х	Х	
Relocation Assistance Act	knowledgement			Appendix LD-C	Х	Х	Х	
FILE SECTION 3 (Contract	ctor)							
Construction Contract				Appendix C-A	Х	Х	Х	
Healthy Homes Complian	ce Agreement (If applical	ole)		Appendix HH6	Х			
Construction Escrow Agre	ement			Appendix C-B	Х	Х	Х	
Lead Design Plan Specific	cations			Exhibit C	Х	Х	Х	
Healthy Homes Design Pl	an <i>(If applicable)</i>			CAA	Х			
Pre-Construction Report				Appendix M	Х	Х	Х	
FILE SECTION 4 (Reports	s, Designs & Plans)							
Lead Paint Inspection and	Risk Assessment Report	l		CAA	Х	Х	Х	
Bid Package (including Re	efusal to Bid, if any)		A	Appendix Y/ CAA	Х	Х	Х	
Bid Tabulation Sheet				Appendix J	Х	Х	Х	
Asbestos inspection docur	,			CAA	Х	Х	Х	
FILE SECTION 5 (Federa	l and State Compliance, I	Healthy Homes)						
SHPO				CAA	Х	Х	Х	
BABA small or large proje	ct form			CAA	Х		r	
Post-Mitigation Radon Tes	st Results			CAA	х			
Radon Contractor Paymer	nt Request			CAA	х			
FILE SECTION 6 (Photos	, Correspondence)							
Colored Photo(s) of pre-pr	oject			CAA	х	х	х	
Correspondence				CAA/MaineHousing	Х	Х	Х	

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Document Checklist, but required by program regulations as referenced in MaineHousing's the *Lead Program Guidance and Procedures*, are maintained in the Applicant(s) project file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

CAA Representative Signature

Date

CAA Representative Name

Prepared by MaineHousing

MF Phase 1 Document Checklist Lead 07/09/2025 Appendix 1B-MF1

OWNER APPLICATION

Date_

	ommunity Action Agency (CAA):		Questions should be directed to:				
	AA Name:		_	A Rep Name			
C,	AA Address:	State Zin	-				
	Giroci, Oity,			A Rep Phone			
				A Rep Email			
IN	ISTRUCTIONS: Return completed and s	igned Application to the a	above-na	med CAA.			
	١.	APPLICANT ((OWNE	R) INFORMATION			
1.	List all owners of the property as reflect	cted on the property deed	Ι.				
C	Owner Name (as reflected on property deed	<i>I</i>)	Co	-Owner Name (as reflected on pro	perty deed)		
-	Entity or Owner (First MI	Last)		Entity or Owner (First	MI Last).		
Ν	Mailing Address		Ma	iling Address			
	Street, City,	, State, Zip		Stree	et, City, State, Zip		
ŀ	Home Phone		Ho	me Phone			
١	Work Phone		We	ork Phone			
(Owner Age		Co	-Owner Age			
Ĺ	If Owner is an entity, list member name(s	s) and % of ownership	lf C	co-Owner is an entity, list member na	me(s) and % of ownership		
		%			%		
		%			%		
		%			%		
2.	 This section 2 must be completed if Ov complete Section II, Property Informat a. Total number in house (including y c. List all people in the household, th 	tion. /ou) b.	. Do ch in the	ldren under six years of age resid home?			
					Covered by		
	Name(s) of Child (age 18 or younge		Age	Blood Lead Levels VEBL's ug			
					□ Yes □ No □ Yes □ No		
		☐ Yes ☐ No					
	d. Does the home serve as a child ca dependent, under six years of age (at least 60 hours or more per year	spend at least three hou			K 🗆 Yes 🗆 No		
	e. If yes, have any of the children wh	,	determir	ed to have lead poisoning?	🗆 Yes 🛛 No		
		II. PROPE	RTY IN	FORMATION			
1.	Address of Property to be abated:			2. Dwelling:			
	Address			□ Single-Family			
	Street, 0	City, State, Zip		☐ Multi-Family	# of Units:		
	County			Outbuildings: DY	es 🗆 No		
				3. Year Built:	Unknown		

Owner must provide the Income information if Owner's unit is to be enrolled into the Lead Program. Owner of Multi-Family units enrolled in the Lead Program do not need to complete income information if the Owner's unit is a removed auporting documentation to demonstrate financial handship. 1. Owner Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Employer Phone Employer Name Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Street. City. State. Zip No. of Years 2. Co-Owner Employment: Street. City. State. Zip No. of Years Self-Employer Alares Position Employer Phone Employer Name Employer Phone Employer Phone Employer Name Street. City. State. Zip No. of Years 3. Other Occupant Employment: Street. City. State. Zip No. of Years Self-Employer Alares Employer Phone Employer Phone Employer Name			III. INC	OME	
errolled in the Lead Program. However, if the Owner reads assistance above the Lead Program Grant limits and Owner claims helps cannot afford to pay the difference between the Lead Program Grant amount and total project cost, then Owner will be required to provide supporting documentation to demonstrate financial hardship. 1. Owner Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Address Street, City, State, Zip No. of Years 2. Co-Owner Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Address Street, City, State, Zip No. of Years 2. Co-Owner Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Address Street, City, State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Address Street, City, State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Address Street, City, State, Zip No. of Years 4. Gross Income (Owner must provide verification of all income);	Owne	r must provide the Income informatio	n if Owner's unit is to be e	enrolled into the Lead Program	n.
Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Address Stret. City. State. Zip No. of Years 2. Co-Owner Employment: Stret. City. State. Zip No. of Years Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Position Employer Address Stret. City. State. Zip No. of Years 3. Other Occupant Employment: Stret. City. State. Zip No. of Years 3. Other Occupant Employment: Stret. City. State. Zip No. of Years 3. Other Occupant Employment: Employer Phone Employer Phone Employer Name Employer Phone Position Position Stret. City. State. Zip No. of Years No. of Years 4. Gross Income (Owner must provide varification of all income): Co-Owner Other Occupant a. Wages (gross monthly) from Employment Owner Co-Owner Other Occupant b. Additional Monthly Income From: Owner Co-Owner Other Occupant a. V	enroll canno	ed in the Lead Program. However, if the tafford to pay the difference between the differenc	e Owner needs assistance e Lead Program Grant amo	above the Lead Program Grant	limits and Owner claims he/sh
Employer Name Employer Address Street. City. State, Zip No. of Years Co-Owner Employed: Street. City. State, Zip No. of Years Co-Owner Employer Phone Employer Address Employer Address Employer Address Street. City. State, Zip No. of Years Co-Owner Employer Phone Employer Address Street. City. State, Zip No. of Years Co-Owner Employer Phone Employer Address Street. City. State, Zip No. of Years Co-Owner Employer Phone Employer Address Street. City. State, Zip No. of Years Co-Owner Employer Phone Employer Address Street. City. State, Zip No. of Years Co-Owner Co-Owner Employer Address Employer Address Street. City. State, Zip No. of Years Co-Owner Co-Ow	1. O	wner Employment:			
Employer Address Street: City, State, Zip No. of Years 2. Co-Owner Employment: Self-Employed: Yes No. If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Position Employer Address Street. City. State, Zip No. of Years 3. Other Occupant Employment: Street. City. State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Position Street. City. State, Zip Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Position Street. City. State, Zip Address Street. City. State, Zip No. of Years Co-Owner 4. Gross Income (Owner must provide verification of all income): Co-Owner Other Occupant a. Wages (gross monthly) from Employment Co-Owner Other Occupant b. Additional Monthly Income From:	Self-E	mployed: 🛛 Yes 🗌 No	If yes, provide 2 years tax retu	ns, including all Schedules.	
Employer Address Position Street. City. State. Zip No. of Years 2. Co-Owner Employment: Self-Employed: Yes Position Employer Phone Employer Name Employer Phone Employer Address Position Street. City. State. Zip No. of Years 3. Other Occupant Employment: No. of Years Self-Employed: Yes Yes No Self <employed:< td=""> City. State. Zip No. of Years Complexed City. State. Zip Additional Monthly Income From:</employed:<>	Emplo	yer Name		Employer Phone	
2. Co-Owner Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name	Emplo	yer Address			
Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name		Street, C	City, State, Zip	No. of Years	
Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name	2. C	o-Owner Employment:			
Employer Name Employer Phone Employer Address Street. City. State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Employer Address Position Employer Address Position Street. City. State, Zip No. of Years 4. Gross Income (Owner must provide verification of all income); The GROSS AMOUNT (a) (b) Other Occupant a. Wages (gross monthly) from Employment (a) Owner Other Occupant 1. Overtime Part-Time Employment (a) (b) (c) Other Occupant (c) (c) Other Occupant (c) (If ves. provide 2 years tax retur	ns, including all Schedules,	
Employer Address Street, City, State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Position Employer Address Street, City, State, Zip No. of Years 4. Gross Income (Owner must provide verification of all income): (a) (b) (c) 4. Gross Income (Owner must provide verification of all income): (a) (b) (c) 4. Gross Income (Owner must provide verification of all income): (a) (b) (c) 4. Gross Income (Owner must provide verification of all income): (c) Other Occupant a. Wages (gross monthly) from Employment			, , , , , , , , , , , , , , , , , , ,	-	
Street. City. State, Zip No. of Years 3. Other Occupant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone		•			
3. Other Occupant Employment: Self-Employed: Yes I'yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone Employer Address Street, City, State, Zip No. of Years A. Gross Income (Owner must provide verification of all income): 4. Gross Income (Owner must provide verification of all income): a. Wages (gross monthly) from Employment D. Additional Monthly Income From: 1. Overtime 2. Part-Time Employment 3. Pensions 4. Veteran's Administration 5. Net Rental Income 6. Self Employment* 7. Child Support 8. Public Assistance (TANF/WIC/GA) 9. Social Security Benefits 10. Unemployment Compensation C. Other** d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multipiled by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): ""faelf-employer, please provide most recent 2 years of completed tax returns including Schedule C.	p.o		City, State, Zip		
Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules. Employer Name Employer Phone					
Employer Name					
Employer Address Street, City, State, Zip Position A. Gross Income (Owner must provide verification of all income): (a) (b) (c) 4. Gross Income (Owner must provide verification of all income): (a) (b) (c) a. Wages (gross monthly) from Employment (b) (c) (c) b. Additional Monthly Income From:	Self-E	mployed: Li Yes Li No	If yes, provide 2 years tax retui	ns, including all Schedules.	
Street, City, State, Zip No. of Years 4. Gross Income (Owner must provide verification of all income): (a) (b) (c) (c) Other Occupant a. Wages (gross monthly) from Employment (a) (b) (c) Other Occupant b. Additional Monthly Income From: (b) (c) Other Occupant 1. Overtime (a) (b) (c) Other Occupant 2. Part-Time Employment (b) (c) Other Occupant 3. Pensions (c) (c) Other Occupant 4. Veteran's Administration (c)	-				
4. Gross Income (Owner must provide verification of all income): (a) (b) (c) 0wner Co-Owner Other Occupant a. Wages (gross monthly) from Employment	Emplo	-	titu State Zin		
GROSS AMOUNT (a) Owner (b) Co-Owner (c) Other Occupant a. Wages (gross monthly) from Employment			,;; etate; <u></u> p		
GROSS AMOUNT (a) Owner (b) Co-Owner (c) Other Occupant a. Wages (gross monthly) from Employment	4. G	ross Income (Owner must provide verifica	tion of all income):		
GROSS AMOUNT Owner Co-Owner Other Occupant a. Wages (gross monthly) from Employment		· · · · · · · · · · · · · · · · · · ·	-	(b)	(c)
b. Additional Monthly Income From: 1. Overtime 2. Part-Time Employment 3. Pensions 4. Veteran's Administration 5. Net Rental Income 6. Self Employment* 7. Child Support 8. Public Assistance (TANF/WIC/GA) 9. Social Security Benefits 10. Unemployment Compensation c. Other** d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.			Owner	Co-Owner	
1. Overtime 2. Part-Time Employment 3. Pensions 4. Veteran's Administration 5. Net Rental Income 6. Self Employment* 7. Child Support 8. Public Assistance (TANF/WIC/GA) 9. Social Security Benefits 10. Unemployment Compensation c. Other** d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *'If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.			nent		
2. Part-Time Employment	b.	-			
3. Pensions					
4. Veteran's Administration		· ·			
5. Net Rental Income 6. Self Employment* 7. Child Support 8. Public Assistance (TANF/WIC/GA) 9. Social Security Benefits 10. Unemployment Compensation 11. Unemployment Compensation 12. Other** 13. For Structure (Total A, B & C) 14. Gross Monthly Income (Total A, B & C) 15. Total (Line D Multiplied by 12) *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.					
6. Self Employment*					
7. Child Support					
9. Social Security Benefits 10. Unemployment Compensation c. Other** d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.					
10. Unemployment Compensation		8. Public Assistance (TANF/WIC/GA	A)		
c. Other** d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.		9. Social Security Benefits			
d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.		10. Unemployment Compensation			
 e. Total (Line D Multiplied by 12) f. Gross Household Income (Total E(a)+E(b)+E(c): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. 	C.	Other**			
 f. Gross Household Income (<i>Total E(a)+E(b)+E(c</i>): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. 	d.	Gross Monthly Income (Total A, B & C	C)		
*If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.	е.	Total (Line D Multiplied by 12)			
*If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.	f.	Gross Household Income (Total F(a)	+F(b)+F(c):		
				ocluding Schedule C	
or investments.	** Ir	ncludes bonuses, dividends, interest, royaltie			ne from business activities

IV. ACKNOWLEDGEMENT, CERTIFICATION AND AUTHORIZATION

1. Acknowledgement:

- (1) I/We specifically acknowledge and agree that MaineHousing has the right to verify any information contained in this Application.
- (2) I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.
- (3) I/We consent to and authorize the CAA and MaineHousing, after giving reasonable notice, to enter the property to determine the scope of work that needs to be done to the property, as well as inspect the work performed at the property. I/we understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the CAA nor MaineHousing guarantees the quality of workmanship performed at the property.
- (4) I/We also understand that the funds provided by the Lead Program may not be sufficient to address all lead hazards in or around the Property and that, I/we will be responsible for providing any additional funds that may be necessary to address all such hazards.
- (5) I/we understand that MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case by case basis.
- (6) I/We understand that this Application shall remain with the CAA to which it is submitted and/or MaineHousing.

V.

- (7) I/We understand that consumer reports (Merchant's Report) may be obtained in connection with this Application by the CAA.
- (8) I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled *Protect Your Family from Lead in Your Home.*
- Certification: I/We certify that the statements contained in this Application are true, accurate, and complete to the best of my/our knowledge and belief. I/We certify that I/we have read, understand, and agree to the responsibilities and information contained in the Applicant Information (Appendix A-2) to this Application.
- 3. Statement of Release: I authorize the CAA, on behalf of the Lead Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property

Signature of Applicant (Owner)

Signature of Co-Applicant (Co-Owner)

Date

Date

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

rmation	□ Yes	🗆 No		
at apply)				
□ Male	Female		# of Household Members	_
			Race:	
			White	
			Black/African American	
			American Indian/Alaska Native	
			Asian	
			Native Hawaiian/Other	
			Pacific Islander	
			American Indian/Alaskan Native & White	
			Asian & White	
ehold	🛛 Yes	□ No	Black/African American & White	
	□ Yes	□ No	Other Multi-Racial	
	at apply)	at apply) I Male Female G G G G G G G G G G G G G G G G G G	at apply) If yes INO Male If yes INO Image: Image of the second se	at apply) Male Female # of Household Members Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White American Indian/Alaskan Native & White Stain <

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

Office Use Only					
The Gross Income as calculated pursuant to this Application has been verified by the CAA to be:					
Maximum Eligible Income for this applicant is:	e Income for this applicant is: \$ Percentage of AMI:				
CAA Representative Signature	Date	CAA Representative Name			

APPENDIX A

(Retained by the Applicant)

MAINE STATE HOUSING AUTHORITY NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

Safeguarding information in this age of technology presents new challenges for all of us. But at MaineHousing, your confidence in us is our greatest asset. For that reason we adhere to strong guidelines to ensure that any private financial information you share with us is protected and held in confidence. Our employees are highly trained and are held to the highest standards of conduct.

MaineHousing wants you to understand how we gather, use and safeguard information about you to provide you with our products and services. This notice explains our practices for the gathering, sharing and security of information relating to our customers.

Information We Gather

As part of providing you with financial products or services, we gather non-public personal information about you from the following sources:

- Applications, account forms and other information that you provide to us, whether in writing, in person, by telephone, electronically or by any other means. This information may include your name, address and social security number.
- Your transaction with us.
- Information about your transactions with non-affiliated parties.
- Information from a consumer reporting agency.

Information We Share

We do not share any personally identifying information on our current or former customers to any third party, except the following as permitted by law:

With your permission.

- To comply with federal or state laws and other applicable legal requirements.
- To consumer reporting agencies.
- To respond to subpoena or court order, judicial process or regulatory authorities.
- To third parties assisting us in performing our functions or services to you. These third parties are under contract to maintain this information in confidence and not use this information for other purposes. For example, we may share personally identifying information with mailing services, firms that assist us in marketing our products or other financial institutions with whom we jointly market financial products or services. We may share personally identifying information with service providers who help us process your applications or service your accounts. Our service providers include attorneys and other professionals. Because we do not share non-public information, outside of these exceptions, opting-out is not necessary.

If you are no longer an active customer, we will retain your records for as long as required by law. We will continue to treat your personally identifying information as described in this notice.

Our Security Procedures and Information Accuracy

We restrict access to the personal and account information of our customers to those employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect customer information.

We also have internal controls to keep customer information as accurate and complete as possible. If you believe that any information about you is not accurate, please let us know.

If you have a privacy-related concern, please contact our Compliance Officer, Paula Weber, 207-626-4619 or 1-800-626-4600 ext. 1619.

TENANT INFORMATION

		UNIT 1					UNIT 2		
Tenant Name					Tenant Name				
	st MI	_ast				First, MI	Last		
Co-Tenant Name	st MI	act			Co-Tenant Name	First MI L	act		
Apt/Unit #	SUM	_ast			Apt/Unit #	T II SU IVII L	-451		
Mailing Address					Mailing Address				
Mailing Address		Street. C	ity, State, Zip		Mailing Address		Street.	City, State, Zip	
Hama Dhana		01,001, 0	ny, etate, <u>-</u> .p		Home Dhone		0.1001, 1	<i>ony, otato, <u>-</u>p</i>	
Home Phone					Home Phone Work Phone				
Work Phone									
Email	·			□ No	Email			□ Yes	
Are children under 6					Are children under 6				_
Are the children cove	ered k		? 🗆 Yes	🗆 No	Are the children cov	ered by		🗌 Yes	🗆 No
Household Size:		AMI:			Household Size:		AMI:		
Maximum Eligible Inc	come:	\$			Maximum Eligible In	ncome:	\$		
Funding		Interior	Exterior	Total	Funding		Interior	Exterior	Total
Federal Lead Grant					Federal Lead Grant				
Healthy Homes Grant					Healthy Homes Gra	nt			
Federal Lead Owner					Federal Lead Owner				
Obligation					Obligation				
Federal Lead Total					Federal Lead Total				
State Lead Grant					State Lead Grant				
State Lead Owner Mate					State Lead Owner M State Lead Owner C				
State Lead Owner Oblig DHHS	gation				DHHS	Juliyation			
State Lead Total					State Lead Total				
Leveraged Funds					Leveraged Funds				
UNIT TOTAL									
		UNIT 3		1	ONTIOTAL		UNIT 4		
T (N)					T (N				
Tenant Name	rst MI	ast			Tenant Name	First, MI	Last		
Co-Tenant Name	ot init				Co-Tenant Name	r not, nn	Edot		
	rst MI	_ast			00-renamervame	First MI L	_ast		
Apt/Unit #					Apt/Unit #				
Mailing Address					Mailing Address				
-		Street,	City, State, Zij	D	-		Street, (City, State, Zip	
Home Phone					Home Phone				
Work Phone					Work Phone				
Email					Email				
Are children under 6	in th	e unit?	Yes	🗆 No	Are children under	6 in the u	unit?	🗌 Yes	🗆 No
Are the children cove	ered I	ov MaineCare	? 🗌 Yes	🗆 No	Are the children cov			🗌 Yes	🗆 No
Household Size:		AMI:	_		Household Size:		AMI:	_	
		\$			Maximum Eligible Ir	ncome:	\$		
Maximum Eligible Inc Funding	come.	⊅ Interior	Exterior	Total	Funding		Interior	Exterior	Total
Federal Lead Grant			Exterior	. otu	Federal Lead Grant		interior	Exterior	10101
Healthy Homes Grant					Healthy Homes Gra				
Federal Lead Owner Obligation					Federal Lead Owner Obligation				
Federal Lead Total					Federal Lead Total				
State Lead Grant					State Lead Grant				
State Lead Owner Mate	ch				State Lead Owner M	/latch			
State Lead Owner Oblig					State Lead Owner C				
DHHS					DHHS				
State Lead Total					State Lead Total				
Leveraged Funds					Leveraged Funds				

TENANT INFORMATION

	UNIT 5		
Tenant Name			
	First MI Last		
Co-Tenant Name			
	First MI Last		
Apt/Unit #			
Mailing Address			
	Street, City	, State, Zip	
Home Phone			
Work Phone			
Email			
Are children unde	r 6 in the unit?	🗌 Yes	🗌 No
Are the children c	overed by MaineCare?	□ Yes	🗆 No
Household Size:	AMI:		

Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

Manufacture (71) ------

UNIT 7

Tenant Name First	MI Last		
Co-Tenant Name	MI Last		
Apt/Unit #			
Mailing Address			
	Street,	City, State, Zip)
Home Phone			
Work Phone			
Email			
Are children under 6 in	the unit?	□ Yes	🗆 No
Are the children covere	ed by MaineCare	? 🗌 Yes	🗆 No
Household Size:	AMI:		
Maximum Eligible Incor	me: \$		
Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner			

Thealthy Homes Grant		
Federal Lead Owner		
Obligation		
Federal Lead Total		
State Lead Grant		
State Lead Owner Match		
State Lead Owner Obligation		
DHHS		
State Lead Total		
Leveraged Funds		
UNIT TOTAL		

	UNIT 6		
Tenant Name			
First, MI	Last		
Co-Tenant Name			
First MI L	_ast		
Apt/Unit #			
Mailing Address			
	Street,	City, State, Zip	1
Home Phone			
Work Phone			
Email			
Are children under 6 in the	unit?	🗌 Yes	🗌 No
Are the children covered by	MaineCare?	🗌 Yes	🗌 No
Household Size:	AMI:		
Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			-
State Lead Total			

UNIT 8

First, MI Last

First MI Last

Street, City, State, Zip

Home Phone Work Phone

Apt/Unit # Mailing Address

Email

Household Size:

Leveraged Funds UNIT TOTAL

Tenant Name

Co-Tenant Name

Are children under 6 in the unit?

Are the children covered by MaineCare?

AMI:

🗌 Yes

Yes

🗌 No

🗌 No

Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

			TENANT IN	IFORMATION				
	UNIT 9				UNIT 10			
Tenant Name	4			_ Tenant Name First, MI Last				
First MI L	ast				Last			
Co-Tenant Name First MI L	ast			Co-Tenant Name First MI L	ast			
Apt/Unit #				Apt/Unit #				
Mailing Address				Mailing Address				
	Street, C	City, State, Zip			Street, 0	City, State, Zip		
Home Phone				Home Phone				
Work Phone				Work Phone				
Email				Email				
Are children under 6 in the	e unit?	🗌 Yes	🗆 No	Are children under 6 in the u	ınit?	🗆 Yes	🗆 No	
Are the children covered b	y MaineCare	? 🗌 Yes	🗆 No	Are the children covered by	MaineCare?	🗌 Yes	🗆 No	
Household Size:	AMI:	_		Household Size:	AMI:			
Maximum Eligible Income:	\$			Maximum Eligible Income:	\$			
Funding	Interior	Exterior	Total	Funding	Interior	Exterior	Total	
Federal Lead Grant				Federal Lead Grant				
Healthy Homes Grant				Healthy Homes Grant				
Federal Lead Owner Obligation				Federal Lead Owner Obligation				
Federal Lead Total				Federal Lead Total				
State Lead Grant				State Lead Grant				
State Lead Owner Match				State Lead Owner Match				
State Lead Owner Obligation				State Lead Owner Obligation				
DHHS				DHHS				
State Lead Total				State Lead Total				
Leveraged Funds				Leveraged Funds				
UNIT TOTAL				UNIT TOTAL				

Project	Funding	Agreement/Constru	ctions Contract
Federal Lead Grant	\$	Grant Amount	\$
☐ Healthy Homes Grant	\$	Contract Amount	\$
Federal Owner Obligation	\$	Contract/Agreement Date Interior Start Date	
Federal Lead Total	\$	Interior End Date	
□ State Lead Grant	\$	Exterior Start Date	
State Lead Owner Match	\$	Exterior End Date	
State Lead Owner Obligation	\$		
DHHS	\$	Change O	rders
State Lead Total	\$	Federal Lead Change Order #1	\$
Leveraged Funds	\$	Federal Lead Change Order #2	\$
		State Lead Change Order #1	\$
State Lead M	latch Criteria	State Lead Change Order #2	\$
□ 10% Non-Abatement □	25% Abatement	Final Contract Amount	\$
Total Owner Obligation	\$	PROJECT TOTAL	\$

Click boxes if there are funds. Check boxes will auto-populate. State Lead check-box's are on CAA doc checklist page.

=

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs (<i>Owner Obligation</i>)	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL	\$	\$	\$

PROJECT SUMMARY SHEET FOR MULTI-FAMILY PROJECTS

INSTRUCTIONS: Complete this Project Cover Sheet and the forms contained in this bundle will auto-populate. The Project Cover Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data. Forms not contained in the bundle can be downloaded from the CAA Portal.

	PROP	PERTY
□Multi-Family (and Single Family Rentals)	# Units	Does Owner reside at the property? \Box Yes \Box No
Property Address:		Are children under 6 at the property? Yes No Are the children covered by MaineCare? Yes No Is property under abatement order? Yes No
Applicant (Owner)		Co-Applicant (Co-Owner)
· • • • • • • • • • • • • • • • • • • •		
Entity or Owner First Name MI Last Name		Co-Entity or Co-Owner First Name MI Last Name
Mailing Address:		Mailing Address:
Street, City, State, Zip		Street, City, State, Zip
Home Phone		Home Phone
Work Phone		Work Phone
Email		Email
COMMUNITY ACTION AGENCY (CAA/ESCRO	OW AGENT)	LEAD REDUCTION/ABATEMENT CONTRACTOR
CAA Name		Company Name
Mailing Address		Mailing Address
Street, City, State, Zip)	Street, City, State, Zip
CAA Rep Name		Phone
CAA Rep Phone		Rep Name
CAA Rep Email		Rep Phone
CAA Rep Title		Rep Email
Lead Designer Name		
Lead Designer Phone		
Lead Designer Fax		NOTES/COMMENTS
Lead Designer Email		



MAINEHOUSING LEAD PROGRAMS BABA CHECKLIST

(This Form Only Applies When Total Project Assistance is \$250,000 or Less): Applying BAP and HUD Waivers to a Office of Lead Hazard Control and Healthy Homes (OLHCHH) funded project

Project Location:

CAA:

Total Project Assistance:

Step 1: Does BABA Apply?

Is this an infrastructure project, as defined by BABA?

Infrastructure projects are projects that involve construction, alteration, maintenance, or repair of buildings and real property (and other types of infrastructure) in the United States. For OLHCHH grants, this includes lead hazard reduction activities and healthy homes interventions.

	YES		NO
--	-----	--	----

If **YES**, proceed to Step 2.

If **NO**, BAP does not apply. Sign below and the Checklist is complete.

Signature Name and Title: Date

Step 2: Funding Source

Check funding sources included in this project:

- Community Development Block Grant Formula Programs (CDBG)
- Community Project Funding (CPF)/Economic Development Initiatives (EDI)
- □ Lead Hazard Reduction
- □ Health Homes Production Grant

If none of these funding sources apply, BAP does not apply.

If one of these funding sources apply, proceed to Step 3.

Step 3: Small Grant Waiver

Is the total project assistance less than \$250,000 (including all sources of funding)?

YES
110

NO, If Greater than \$250,000 Use Large Project Form.

FOR MAINEHOUSING USE ONLY

Small Grant Waiver approved or denied:

 \Box Approved

□ Denied

Date:

Name: Title:

Step 4: Compliance

<u>All backup documentation for the Small Grant Waiver, in addition to this form must be</u> stored in the project files.

PHASE 1- MULTI-FAMILY DOCUMENT CHECKLIST

Applicant (Owner)			CAA					
Property Address		Date Submitted						
Program Type(s):	☐ Federal Lead ☐ State Lead (N261)			Healthy Homes DHHS				
		-						
		State Lead (Z267)		D	ocument	FEDERAL	STATE	
					Reference	LEAD	LEAD	DHHS
FILE SECTION 1 (Owner)								
Owner Application				Ар	pendix A	Х	Х	Х
Authorization to Release Inform	ation (Owner)			Ap	pendix E	Х	х	Х
Proof of Ownership (Property D	eed and/or tax bill)		(Owner	Х	Х	Х
Proof of Insurance (homeowner	s insurance inforn	nation)		(Owner	Х	Х	Х
Income Self-Certification				Owne	er Occupant		Х	Х
Merchants Report					САА	Х	Х	Х
Notice of Preliminary Grant App	roval			Арр	endix LD-1	Х	Х	Х
Grant Agreement				App	endix LD-2	Х	Х	Х
Declaration of Covenants and R	estrictions (signed	d)		Ар	pendix H	Х	Х	Х
FILE SECTION 2 (Invoices, Che	ecklists, Waivers,	Tenant)						
Project Summary Sheet				Ap	pendix 1	Х	Х	Х
Phase 1 Billing Invoice				Ap	pendix 1A	Х	Х	Х
Phase 1 Multi-Family Document	t Checklist			Apper	ndix 1B-MF1	Х	Х	Х
Waivers (if applicable)				Ap	pendix K	Х	Х	Х
Tenant Application				Ap	pendix B	Х	Х	Х
Income Eligibility Documents (S	tate Lead and DH	HS may self-certify)	0	wner Oc	cupant /Tenants	Х		
Tenant Blood Testing Release F	orm (children onl	Y)		Ар	pendix D	Х	Х	Х
MaineCare Eligibility Letter(s) (c	hildren only) (if ap	plicable)		As o	f Nov 2022			Х
Children Under 6 Years Old Vis	iting Certification			Ар	pendix G	Х	Х	Х
Relocation Assistance Acknowle	edgement			Арр	endix LD-C	Х	Х	Х
FILE SECTION 3 (Contractor)								
Construction Contract				Арр	endix C-A	Х	Х	Х
Healthy Homes Compliance Ag	reement <i>(If applic</i>	able)		App	endix HH6	Х		
Construction Escrow Agreemen	t			Арр	endix C-B	Х	Х	Х
Lead Design Plan Specifications	6			E	xhibit C	Х	Х	Х
Healthy Homes Design Plan (If	applicable)				CAA	Х		
Pre-Construction Report				Ар	pendix M	Х	Х	Х
FILE SECTION 4 (Reports, Des	signs & Plans)							
Lead Paint Inspection and Risk	Assessment Repo	ort			CAA	Х	Х	Х
Bid Package (including Refusal	to Bid, if any)			Apper	ndix Y/ CAA	Х	Х	Х
Bid Tabulation Sheet				Ар	pendix J	Х	Х	Х
Asbestos inspection documenta					CAA	Х	Х	Х
FILE SECTION 5 (Federal and	State Compliance	, Healthy Homes)						
SHPO					CAA	Х	Х	Х
BABA small or large project form	n				CAA	Х		
FILE SECTION 6 (Photos, Corr	espondence)							
Colored Photo(s) of pre-project					CAA	Х	Х	Х
Correspondence				CAA	/MaineHousing	Х	Х	Х

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Document Checklist, but required by program regulations as referenced in MaineHousing's the *Lead Program Guidance and Procedures*, are maintained in the Applicant(s) project file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

CAA Representative Signature

Date

CAA Representative Name

Prepared by MaineHousing

MULTI-FAMILY APPLICANT INFORMATION

INSTRUCTIONS: This Applicant Information Form describes the Lead Hazard Reduction Grant Program (Federal Lead) and Maine Lead-Paint Hazard Abatement Program (State Lead), collectively referred to as the "Lead Program," requirements and provides a list of things that property owners need to know, and need to do before making a commitment to receive funds from the Lead Program. The Community Action Agency will access the needs of the Applicant and make Lead Program funding recommendation based on Lead Program eligibility requirements. Applicants should retain this *Applicant Information* with their records.

1. HOW THE PROGRAM WORKS

ManeHousing's Lead Program is administered by Community Action Agencies (CAA). The CAA will take an *Owner Application*, perform all necessary eligibility verifications, and inspect the work as it is being performed. After the Owner has signed all necessary documents and if all guidelines are met, MaineHousing will fund the project with Federal Lead Program and/or State Lead Program funds being held on the Owner's behalf. MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. FEDERAL LEAD PROGRAM GENERAL INFORMATION

- a. Federal Lead Grants are available to eligible property owners of rental properties (Owner). The maximum number of rental units a for-profit or non-profit Owner can enroll is ten. The maximum Federal Lead Grant amount an owner can receive is \$10,000 per unit or \$100,000. Owners who have enrolled 10-unit limits under a separate grant are eligible to enroll an additional 10 units, which can consist of different properties. Owners will be required to lease the enrolled units to low-income families for a period of three years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$10,000 per unit, Owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of Lead Program inspections and abatement design will be funded by MaineHousing for eligible rental units and is not included in the Federal Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard control work.
- c. Owners must also provide proof of building ownership and property insurance (*e.g.*, current property tax bill). Owners also must agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- e. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the three-year Grant term, MaineHousing may recoup the Grant funds.
- f. The Owner is be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- g. The Owner must agree to lease at least 50% of the Lead 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 which guidelines I acknowledge are maintained by the MaineHousing, and agree to lease the remaining rental units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, Owners must obtain a "waiver" from MaineHousing.
- h. The Owner must agree to screen prospective tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with MaineHousing to confirm that the income requirements are being satisfied as often as may be required by MaineHousing.
- i. The Owner must agree to advertise vacant/vacated LEAD Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

3. STATE LEAD PROGRAM GENERAL INFORMATION

- a. State Lead Grants are available to eligible Owners of rental properties. The maximum State Lead Grant amount an owner can receive is \$15,000 per unit. Owners will be required to lease the enrolled units to income eligible families for a period of four (4) years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$15,000 per unit, owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of lead paint inspections and abatement/remediation design will be funded by MaineHousing for eligible rental units and not included in the State Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard abatement work.
- c. An Owner of property that receives lead abatement assistance under the State Lead Program shall pay a portion of abatement costs as follows: At least 10% of the costs of abatement if not under abatement order; at least 25% of the costs of abatement if the building is under abatement orders.

- d. For a period of no less than four (4) years, beginning on the date on which the State Lead Grant is awarded, Owner must agree to lease 100% of the Lead Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- e. The Owner must agree to limit the monthly rental charges in the Lead Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.
- f. Owners must also provide proof of building ownership (e.g. a property deed). Owners must also agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- g. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- h. Owners will be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- i. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the four-year State Lead Grant term, MaineHousing may recoup the Grant funds.

4. TEMPORARY RELOCATION

- a. Owners must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Owners are strongly encouraged to seek vacant units for the temporary placement of families during the work.
- b. Tenants may be eligible for federally-funded grants of up to \$1,450 or state-funded grants of up to \$1,250 to help with temporary relocation costs.
- c. It is the Owner's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- d. Owners and tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Owners and tenants must find alternative housing for pets.

5. RETURNING HOME

The Owner (and tenants) cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the property. This can be done safely while the occupants live in the home.

6. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided to me/us under the Lead Program may not be sufficient to address all lead hazards in or around the Property. The Owner will be responsible for providing any additional funds which may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Program funding guidelines. MaineHousing will review each project on a case by case basis.

7. OTHER REQUIREMENTS

- a. Property insurance is required for all properties enrolled in the Lead Program.
- b. Owners with properties located in a FEMA recognized Special Flood Hazard Area will not be allowed to participate in the Federal Lead Program.
- c. Only qualified, licensed abatement contractor can perform the work. Owners cannot use grant proceeds to pay for his/her own labor or to purchase his/her own materials to perform the work. **Note**: Owners who are licensed lead abatement contractors may seek pre-approval from MaineHousing for reimbursement of materials only. Owners who are licensed lead abatement contractors must receive pre-approval from MaineHousing in order to seek reimbursement for costs related to materials for the lead abatement project. Please contact the Community Action Agency for additional information.
- d. Work cannot commence until the Application is approved AND the required Lead Program Grant documents and other required Federal Program Grant documents have been signed. <u>Any work started prior to Lead Program Grant closing will not be funded by MaineHousing.</u>
- e. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these utilities will</u> <u>be at the expense of the Owner.</u>
- f. Site visits will be conducted by staff from the CAA and MaineHousing during the construction phase.

8. CONTRACTOR PROPOSALS

- a. The CAA will obtain a minimum of three bids from separate, qualified contractors to perform the work. The contractor must be a Maine Department of Environmental Protection licensed lead abatement contractor and or a Lead Smart Renovator (if the type of work allows for a Lead Smart Renovator).
- b. Owners should check the Contractor's past performance through references and the Better Business Bureau. The CAA may be able to assist.
- c. The CAA will award the project to the lowest bidder. If Owners choose a contractor whose bid is higher than another, <u>the</u> <u>Owner will be responsible</u> for paying the difference between the low bid and the bid the Owner choses.

9. CONTRACTS

MaineHousing's Federal Lead Program and State Lead Program require a *Construction Contract* to be signed by the Owner and the chosen contractor. The CAA will provide the *Construction Contract*.

10. CONTRACTOR PAYMENTS

- a. No payments will be released to the contractor until the CAA authorizes payment. Final payment will be withheld until the contractor passes a visual inspection and a lead dust wipe clearance test performed by the CAA.
- b. The Owner, the chosen contractor and the CAA will enter into a *Construction Escrow Agreement*. This enables the CAA to hold and distribute the construction funds on the Owner's behalf and in accordance with program rules.

11. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed *Construction Contract* or the performance by the parties, contact the CAA immediately and describe the complaint. If the CAA is unable to informally resolve the dispute, the CAA will assist the parties through the following process:

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact the CAA first, not MaineHousing.
- b. <u>Informal Conference.</u> The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS APPLICANT INFORMATION, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY FOR CLARIFICATION BEFORE SIGNING.

DECLARATION OF COVENANTS AND RESTRICTIONS

Grantee

Co-Grantee: _____ Address:

Rental Property Address:

Address:

This Declaration of Covenants and Restrictions ("Declaration") is made the above-named Grantee(s) residing at the above-identified mailing address(es) (which term shall mean the Applicant(s) under the Maine State Housing Authority (MaineHousing) Lead Hazard Reduction Grant Program (Federal Lead Program) and/or Maine Lead Paint Hazard Abatement Program (State Lead Program), collectively referred to as the "Lead Program," to induce MaineHousing, with a mailing address of 26 Edison Drive, Augusta, Maine 04330, which term shall include its successors and assigns, to grant funds to the Grantee under MaineHousing's Lead Program.

Whereas, Grantee is the owner of a above referenced rental housing property ("Property") and made application for a Lead Program grant; and

Whereas, MaineHousing may provide State Lead Program grants up to \$15,000 per unit and/ Federal Lead Program grants up to \$10,000 per unit for the for the abatement of lead paint hazards in the Property ("Program Units"); and

Whereas, in consideration of the benefit received by Grantee from the Lead Program, Grantee has agreed to abide by the covenants and restrictions set forth in this Declaration.

Now, therefore, Grantee hereby agrees as follows:

1. Enforceability of Covenants

The covenants and restrictions set forth in this Declaration are intended to be and shall be considered covenants that run with the real estate described in **Exhibit A** attached hereto and made a part hereof and shall bind all subsequent owners of the real estate described in **Exhibit A** for the Declaration Period as defined herein. The covenants of Grantee set forth herein are enforceable by MaineHousing as a contract beneficiary. The covenants and restrictions set forth herein shall survive a sale, transfer, or other disposition of the Property by Grantee, except that such covenants and restrictions shall not survive a sale or transfer by foreclosure to a party other than Grantee or any member of Grantee's household or a transfer by deed in lieu of foreclosure.

2. <u>Covenants and Restrictions</u>

□ Grantee is the recipient of a Federal Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for three (3) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby.

- a. Grantee agrees to lease 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 which guidelines I acknowledge are maintained by the Administrator, and agree to lease the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, I will obtain a "waiver" from the Program Administrator.
- b. Grantee agrees to screen prospective Program Unit tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with the Program Administrator to confirm that the income requirements are being satisfied as often as may be required by the Program Administrator.
- c. Grantee agrees to advertise vacant/vacated Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

- d. Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- e. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

□ Grantee is the recipient of a State Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for four (4) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby:

- a. Grantee agrees to lease 100% of the Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- b. The Grantee agrees to limit the monthly rental charges in the Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.org.
- c. Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

3. Remedies for Breach by Grantee

MaineHousing and any tenant who meets the income qualifications contained herein shall be entitled to all rights and remedies available at law and in equity, including injunctive relief and specific performance, to enforce the covenants and obligations of Grantee and the restrictions set forth in this Declaration.

4. Discharge

- Grantee is the recipient of a Federal Lead Program Grant, this Declaration shall automatically expire and have no force or effect three (3) years from the date of recording with no additional action necessary by any party.
- Grantee is the recipient of a State Lead Program Grant, this Declaration shall automatically expire and have no force or effect four (4) years from the date of recording with no additional action necessary by any party.

Ву:	Date:	
Grantee Name:	Witness:	
Its:	_	
Ву:	Date:	
Co-Grantee Name:	Witness:	
Its:		
State of Maine County of	Date:	
Personally appeared before me the above-named		
of and gave oath to be his/her free act and deed [in his/her said capacity] [and t	o the foregoing and acknowledged before me	
].		
	Notary Public/Attorney-at-Law	
	Printed name:	
	Commission expires:	

EXHIBIT A TO DECLARATION OF COVENANTS AND RESTRICTIONS LEGAL DESCRIPTION OF PROPERTY

	State Z267	NOTICE	OF GRANT P	RE-APPROV	AL		
oject Funding:	State N261	Federal Lead	☐ Healthy Homes	DHHS			
gency (CAA):				CAA Rep Name:			
				CAA Rep Title:			
roject Type: 🔲 Sing	do Family	Multi-Family		CAA Rep Phone:			
	nc-i anniy			CAA Rep Email:			
pplicant (Owner):				Co-Applicant:			
ddress:				Address:			
roperty: Your applicatio		or more of the f	ollowing Lead Pr	Grant Amount: ogram Grants			ned CAA has
	n for one o and appro	or more of the f					
Your applicatio been reviewed TOTAL F	n for one o and appro UNDS	or more of the fe ved as follows:		ogram Grants	with the	above-nar	
Your applicatio been reviewed TOTAL F	n for one o and appro UNDS	or more of the fe ved as follows:	ollowing Lead Pr	ogram Grants	with the	above-nar	
Your applicatio been reviewed TOTAL F You will need to	n for one o and appro UNDS	or more of the fe ved as follows:	ollowing Lead Pr	ogram Grants	with the	above-nar	
Your applicatio been reviewed TOTAL F You will need to 1. 2. 3	n for one o and appro UNDS o bring the	or more of the foved as follows:	ollowing Lead Pr	ogram Grants	with the \$ (if applic	above-nar able):	ned CAA has
Your applicatio been reviewed TOTAL F You will need to 1. 2. 3	n for one o and appro UNDS o bring the	or more of the foved as follows:	ollowing Lead Pr	ogram Grants	with the \$ (if applic	above-nar able):	ned CAA has
Your applicatio been reviewed TOTAL F You will need to 1. 2. 3.	n for one o and appro UNDS o bring the	or more of the foved as follows:	ollowing Lead Pr	ogram Grants	with the \$ (if applic	above-nar able):	ned CAA has
Your applicatio been reviewed TOTAL F You will need to 1. 2. 3. 4. Your Closing is	n for one o and appro UNDS o bring the	or more of the foved as follows:	ollowing Lead Pr uments with you	ogram Grants	with the \$ (if applic	above-nar	ned CAA has

Signature of CAA Representative

Date

CAA Rep Name (Printed)

		State Lead (Z267)	GRA	NT AGREEMEN	NT	
Project Fu Agency (C	-	State Lead (N261)	☐ Federal Lead	☐ Healthy Homes C4	DHHS AA Rep Name:	
					AA Rep Title:	
Project		Single-Family	ulti-Family		AA Rep Phone:	
Tioject	Type. 🗖				AA Rep Email:	
Applicant	t/Grantee	9:		Co-Applica	ant:	
Address:				Address:		
Property:				Grant Amo	ount: \$	
1.	FUND	۱¢۰		Grant Date		
2.	Contra in the CAA. abate relate	identified herein f The Applicant/Gr referenced Proper Total Project Fun with the Construct OF FUNDS: The G act executed by the Construction Contr The Applicant ackr ment/remediation w d repair.	Funded by the Ma antee will provid erty (Owner Cont ds in the amoun <i>ction Escrow Agi</i> rant Funds will b Owner and con <i>act</i> requires a we nowledges that the vork and that the	aine State Housing e a total of \$ tribution): it of \$ reement for the abo be used to pay for th tractor and approve ritten <i>Change Orde</i> he Grant Funds are se funds cannot be	Applicant/Grantee from the Lead Progra Authority as follows (Grant Amount): to the Lead project for the abov will be held in by the CAA in accorda ove referenced Property. he work described in the <i>Construction</i> ed by CAA. Any change to the work outl er approved by the contractor, the Owner e to be used for necessary lead e used for cosmetic or non-health and sat	ve ince ined , and fety
3.					scrow on behalf of the Applicant and mak tion Escrow Agreement.	ke
4.		PERATION: The O m the work.	wner agrees to a	allow contractor and	d CAA reasonable access to the home to	C
APP	LICANT	:		CAA:		
Applic	ant Signa	ture		CAA Rep	presentative Signature	
Co-Ap	oplicant Si	gnature		CAA Rep	presentative Name	
Date				Date		

CONSTRUCTION CONTRACT

	State Lead (2267)			
Project Funding:	□ State Lead (N261)	□ Federal Lead	Healthy Homes	s DHHS
Escrow Agent (CAA):				CAA Rep Name:CAA Rep Title:
Project Type:	□ Single-Family □ Mu	lti-Family		CAA Rep Phone:
				CAA Rep Email:
Applicant:			Со-Арр	plicant:
Address: _			Addres	ss:
Property:			Contra	actor:
			Addres	ss:
			Contra	act Amount: \$
			Contra	act Date:

1. PARTIES

This *Construction Contract* ("Contract") is between the above-named Applicant ("Owner") and above-named Contractor in connection with the above-named Property (the "Project). The above-named Escrow Agent ("CAA"), in its capacity as authorized program agent of MaineHousing, executes the *Construction Contract* for the limited and sole purposes of (i) acknowledging the existence of the Contract, (ii) recognizing that it is granted certain rights under this Contract as Escrow Agent and in the event the CAA is also the Consultant, as defined herein, in connection with the Project, and (iii) acknowledging the execution of the Contract by Contractor and Owner. Owner and Contractor (collectively, the "Parties") hereby agree as follows:

2. PROGRAM

The Owner has been selected to receive financial assistance under the MaineHousing Lead Hazard Reduction Grant Program ("Federal Lead" Program) and/or Maine Lead Paint Hazard Abatement Program ("State Lead" Program), collectively referred to as the "Lead Program," to remediate lead-based paint hazards in the Owner's home/apartment(s), and as a result, the Owner and the Contractor are entering into this Contract to complete lead remediation at the above address (the "Project").

3. WORK

Contractor shall complete the work described in, and in accordance with, the following documents (the "Contract Documents"), which are incorporated herein by reference (the "Work"): (1) *Lead Contractor Standards and Conditions*, a copy of which is provided to the Owner and Contractor; and (2) *Lead Design Plan Specifications* prepared for the Project by a certified lead hazard design consultant ("Consultant") (see Exhibit C attached).

4. WORK COMMENCEMENT/COMPLETION

- a. <u>Interior Start Date</u>: Contractor shall commence the portion of the Work involving interior portions of the Project on
- b. <u>Interior End Date</u>: Contractor shall complete the portion of the Work involving interior portions of the Project on
- c. <u>Exterior Start Date</u>: Contractor shall commence the portion of the Work involving exterior portions of the Project on
- d. <u>Exterior End Date</u>: Contractor shall complete the portion of the Work involving exterior portions of the Project on

5. COSTS

In consideration for completion of the Work and in accordance with the Lead Design Plan Specifications attached as Exhibit C, the CAA will pay Contractor up to the "Contract Total" set forth below for Work completed to the Owner's satisfaction:

Funding Source	Interior	Exterior	Total
PROJECT TOTAL	\$	\$	\$

1. Radon remediation costs are \$1,200.00 max for single family homes and \$500.00 max per unit for multi-family/multi-unit buildings. Radon remediation is available to applicable projects funded with federal lead.

6. PAYMENTS

The Contractor and the Owner hereby acknowledge that, because the Owner is the recipient of Program funds due the Contractor under this Contract, funds shall be paid to the Contractor by MaineHousing through the CAA within 30 days of the CAA's receipt of all invoice and supporting materials received by the CAA from the Contractor. Payments the CAA issues to the Contractor depends on the size of the project. Advancing federal funds to Contractors is prohibited. Contractor should request payment for work completed and submit their request to the CAA with signed authorization from the Owner. Contractor's request for payment must include documentation that describes the scope and nature of the work for which the contractor is requesting payment. The CAA shall act as the "Escrow Agent". Contractor and Owner agree to comply with the terms of a Construction Escrow Agreement among the Escrow Agent, the Contractor and Owner.

If owner does not receive financing to cover the cost of the Contractor's bid, this Contract is null and void.

- a. No monies will be disbursed up front in advance of the work. A sum of ten percent of the total Contract amount shall be withheld by the CAA until completion and approval of all work.
- b. Prior to issuing payment to the Contractor, the *Contractor Payment Request* form must be completed and approved/signed by the Contractor and the Owner. CAA must obtain a *Certificate and Release of Liens* for each payment being requested by the Contractor, prior to issuing payment.
- c. CAA must issue payment for work performed within thirty (30) calendar days of receipt of the contractor's invoice. This requirement applies to any and all work performed under the Program(s). Upon receipt of the Contractor's invoice, the corresponding Contractor Payment Request forms and Release of Liens, CAA will perform required inspections of the Contractor's work within this thirty day time period.
- d. The CAA shall act as the "Escrow Agent" and will hold the funds for the performance of this Contract.
- e. Contractor and Owner agree to comply with the terms of a *Construction Escrow Agreement* among the Escrow Agent, the Contractor and Owner, including:
 - i. *Certificate of Final Inspection* and *Final Payment Acknowledgment* (see Appendix Q) executed by the Owner and the appropriate Lead Inspector, as determined by the Escrow Agent;
 - ii. Certificate and Release of Liens (see Appendix I-B) executed by Contractor; and
 - iii. And any further documentation as may be required by the CAA under the *Lead Program Guidance and Procedures* (Lead Guide).

7. HAZARDOUS WASTE EXPENSES

Hazardous waste expenses that are incurred, including waste disposal costs included in the Work performed for the Project shall be billed at cost. In order to receive payment for hazardous waste expenses, Contractor must submit a copy of the invoice from the hazardous waste transportation and disposal company that includes the company's name, address, phone number, and cost of transportation and disposal. Failure to provide such an invoice may result in nonpayment.

8. ACCESS TO WORK; MAINTENANCE OF RECORDS

The Owner, the CAA and/or MaineHousing shall have the right to inspect the Project, including, without limitation all Work done and all materials, supplies, equipment and fixtures furnished, installed or stored in, on or about the Project premises, and all books, subcontracts, and records of Contractor, at all reasonable times, which inspections the Owner acknowledges are for the sole benefit of MaineHousing. *Note: Entry into an active abatement area is strictly prohibited by any person(s) unlicensed to do so*.

9. FAILURE TO PERFORM

Failure by Contractor to perform any Work under this Contract for a period of two (2) consecutive working days at any time after commencement of the Work or failure by Contractor to complete the portion of the Work involving interior portions of the Project by the Interior End Date, without written consent of Owner, shall constitute a breach of the Contract, and Owner may, by written notice, terminate the Contract, and/or assess liquidated damages in the amount of \$50.00 per day for every working day that Contractor is not at the site without Owner approval.

10. LIENS

The final payment due under the Contract shall not become due until the Contractor, delivers to the Owner a complete release of all liens arising out of the Contract and receipts in full; in lieu thereof and, if required in either case, an affidavit that, so far as he/she has knowledge or information, the releases and receipts include all the labor and material for which a lien could be filed. The Contractor may, however, if any subcontractor refuses to furnish a release or receipt in full, furnish a bond satisfactory to the Owner, for indemnification against any lien. If any lien remains unsatisfied after all payments are made, the Contractor shall refund to the Owner all moneys that the latter may be compelled to pay in discharging such a lien, including all costs and attorney's fees.

11. PERMITS AND FEES

- a. Contractor shall comply with all applicable building, zoning, environmental, and land use laws, regulations, and ordinances. Contractor shall give all notices required by and comply with all applicable laws, ordinances and codes of the municipality where work is being performed and the State of Maine.
- b. Permits, fees and licenses necessary for completion of the Work shall be procured and paid for by the Contractor. The Contractor shall give all notices and comply with all laws, ordinances, statutes and regulations bearing on the Work. The Contractor shall provide copies of all Work related permits and licenses to the Owner and CAA.

12. INDEMNITY

- a. The Contractor shall indemnify and hold harmless CAA, its agents and employees, MaineHousing, its agents and employees; the Owner, the Owner's agents and employees, and the Consultant working on the Project from and against all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting from the performance of the Work, provided that any such claim, damage, losses or expense (a) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom, and (b) caused in whole or in part by any negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.
- b. In any and all claims against the Owner, the Owner's agents or employees, or the Consultant working on the Project, CAA, its agents or employees, by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable

by or for the Contractor or any subcontractor under Worker's Compensation Acts, disability benefit acts or other employee benefit acts.

13. INSURANCE

a. <u>Commercial General Liability Insurance.</u> The Contractor shall procure and maintain during the life of the Contract, at its own cost, and show evidence to the Owner and CAA of Commercial General Liability Insurance, including special broad form property damage coverage, to protect it from claims and damages which may arise from operations under the Contract, whether such operations shall be performed by Contractor or by anyone directly or indirectly employed by it in the types and minimum amounts set forth below:

Description	Coverage	Each Occurrence		
Commercial General Liability		\$1,000,000		
Lead-Based Paint Liability		\$1,000,000		
Owners & Contractor's Protective*		\$1,000,000		
Pollution Occurrence Insurance		\$1,000,000		
Property Damage	Vehicle Liability, including owned, hired, or non-owned	\$1,000,000		
Employer's Liability	B.I./Death	\$1,000,000		
*In the event the Contractor should employ subcontractors.				

- b. <u>Worker's Compensation Insurance.</u> Contractor shall procure and maintain, at its own expense, and show evidence to the Owner and CAA of Worker's Compensation coverage, as well as Employer's Liability Coverage, for their employees, including employees engaged in hazardous work. All such policies which are in any way related to the Work and which are secured and maintained by the Contractor shall include clauses requiring that each underwriter shall waive all its right of recovery under subrogation or otherwise against the Owner.
- c. <u>Deductible Amount.</u> The Contractor will reimburse the Owner and hold the Owner harmless for the cost of any losses for which it is responsible and to which a deductible amount may apply. The deductible amount in any such policy may not exceed Twenty Five Hundred Dollars (\$2,500) without the written consent of the Owner and either MaineHousing or CAA.
- d. <u>Certificate of Insurance.</u> The Contractor will provide Owner with either certificates of insurance or certified copies of the applicable policies, showing that it has complied with these provisions, and such certificates shall provide that thirty (30) days' written notice of non-renewal, material modification, or cancellation must be given to the Owner and MaineHousing or its duly authorized agent prior to the effective date of such non-renewal, material modification, or cancellation.
- e. <u>Owner as Additional Insured.</u> The Owner shall be named as an additional insured in all such policies.

Description	Coverage	Each Occurrence
Commercial General Liability		\$500,000
Property Damage		\$500,000
Vehicle Liability, including owned, hired, or non-owned	B.I./Death	\$1,000,000
Worker's Compensation		Maine statutory limits

f. <u>Subcontractors.</u> All subcontractors shall provide the insurance coverage described below:

14. CLEANING UP

The Contractor shall at all times keep the Project premises free from the accumulation of waste materials or rubbish; and, at the completion of the Work, Contractor shall remove all rubbish from and about the Project and all tools, scaffolding and surplus materials and shall leave the Project "Broom Clean". In case of failure to comply by the Contractor, the Owner may perform the clean-up and deduct the cost from any monies due the Contractor.

15. RELOCATION OF TENANTS

The CAA shall be responsible for the relocation of occupants during construction activities, including, but notlimited to the provision of temporary living accommodations in accordance with the applicable relocationPrepared by MaineHousingPage 24 of 104Construction Contract01/01/2025

requirements contained in the Lead Guide. In the event that temporary housing becomes unavailable, CAA shall provide a minimum 48 hour notice prior to the Work Start Date to the Contractor, and Owner and Contractor shall establish a new Project Start Date.

16. COOPERATION WITH CONTRACTOR

The Owner shall cooperate with Contractor to facilitate performance of the Work, including the reasonable movement of household furnishings away from the Work area. Owner shall permit Contractor to make reasonable use of existing utilities for the performance of the Work and such use shall be at the expense of the Owner. Owner shall be responsible for obtaining permission from abutting property owners to move work people and materials onto abutting properties for the purposes of completing the Work. Owner shall also ensure that no other contractor will interfere with Contractor's work. If the Owner or an unauthorized general contractor breaches Contractor's containment or otherwise causes lead contamination of an area already cleaned by the Contractor, the re-testing and re-cleaning of the contaminated areas shall be at the expense of the Owner. Furthermore, any duly authorized agent of MaineHousing shall not be obligated to release any funds to the Owner until such time as the Owner has re-cleaned and re-tested the areas that have been re-contaminated by the Owner or the Owner's general contractor.

17. ASSIGNMENT

Contractor shall not assign this Contract nor delegate its duties hereunder without the written consent of the Owner and MaineHousing.

18. PROJECT MONITORING

Contractor and subcontractors will be monitored by the Program CAA or MaineHousing. The CAA, Consultant or MaineHousing has the authority to monitor the Work and to ensure that the project is being performed in accordance with this Contract and the *Lead Design Plan Specifications* attached as Exhibit C. Consultant has the authority to direct Contractor to remedy any unsafe or illegal work practice and to ensure that the lead-based paint hazard control process is being performed in accordance with the Occupational Health and Safety Administration Lead in Construction Standards (29 CFR 1926.62), and in accordance with applicable United States Department of Housing and Urban Development guidelines and Maine Department of Human Services regulations. In the event of a dispute between Program CAA and Contractor, MaineHousing shall have the authority to determine the dispute and Consultant's decision shall be final. Both the Contractor and the Program CAA should describe the dispute in their daily logs and inform MaineHousing of the decision.

19. WARRANTY

The Contractor warrants to the Owner that materials and equipment furnished under the Contract will be of good quality and new, fit for the purposes for which they are intended and of merchantable quality, unless otherwise required or permitted by the Contract Documents; that the Work will be free from defects not inherent in the quality required or permitted; and that the Work will conform with the requirements of the Contract Documents. Work not conforming to these requirements, including substitutions not properly approved and authorized, may be considered defective. The Contractor's warranty excludes remedy for damage of defect caused by abuse, modifications not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear under normal usage. If required by the Owner, the Contractor shall furnish satisfactory evidence as to the kind and quality of materials and equipment.

20. RELEASE AND HOLD HARMLESS

Owner agrees to assume all risk of injury, harm or damage to his/her person or property which may arise as a result of the performance of the Contract by Contractor and does hereby release and agree to indemnify and hold harmless MaineHousing, the CAA and their agents, officers and employees from any and all liability actions, damages and claims of any kind and nature whatsoever for injury or harm that might arise in connection with the use of the Contract, the Contractor's performance of the Contract and/or Applicant's participation in the Program.

21. COMPLIANCE

- a. The Contractor and all sub-contractors will comply in all respects with all applicable federal, state and local laws and regulation, including, without limitation, those relating to "hazardous materials", as defined herein.
- b. The term "hazardous materials" shall mean any substance, material, or waste which is or becomes regulated by any governmental authority, including, but not limited to: (i) petroleum; (ii)

friable or non-friable asbestos; (iii) polychlorinated biphenyls; (iv) those substances, materials or wastes designated as a "hazardous substance", pursuant to Section 311 of the Clean Water Act or listed pursuant to Section 307 of the Clean Water Act or any amendments or replacements to these statutes; (v) those substances, materials or wastes defined as a "hazardous waste", pursuant to Section 1004 of the Resource Conservation and Recovery Act or any amendments or replacements to that statute; (vi) those substances, materials or wastes defined as a "hazardous substance", pursuant to Section 101 of the Comprehensive Environmental Response, Compensation and Liability Act, or any amendments or replacements to that statute, rule, regulation or ordinance now or hereafter in effect; or (vii) any "hazardous waste", "hazardous substance" or "chemical substance or mixture" or similarly regulated substances or material as such phrases are defined in or regulated pursuant to any applicable state or local law, regulation or ordinance governing the generation, storage, discharge, transportation or disposal of the same.

- c. The Contractor, at its own expense, will promptly take all actions which may be necessary to abate, remove, clean up, and otherwise cure any violation of environmental laws caused by any hazardous materials used, generated, released, discharged, stored, or disposed of in connection with the Project and which were either brought onto the Project site or employed by the Contractor in connection with the Project. The Contractor shall not be responsible for hazardous materials present on the site or in the building at the time of the commencement of the Project, unless the Contract Documents impose such an obligation upon Contractor.
- d. Contractor will defend, indemnify and hold the Owner, the CAA, and MaineHousing harmless from any cost, expense, claims or liability resulting from violations of any environmental laws hereunder by Contractor or any subcontractor.

22. CHANGES IN SCOPE OF WORK

Neither the Owner nor the Contractor shall make any changes in the plans and specifications developed by the Consultant, or changes by altering or adding to the Work contemplated, or orders for extra work which will result in a net construction cost increase, or will change the design concept, or will result in a construction cost decrease of more than 2% of the Contract amount without the prior written approval of MaineHousing.

23. **RESOLUTION OF DISPUTES**

Disputes between the Applicant and the Contractor may arise from time to time during the life of the rehabilitation project. Under Maine law 10 M.R.S.A. §§1487 (8), the parties to a home construction contract may agree to settle disputes arising under the contract by jointly paying for one of the following: **Please select one of the following options:**

□ binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision. If selected: **Client initials** _____ **Contractor initials** _____

□ non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit. If selected: **Client initials _____ Contractor initials _____**

□ mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If selected: **Client initials** _____ **Contractor initials** _____

24. The Program that finances this work requires disputes to be resolved in accordance with the above selected option. ROLE OF MAINEHOUSING

Notwithstanding any reference to MaineHousing and/or the CAA contained herein, Owner and Contractor recognize and acknowledge that MaineHousing, its agents and employees are not parties to this Contract. Contractor and Owner shall have no claim against MaineHousing or any person acting on its behalf for any action taken pursuant to this Contract.

It is further understood between the parties hereto that Owner has agreed to the selection of all contractors, subcontractors, material men, as well as all others furnishing services or materials to the Project and MaineHousing has, and shall have, no responsibility whatsoever for them or for the quality of their materials or workmanship. MaineHousing's sole function is that of program coordinator and to distribute Lead Program Grant funds in accordance with Program guidelines as may be promulgated by MaineHousing. Owner shall have no right to rely on any procedures required by MaineHousing, because such procedures are for the protection of MaineHousing.

Owner and Contractor agree, both jointly and severally, to indemnify and hold harmless MaineHousing its agents

and employees from and against any and all liability, suits, actions, and claims for property damage and/or personal injury (including death) arising directly or indirectly from the execution of the Work or otherwise under this Contract.

25. COMPLETE AGREEMENT

This Contract represents the entire and integrated agreement between Owner and Contractor. No changes, modifications, nor amendments in the terms and conditions of this Contract shall be effective, unless reduced to writing, signed by duly authorized representatives of Owner and Contractor, and approved by MaineHousing.

26. GOVERNING LAW; GENDER

This Contract shall be governed by the laws of the State of Maine. Any noun or pronoun, when used herein, shall mean the singular or plural and the masculine or feminine, as the context requires.

27. MAINE ATTORNEY GENERAL ADVISORY

Owners are strongly advised to visit the Maine Attorney General's publicly accessible website to obtain current information on how to enforce their rights when constructing or repairing a home at: http://www.maine.gov/ag/consumer/housing/home_construction on how to enforce their rights when constructing or repairing a home at: http://www.maine.gov/ag/consumer/housing/home_construction.shtml or contact the Attorney General's Office by mail or phone at: 6 State House Station, Augusta, ME 04333 (207) 626-8800 / TTY # 711. By signing below, Owner acknowledges he/she has read the attached Maine Attorney General Home Construction warning Addendum.

IN WITNESS WHEREOF, the Owner, Contractor and CAA hereto have caused this Contract to be duly executed on the Contract Date written above.

OWNERS

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Signature of Owner	Date	
Signature of Co-Owner	Date	
CONTRACTOR		
Signature of Contractor Representative	Date	
Contractor Representative Name		
CAA		
Signature of CAA Representative	Date	
CAA Representative Name		

CONTRACT ADDENDUM

MAINE ATTORNEY GENERAL HOME CONSTRUCTION WARNING STATEMENT

If you are thinking about building a new home or repairing your existing home, here are some things you should know.

Contractors Are Not Licensed – Buyer Beware!

Home contractors are not licensed or regulated by the State of Maine. The old saying "Buyer Beware" applies. While some towns and cities have adopted building codes and enforced them, others have not. We recommend that you talk to your town's code officials before you begin construction. Although home construction contractors are not licensed, some building trades are licensed. Plumbers, electricians, oil burner technicians, and installers of mobile and modular homes are licensed in Maine. For more information on these licensed trades, go to: http://www.maine.gov/pfr/index.shtml

Always Check Contractor References

The Attorney General receives more complaints about home contractors than about almost any other business. We <u>strongly</u> recommend that you ask any contractor you are considering hiring for several references and that you follow up on them. It is also a good idea to check with your local building supply companies or real estate brokers. They will know the dependable contractors in your area.

Written Contracts Are Required

For all home construction and home improvement projects over \$3,000, Maine law requires a written contract with a specific provision that prohibits payment up front of more than one third of the contract price. When a contractor asks you for any money up front, make sure that the money is being used to purchase materials for your project. Ask for receipts and for a lien waiver from subcontractors. A model contract that meets State law can be found in Chapter 18 of the Maine Attorney General's Consumer Law Guide. Go to http://www.maine.gov/ag/consumer/law_guide_article.shtml?id=27938

Be Careful with Construction Loans

If a lender is financing your construction project, make sure that you know your lender and that you understand how your loan proceeds will be disbursed and how subcontractors will be paid.

Home Contractor Complaints Received by the Attorney General

For a listing of home contractors the Attorney General's Consumer Mediation Service has received complaints against, go to: <u>http://www.maine.gov/ag/consumer/housing/home_construction.shtml</u> You can also call the Attorney General's Consumer Protection Division at 1-800-436-2131. The Better Business Bureau also provides information on companies. Go to <u>www.bosbbb.org</u> or call (207) 878-2715.

Home Contractors the State Has Sued

In the recent past the State has successfully sued the following home contractors for poor workmanship or failure to complete jobs: State of Maine v. CBS Enterprises (Kimberly Mark Smith and David J. Blais), Default Judgment in CBS Enterprises, State of Maine v. Frederic Weinschenk d/b/a Ric Weinschenk Builders Inc., State of Maine v. Stephen Lunt d/b/a Lakeview Builders, Inc., State of Maine v. Bob Burns d/b/a Better Homes, State of Maine v. Albert H. Giandrea d/b/a AG's Home Quality Improvements, Inc., State of Maine v. Al Verdone, State of Maine v. Mikal W. Tuttle, d/b/a MT Construction, DMI Industries, and MT Construction, Inc. The Androscoggin County District Attorney has obtained a theft conviction against home contractor Harold Soper. State of Maine v. Harold Soper. Even when our law suits have been successful, we have been unable to collect a significant portion of the judgments because the builders are bankrupt, judgment proof, or have left the state. We strongly recommend that you research a contractor's record before you begin any construction project.

Your Home Construction Rights

Chapter 17 of the Maine Attorney General's Consumer Law Guide explains your rights when constructing or repairing your home. Chapter 18 of the Consumer Law Guide is a model home construction contract that meets the statutory requirements for any home construction contract over \$3,000. Go to http://www.maine.gov/ag/consumer/law guide article.shtml?id=27938

As of September 1, 2006, this entire statement must be an addendum to any home construction contract for more than \$3,000, as required by 10 M.R.S.A. Chapter 219-A.

State Lead (Z267) CONSTRUCTION ESCROW AGREEMENT

Project Funding:	□ State Lead	(N261)	□ Federal Lead	□ Healthy Homes	DHHS	
Escrow Agent (CAA):					CAA Rep Nan	ne:
(CAA).						:
	ingle Femily		amily			ne:
Project Type: Single-Family Multi-Family		CAA Rep Email:				
Applicant:				Со-Арр	licant:	
Address:				Addres	e'	
Property:				Contrac	tor	
				Addres	s'	
				Contrac	t Amount:	\$
				Contrac	t Date:	

This Agreement is entered into on the above written Agreement Date in conjunction with a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program (State Lead), collectively referred to as the "Program," from the above-referenced Escrow Agent to the above referenced Applicant ("Owner") in the amount of the above written Escrowed Funds.

1. DEPOSIT

The Owner has deposited the above referenced Owner Contribution (if applicable) and Maine State Housing Authority ("MaineHousing") is depositing the above referenced Program Fund amount(s), together referenced as the Escrowed Funds, with the Escrow Agent for work described in Exhibit C to a *Construction Contract* of near or even date between the Owner and the Contractor as may be modified by change orders executed by the Owner, the Contractor, and the Escrow Agent (the "Work"). The Owner and the Contractor agree to comply with the terms of the *Construction Contract* and *Lead Contractor Standards and Conditions* which are incorporated herein.

2. AUTHORIZATION

Contingent upon receipt of funds the Escrow Agent is authorized and directed to disburse the Escrowed Funds in accordance with this Agreement. If owner and/or Escrow Agent does not receive financing to cover the cost of Contractor's price, this Agreement is null and void.

3. DISBURSEMENTS

The Escrow Agent shall withhold ten percent of the Escrowed Funds until all Work has been completed to the satisfaction of the Escrow Agent and the Owner. The Escrow Agent shall not make any disbursements until the Contractor has provided the Escrow Agent and Owner with copies of any required permits. The Escrow Agent shall disburse funds only for any of the Work which is (a) completed, (b) approved by the Owner, (c) inspected by the Escrow Agent, and (d) approved by the Escrow Agent. For each requisition the Contractor shall submit invoices for materials and the portion of the Work completed through the date of the requisition and lien waivers from all subcontractors who performed any of the Work through the date of the requisition. The Escrow Agent shall withhold final payment until the Escrow Agent has received a certificate of occupancy from the municipality where the Work was performed, if applicable, and has conducted a final inspection of the Work and certified that the Work is complete. Completed Work includes the achievement of lead dust clearance levels as described by the United States Department of Housing and Urban Development Lead-based Paint Poisoning Prevention in Certain Residential Structures regulations, 24 CFR Part 35.

IT IS THE CONTRACTOR'S RESPONSIBILITY TO ACHIEVE THE LEAD DUST CLEARANCE STANDARDS REQUIRED BY 24 CFR PART 35. IF DUST WIPE TESTING INDICATES LEAD DUST LEVELS ARE HIGHER THAN ALLOWABLE, CONTRACTOR MUST RECLEAN THE AREAS THAT FAILED AT CONTRACTOR'S

EXPENSE. ALL DIRECT AND INDIRECT COSTS INCURRED BY OWNER AND ESCROW AGENT TO RE-INSPECT AND RE-TEST SHALL BE DEDUCTED FROM PROCEEDS DUE CONTRACTOR.

4. CHECK DISBURSEMENTS

All disbursements shall be in the form of a check payable to the Contractor.

5. CHANGE ORDERS

The Escrow Agent will not pay for any work beyond that called for in the original Construction Contract unless a written change order has been approved and signed by the Escrow Agent, the Contractor, and the Owner. The Escrow Agent may require additional funds to be deposited into the Escrowed Funds to pay for increased costs so that at all times there remain sufficient Escrowed Funds to pay for the Work.

6. DISPUTE RESOLUTION

The Contractor and the Owner will notify the Escrow Agent of any disputes between them. The Escrow Agent shall, within fifteen working days from receipt of a complaint, organize an informal meeting with the Owner and the Contractor. MaineHousing may inspect any of the Work at any time and may participate in any informal meeting. If the informal conference produces a resolution to the dispute, the Escrow Agent shall prepare and the Contractor and Owner shall sign a document that plainly states the agreed upon resolution. If the meeting does not result in a resolution, the Escrow Agent shall document the results of the meeting and how the parties disagree. If the Escrow Agent, the Contractor, and the Owner cannot come to a resolution of the matter, then the issue shall be resolved through binding arbitration as regulated by the Maine Uniform Arbitration Act. The parties shall participate in a binding arbitration as possible after the informal conference. The binding arbitration shall be in accordance with the construction industry arbitration rules of the American Arbitration Association unless the Escrow Agent, Owner, and Contractor otherwise agree. The Owner and Contractor shall submit all disputes or claims regardless of the extent of the Work's progress to the arbitrator. The award rendered by the arbitrator shall be final and judgment may be entered upon it in any court having jurisdiction thereof. MaineHousing may, at its sole discretion, pay for the costs of an arbitrator. The parties will each pay their own attorneys' fees and other costs.

7. MECHANICS LIENS

The Escrow Agent assumes no liability for mechanics liens filed in connection with any of the Work.

8. **REMAINING PROCEEDS**

Regarding Federal Lead Program funded projects, if there are Escrowed Funds remaining after final payment, those funds which are the proceeds shall be applied as a principal reduction to the outstanding balance of the grant.

9. MISCELLANEOUS

If any part of this Agreement is held to be unenforceable or void, such fact shall not affect the validity or enforceability of the remaining parts of this Agreement. The provisions of this Agreement shall be binding upon and inure to the benefit of the heirs, successors, and assigns of the parties. This Agreement shall be construed in accordance with and governed by the laws of the State of Maine.

This Agreement is duly executed by the parties on the above written Agreement Date.

OWNER

Signature of Owner	Date		
Signature of Co-Owner	Date		
CONTRACTOR			
Signature of Contractor Representative	Date		
Contractor Representative Name			
ESCROW AGENT			
Signature of Escrow Agent Representative	Date		
Escrow Agent Representative Name			

HEALTHY HOMES ASSESSMENT AND INTERVENTION COMPLIANCE AGREEMENT

Project Funding:	Federal Lead	Healthy Homes	Project Type	: D Single-Family	Multi-Family
Agency (CAA):			CAA Rep Name:		
			CAA Rep Title:		
			CAA Rep Phone:		
			CAA Rep Email:		
Applicant:			Co-Applicant:		
Property:			Contractor:		
			Healthy Homes Amount:	\$	
Contract Date:					

I have been informed of the Healthy Homes Assessment and Intervention Program.

□ I CHOOSE NOT TO PARTICIPATE.			
Signature of Applicant	Date	Signature of Co-Applicant	Date

	OSE TO PARTICIPATE.				
By choos	ing to participate in the Health	y Homes Asses	ssment and Intervention Program, I agre	e to the following:	
1.	The CAA will conduct a Hea	althy Homes Ass	sessment.		
2.	 I understand that this work will be bid upon and completed by licensed contractors, in conjunction with the lead paint abatement work that will be performed on my property. A list of certified contractors will be provided to me from the CAA. 				
3.	 I further understand that the Healthy Homes Intervention work will be paid for under the supplemental Healthy Homes grant, separate from the Lead Hazard Reduction Grant Program. 				
4.	 I agree it is my responsibility to remove any and all items in the basement, outdoor area, or any other location that may need to be cleared in order to accommodate for the Healthy Homes Intervention work. 				
Signature of	f Applicant	Date	Signature of Co-Applicant	Date	

	State Lead (Z267)	BID TABULAT	ION SHEET	
Project Funding:	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):			CAA Rep Na	me:
			CAA Rep Tit	le:
Project Type: D Single-F	amily D Multi-Family		CAA Rep Phone:	
			CAA Rep Em	nail:
Applicant:	nt: Co-Applicant:			
Property:				

BID 1			
Contractor Name		□ Not on Debarment List	
Date Bid Submitted		Current Insurance Certificates	
Bid Amount	\$	Available / Can meet project timeline	
Comments:			

BID 2			
Contractor Name		□ Not on Debarment List	
Date Bid Submitted		Current Insurance Certificates	
Bid Amount	\$	Available / Can meet project timeline	
Comments:			

BID 3			
Contractor Name		□ Not on Debarment List	
Date Bid Submitted		Current Insurance Certificates	
Bid Amount	\$	Available / Can meet project timeline	
Comments:			

AWARDED TO:

Comments:

CAA Representative Signature

Date

CONTRACTOR DECLARATION OF REFUSAL TO BID FORM

Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes CAA Rep Name: CAA Rep Title:	DHHS
Project Type:	Single-Family	☐ Multi-Family		CAA Rep Phone: CAA Rep Email:	
Applicant: _ Property: _			C4	o-Applicant:	
l	(Contractor	Name)	of	(Contra	actor Business Name)

certify by my signature below; I was offered the same chance to bid, but refuse / withdraw my rights to bid through the above-named CAA for the above-referenced project:

Reason of Refusal:				

Contractor Representative Signature

Date

Contractor Representative Name

PRE-CONSTRUCTION CONFERENCE REPORT

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Due is st Tours				CAA Rep Phone:	
Project Type	Single-Family	☐ Multi-Family		CAA Rep Email:	
Applicant (Owr	ner):		Co-A	Applicant:	
Property:			Cont	tractor:	
			Cont	tract Amount: \$	
			Cont	tract Date:	

I (We), the undersigned have, on this date, participated in a pre-construction conference prior to the signing of a *Construction Contract* for the above-referenced Property. I (We) acknowledge that I (we) understand the terms of the Contract, the project design specifications explaining the scope work to be performed by the Contractor, the role of the CAA, and our responsibilities during the construction phase. I (we) have been given adequate explanations to our questions, if any, and are aware that assistance will be provided by the CAA, administrator of the Lead Hazard Reduction Grant Program ("Federal Lead") and/or the Maine Lead Paint Hazard Abatement Program (State Lead"), staff as requested. I (We) further understand and acknowledge that the Program assumes no responsibilities for the work performed and does not warrant any work performed.

HUD 24 CRF Part 35: I (we) further certify that I (we) have been made aware of the dangers of lead based paint, and have received a copy of *Protect Your Family From Lead in Your Home* pamphlet. I (we) understand that we will be required to be relocated until all work is complete and dust wipe clearances are achieved. I (we) understand that we may not return or enter the work area until notified by the CAA.

Signature of Owner	Date		
Signature of Co- Owner	Date		
Building Permit required ☐ Yes ☐ No you know that a permit is not required:	yes copy must be placed in project file. If No, explain how		

I, the undersigned, hereby certify that the pre-construction conference was held on this date between the homeowner(s,) CAA, Contractor(s), and myself. I understand and agree that the work performed must meet the standards required by the Maine Department of Environmental Protection and the Federal Lead and/or State Lead Programs as established by the job specifications attached to the Construction Contract.

Signature of Contractor

Date

Date

Contractor Representative Name

I, the undersigned, hereby certify that I participated in a pre-construction conference on this date.

Signature of CAA Lead Designer

CAA	Lead	Designer	Name

Prepared by MaineHousing

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Agency (CAA):	Questions should be directed to:					
Name		CAA Rep Name:				
Address		CAA Rep Title:				
		CAA Rep Phon				
		CAA Rep Emai	l:			
INSTRUCTIONS: Return completed and signed	Application and Applicar	nt Information F	orm to the above-named (CAA.		
Date	Project Typ	e 🛛 Singl	e-Family Rental	/lulti-Family		
	I. PROPERTY	INFORMAT	ION			
Address:	Ар	artment #				
	#B	edrooms:				
	Re	nt Amount:				
I	I. HOUSEHOLD		ΓΙΟΝ			
Tenant Name:	Last	Tenant Name:	First MI	Last		
Tenant Age	Co	-Tenant Age				
Telephone:	Tel	ephone:				
Total number in bourse (including you)		t obildron undo	r six years of age reside ii	a tha hama		
Total number in house (including you)			i six years of age reside if	i the nome.		
Name(s) of Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare		
	Yes No			Yes	No	
	Yes No			Yes	No	
	Yes No			Yes	No	
	Yes No			Yes	No	
Does your home serve as a child care location? of age spend at least three hours per day, on two				S □ Yes	🗆 No	
the home? If yes, have any of the children who received ser	vices been determined to	have lead nois	oning?	□ Yes	🗆 No	
in yes, have any of the ornitren who received ser						
	HOUSEHOLD IN		ASSETS			
Occupants must provide the employment informa	ation requested below to	be considered f	for enrollment in the Progr	am.		
Tenant Employment:						
Self-Employed:	f yes, provide 2 years tax	returns, includi	ing all Schedules.			
Employer Name	E	mployer Teleph	none			
Employer Address		Position				
Street, City, St	rate, ∠ip N	lo. of Years				

Co-Tenant Employm	ent:			
Self-Employed: Employer Name Employer Address	□ Yes	□ No		ars tax returns, including all Schedules. Employer Telephone Position
Head of Household	Employm		ty, State, Zip	No. of Years
Self-Employed: Employer Name	□ Yes	□ No	If yes, provide 2 yea	ars tax returns, including all Schedules. Employer Telephone
Employer Address		Street, Cit	y, State, Zip	Position No. of Years

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits _			
	10. Unemployment Compensation			
C.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furni	ish this inform	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		=		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adul	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

Office Use Only					
The Gross Income as calculated pursuant to this Tenan	t Application has beer	n verified by the CAA to be:	\$		
Maximum Eligible Income for this Tenant/ is:	\$ Percentage of AMI:				
CAA Representative Signature	Date	CAA Representative Name			

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

BLOOD TESTING RELEASE

roject Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
gency (CAA):			(CAA Rep Name:	
Project Type:	□ Single-Family □	Multi-Family			
				CAA Don Emoil	
Applicant (Own	er):		Со-Арр	licant:	
Property:			Tenant:		
			Apt#:		
INSTRUCTIONS Date	: Return completed a	and signed Blood Test	ting Release to th	e above-named CA	Α.
Date It is recommend in your home. It child's primary	ded that all children your children have nealth care provide	under six years of a	age have their b od test in the pa department to a	blood lead level te st three (3) mont arrange for a test.	A. sted prior to hazard control work h s , you should contact your
Date It is recommend in your home. It child's primary	ded that all children your children have nealth care provide one of the followin en under six have h	under six years of a not received a bloc r or the local health ng- the one which l	age have their b od test in the pa department to a best describes	olood lead level te st three (3) mont l arrange for a test. your children:	sted prior to hazard control work h s , you should contact your months . Please identify

Grant Program.

My children under six **have not** had their blood lead levels tested in the past three **(3) months** and I agree to have them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):						
			CA	A Rep Name:		
			CA	A Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family	CA	A Rep Phone:		
, ,,			CA	A Rep Email:		
Applicant (Owne	er):		Со-Ар	plicant:		_
Property:			Tenant	::		_
			Apt#:			_

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
			CA	A Rep Name:	
			CA	A Rep Title:	
Project Type:			CA	A Rep Phone:	
појесттуре.	☐ Single-Family	Multi-Family	CA	A Rep Email:	
Applicant (Own	er):		Со-Ар	plicant:	
Property:					
Contractor:					
relocation e referenced above-refe	expenses associate Property. I/We un renced Community	ed with lead paint had be a stand that in ord Action Agency ("C.	azard abatemer ler to receive re AA"), and/or oth	nt work in our/my h imbursement, we her documents wh	elp cover the costs of temporary nome located at the above must provide receipts to the ich may be required by the CAA, and that in the event I/we receive

- to verify expenses incurred as a result of temporary relocation. I/we also understand that in the event l/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
 I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following (i) here/wastal easter (ii) experite density density and matching to expedite the work.
- 2. If we, the undersigned, understand that reimbursable relocation expenses include, but are not innited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant	Signature
----------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action A	vgency (CA	A):		Qı	uestions shou	uld be directed to:		
Name				C/	A Rep Name	:		
Address				C/	A Rep Title:			
					A Rep Phone			
				CA	A Rep Email:			
INSTRUCTIONS: Re	turn comple	ted and signed	I Application and	Applicant I	nformation Fo	rm to the above-nar	med CAA.	
Date			Proj	ect Type	□ Single	-Family Rental	☐ Multi-Family	
			I. PROF	PERTY IN	IFORMATIO	ON		
Address:				Apart	ment #			
				#Bed	rooms:			
				Rent	Amount:			
		l	I. HOUS	EHOLD I	NFORMAT	ION		
Tenant Name:				Co-Te	enant Name:			
	First	MI	Last			First MI	Last	
					4 A			
Tenant Age:					enant Age:			
Tenant Age: Telephone:					enant Age: hone:			
- =	€ (including	you)	🗆 No c	_ Telep	hone:	six years of age res	ide in the home.	
Telephone:				Telep	hone:			by
Telephone:		you) 18 or younger)	□ No c	Telep	hone:	six years of age res Blood Lead Level VEBL ug/dl		
Telephone:				Telep	hone: children under	Blood Lead Level	s Covered	
Telephone:			Full time st	_ Telep	hone: children under	Blood Lead Level	s Covered MaineCar	re?
Telephone:			Full time st	_ Telep dependent o udent? No	hone: children under	Blood Lead Level	s Covered MaineCar Yes	No
Telephone:			Full time st Yes Yes	_ Telep dependent o udent? No No No	hone: children under	Blood Lead Level	s Covered MaineCar Yes Yes Yes	No No No
Telephone:			Full time st Yes Yes Yes	_ Telep dependent o udent? No No	hone: children under	Blood Lead Level	s Covered MaineCar Yes Yes	No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location?	Full time st Yes Yes Yes Yes Yes Meaning, does a	_ Telep dependent of udent?	hone: children under Age	Blood Lead Level VEBL ug/dl	s Covered MaineCar Yes Yes Yes Yes Yes	No No No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location?	Full time st Yes Yes Yes Yes Yes Meaning, does a	_ Telep dependent of udent?	hone: children under Age	Blood Lead Level VEBL ug/dl	s Covered MaineCar Yes Yes Yes Yes Yes	No No No No
Telephone: Total number in house Name(s) of Does your home serve of age spend at least i	Child (age 1	18 or younger) 18 or younger) care location? per day, on two	Full time st Yes Yes	_ Telep dependent of udent?	hone: children under Age r than your de at least 60 hou	Blood Lead Levels VEBL ug/dl	s Covered MaineCar Yes Yes Yes Yes	No No No No No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location? per day, on two	Full time st Yes Yes	_ Telep dependent of udent?	hone: children under Age r than your de at least 60 hou	Blood Lead Levels VEBL ug/dl	s Covered MaineCar Yes Yes Yes Yes years) in Pyes	No No No No No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location? per day, on two no received ser	Full time st Yes Yes	_ Telep	hone: children under Age r than your de at least 60 hou ave lead poisc	Blood Lead Levels VEBL ug/dl pendent, under six y irs or more per year	s Covered MaineCar Yes Yes Yes Yes years) in Pyes	No No No No No
Telephone:	Child (age 1 e as a child o three hours e children wh	18 or younger) 18 or younger) care location? per day, on two no received ser III.	Full time st Yes HOUSEHC	_ Telep	hone: children under Age r than your de at least 60 hou ave lead poisc DME AND A	Blood Lead Level VEBL ug/dl pendent, under six y irs or more per year oning?	s Covered MaineCar Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No
Telephone:	Child (age 1 e as a child of three hours e children wh	18 or younger) 18 or younger) care location? per day, on two no received ser III.	Full time st Yes HOUSEHC	_ Telep	hone: children under Age r than your de at least 60 hou ave lead poisc DME AND A	Blood Lead Level VEBL ug/dl pendent, under six y irs or more per year oning?	s Covered MaineCar Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No
Telephone:	Child (age 1 e as a child of three hours e children wh ide the empl nt:	18 or younger) 18 or younger) care location? per day, on two no received ser III. loyment information	Full time st Yes House Ation requested in	_ Telep	hone: children under Age r than your de at least 60 hou ave lead poisc DME AND A considered fo	Blood Lead Levels VEBL ug/dl pendent, under six y irs or more per year oning? ASSETS or enrollment in the l	s Covered MaineCar Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location? per day, on two no received ser III. loyment information of the ser No 1	Full time st Yes House HOUSEHC ation requested if If yes, provide 2 yes	Telep	hone: children under Age r than your de at least 60 hou ave lead poisc DME AND A considered fo	Blood Lead Levels VEBL ug/dl pendent, under six y irs or more per year oning? ASSETS or enrollment in the l	s Covered MaineCar Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	re? No No No No No
Telephone:	Child (age 1	18 or younger) 18 or younger) care location? per day, on two no received ser III. loyment information	Full time st Yes House HOUSEHC ation requested if If yes, provide 2 yes	_ Telep	hone: children under Age r than your de at least 60 hou ave lead poisc DME AND A considered fo	Blood Lead Levels VEBL ug/dl pendent, under six y irs or more per year oning? ASSETS or enrollment in the l	s Covered MaineCar Yes Yes Yes Yes Yes Yes Yes Yes Yes	re? No No No ○ No

Co-Tenant Employme	ent:		
Self-Employed: Employer Name Employer Address	☐ Yes	□ No Street, City,	 tax returns, including all Schedules. Employer Telephone Position No. of Years
Head of Household	Employm	ent:	
Self-Employed: Employer Name Employer Address	☐ Yes	□ No Street, City,	 tax returns, including all Schedules. Employer Telephone Position No. of Years

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
c.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnis	h this inforn	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of	I.		,		
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Chi	ildren			American Indian/Alaska Native	
Two Parents with Chile	dren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		_		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latino):			Asian & White	
Physically Disabled He Household	ead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		□ Yes	□ No	Other Multi-Racial	
*A displaced homemaker	moone on adu	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

	Office L	Jse Only	
The Gross Income as calculated pursuant to this Tenan	t Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):			CA	A Rep Name:	
				A Dam Titla	
Project Type:	□ Single-Family □	Multi-Family		•	
			CA	A Rep Email:	
Applicant (Owne	er):		Co-Applic	ant:	
Property:			Tenant:		
			Apt#:		
INSTRUCTIONS	: Return completed a	nd signed Blood Testing	g Release to the	above-named CAA	
Date					
in your home. If	your children have		test in the past	three (3) months	ed prior to hazard control work s , you should contact your
Please check o	one of the following	g- the one which be	st describes y	our children:	
My childre	n under six have ha	nd their blood lead lev	vels tested in th	e past three (3) r	nonths . Please identify

Provider Name	Date of Test	

I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction
Grant Program.

My children under six have not had their blood lead levels tested in the past three (3) months and I agree to have
them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):				CAA Rep Name:		
				CAA Rep Title:		
				CAA Rep Phone:		
Project Type	: D Single-Family	☐ Multi-Family		CAA Rep Email:		
Applicant (Owr	ner):		Co	-Applicant:		
Property:			Tei	nant:		
			Ар	t#:		

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:	
	Owner/Occupant Name:	
Date:	Co-Owner/Occupant Signature:	
	Co-Owner/Occupant Name:	

RELOCATION ASSISTANCE ACKNOWLEDGEMENT						
Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
CAA Rep Name:						

Project Type: Single-Family Multi-Family

Co-	۸n	nlia	200	4.
	чIJ	DIIC	וום	ι.

CAA Rep Title: CAA Rep Phone:

CAA Rep Email:

Property:

Applicant (Owner):

Contractor:

- 1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant S	Signature
------------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:_____

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

	gency (CAA	Community Action Agency (CAA):				Questions should be directed to:				
NameAddress				CA	CAA Rep Name:					
				CA	CAA Rep Title:					
				CA	A Rep Phone	e:				
				CA	A Rep Email:	: 				
INSTRUCTIONS: Re	turn complete	ed and signed ,	Application and A	plicant l	nformation Fo	orm to the above-named C	AA.			
Date			Projec	t Type	☐ Single	-Family Rental	lulti-Family			
		I	. PROPE	RTY IN	IFORMATI	ON				
Address:				Aparti	ment#					
				#Bedr	rooms:					
				Rent /	Amount:					
			HOUSE		NFORMAT	ION				
Tenant Name:	First N	/I I	_ast	Co-Te	enant Name:	First MI	Last			
Tenant Age:				Co-Te	enant Age:					
Telephone:				Telep	•					
Total number in house	e (including yo		Full time stud		hildren under	six years of age reside in Blood Lead Levels	Covered			
Nume(3) of					Age	VEBL ug/dl	MaineCar			
i i										
			Yes	No	1		Yes	No		
			Yes	No			Yes Yes	No No		
			Yes	No			Yes	No		
of age spend at least t the home?	three hours p	er day, on two	Yes Yes Yes Meaning, does a c separate days per	No No No hild other week (a	it least 60 hou	ependent, under six years irs or more per year) in oning?	Yes Yes Yes	No No No		
of age spend at least t	three hours p	er day, on two	Yes Yes Yes Meaning, does a c separate days per	No No No hild other week (a	it least 60 hou	irs or more per year) in	Yes Yes Yes	No No No		
of age spend at least t the home?	three hours p	er day, on two o received serv	Yes Yes Yes Meaning, does a c separate days pe ices been determi	No No No hild other week (a ned to ha	ave lead poisc	irs or more per year) in oning?	Yes Yes Yes	No No No		
of age spend at least t the home? If yes, have any of the	three hours p	er day, on two o received serv III.	Yes Yes Yes Meaning, does a c separate days per ices been determi HOUSEHOL	No No hild othe week (a ned to ha	ave lead poisc	oning? ASSETS	Yes Yes D Yes Yes	No No No		
of age spend at least t the home? If yes, have any of the	three hours p children who	er day, on two o received serv III.	Yes Yes Yes Meaning, does a c separate days per ices been determi HOUSEHOL	No No hild othe week (a ned to ha	ave lead poisc	irs or more per year) in oning?	Yes Yes D Yes Yes	No No No		
of age spend at least t the home? If yes, have any of the Occupants must provi Tenant Employmen	three hours p children who de the emplo nt:	er day, on two o received serv III. yment informat	Yes Yes Yes Meaning, does a c separate days per ices been determi HOUSEHOL tion requested bel	No No No hild other week (a ned to ha D INCC	ave lead poiso DME AND A considered fo	oning? ASSETS For enrollment in the Progra	Yes Yes D Yes Yes	No No No		
of age spend at least t the home? If yes, have any of the Occupants must provi	three hours p children who	er day, on two o received serv III. yment informat	Yes Yes Yes Meaning, does a c separate days per ices been determi HOUSEHOL	No No No hild othe week (a ned to ha D INCC ow to be	ave lead poiso DME AND A considered fo	oning? ASSETS for enrollment in the Progra	Yes Yes Yes Yes Yes	No No No No		
of age spend at least t the home? If yes, have any of the <i>Occupants must provi</i> Tenant Employmen Self-Employed:	three hours p children who de the emplo nt:	er day, on two o received serv III. yment informat	Yes Yes Yes Meaning, does a c separate days per ices been determi HOUSEHOL tion requested bel yes, provide 2 yes	No No No hild othe week (a ned to ha D INCC ow to be rrs tax re Emp Pos	ave lead poiso DME AND A considered fo	oning? ASSETS for enrollment in the Progra	Yes Yes Yes Yes Yes	No No No No		

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 yea	rs tax returns, including all Schedules. Employer Telephone Position No. of Years	
Head of Household	Employm	ent:			
Self-Employed: Employer Name Employer Address	☐ Yes	No Street, Cit	If yes, provide 2 yea	rs tax returns, including all Schedules. Employer Telephone Position No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is **TRUE** and **CORRECT** and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the *Tenant Information*.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled *Protect Your Family From Lead in Your Home* in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

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I do not wish to furnis	h this inforn	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of	I.		,		
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Chi	ildren			American Indian/Alaska Native	
Two Parents with Chile	dren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		_		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latino):			Asian & White	
Physically Disabled He Household	ead of	□ Yes	□ No	Black/African American & White	
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*A displaced homemaker	moone on adu	t individual	who: has not	worked full time, full years in the labor force for	or a number of years but has during such

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Office Use Only					
The Gross Income as calculated pursuant to this Tenar	nt Application has been verifi	ied by the CAA to be:	\$		
Maximum Eligible Income for this Tenant/ is:	\$ Percentage of AMI:				
CAA Representative Signature	Date	CAA Representative Name			

TENANT INFORMATION

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- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
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6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

		BLOOD TH	ESTING REI	EASE	
Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	□ Single-Family □] Multi-Family			
				CAA Rep Email:	
Applicant (Owr	ner):		Со-Арр	licant:	
Property:			Tenant:		
			Apt#:		
in your home. child's primary	lf your children have health care provide		d test in the pa department to a	st three (3) mont arrange for a test.	sted prior to hazard control work hs , you should contact your
My childr	en under six have h	ad their blood lead le	evels tested in	the past three (3)	months. Please identify
Provider Nam	e			Date of Tes	st
I hereby a Grant Pro		er to release the resu	ults of this (the	se) blood test (s) t	o the Lead Hazard Reduction
	en under six have n ted at this time.	i ot had their blood le	ad levels teste	d in the past three	e (3) months and I agree to have
For Relig	ious purposes and/o	or personal reasons,	l choose not t e	o have my child (d	children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):			CAA	Rep Name:		
			CAA	Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family	CAA	Rep Phone:		
			CAA	Rep Email:		
Applicant (Owne	er):		Co-Appl	licant:		
			_			
Property:	. <u></u>		Tenant:			
			Apt#:			

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

roject Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
				CAA Rep Name:	
				CAA Rep Title:	
Project Type:				CAA Rep Phone:	
гојесттуре.	Single-Family	Multi-Family		CAA Rep Email:	
Applicant (Own Property:	er):		Co-/	Applicant:	
Contractor:					
relocation	expenses associa	ated with lead paint h	nazard abatem	ent work in our/my h	elp cover the costs of temporary nome located at the above must provide receipts to the

- referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant	Signature
----------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Agen	cy (CAA)	:			Questions sho	uld be directed to:				
Name					CAA Rep Name	:				
Address					CAA Rep Title:					
					CAA Rep Phone					
					CAA Rep Email	:				
INSTRUCTIONS: Return	completed	d and signed	Application and	d Applicar	t Information Fo	orm to the above-named C	CAA.			
Date			Pro	oject Typ	e 🛛 Single	e-Family Rental	lulti-Family			
			I. PRO	PERTY	INFORMATI	ON				
Address:				Apa	artment #					
				#Be	edrooms:					
				Re	nt Amount:					
		11	. HOUS	SEHOLD	INFORMAT	ION				
Tenant Name: First	М	<u> </u>	Last	Co-	Tenant Name:	First MI	Last			
Tenant Age:				Co	Tenant Age:					
Telephone:					ephone:					
-		,		_		· · · · ·				
Total number in house (ind	cluding yo	u)		depender	it children under	six years of age reside in	the nome.			
Name(s) of Chi	ld (age 18	or younger)	Full time st	tudent?	Age	Blood Lead Levels VEBL ug/dl	Covered MaineCar			
			Yes	No			Yes	No		
			Yes	No			Yes	No		
			Yes	No			Yes	No		
			Yes	No			Yes	No		
Does your home serve as of age spend at least three the home?							□ Yes	🗆 No		
If yes, have any of the chil	dren who	received serv	/ices been dete	ermined to	have lead pois	onina?	□ Yes	🗆 No		
						51111 <u>9</u> .				
						00570				
		III.								
Occupants must provide ti	he employ	ment informa	tion requested	below to	be considered fo	or enrollment in the Progra	am.			
Tenant Employment:										
1 2	□ Yes	□ No If	yes, provide 2	-		ng all Schedules.				
Employer Name					mployer Teleph	one				
Employer Address		Street, City, S	tate. Zip		osition					
			··· / ,/P*	N	lo. of Years					

Co-Tenant Employm	ent:		
Self-Employed: Employer Name Employer Address	☐ Yes	□ N₀	If yes, provide 2 years tax returns, including all Schedules. Employer Telephone Position No. of Years
Head of Household	Employm	nent:	
Self-Employed: Employer Name Employer Address	☐ Yes	□ No	If yes, provide 2 years tax returns, including all Schedules. Employer Telephone Position No. of Years

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
	Other**			
d.	Gross Monthly Income (Total A, B & C)			
ə.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C)	C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnis	h this inforn	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of	I		,		
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Chi	ildren			American Indian/Alaska Native	
Two Parents with Chile	dren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		_		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latino):			Asian & White	
Physically Disabled He Household	ead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		□ Yes	□ No	Other Multi-Racial	
*A displaced homemaker	moone on adu	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

Office Use Only				
The Gross Income as calculated pursuant to this Tenar	nt Application has beer	n verified by the CAA to be:	\$	
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:		
CAA Representative Signature	Date	CAA Representative Name		

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

		BLOOD T	ESTING REI	LEASE	
Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	Project Type: Single-Family Multi-Family				
				CAA Rep Email:	
Applicant (Owr	ier):		Со-Арр	licant:	
Property:			Tenant:		
			Apt#:		
child's primary <i>Please check</i>	health care provide	er or the local health ng- the one which l	department to a	arrange for a test. <i>your children:</i>	is , you should contact your months . Please identify
Provider Nam	e			Date of Test	t
I hereby Grant Pro					o the Lead Hazard Reduction
	en under six have r ed at this time.	not had their blood le	ead levels teste	d in the past three	(3) months and I agree to have
For Relig	ious purposes and/	or personal reasons	, I choose not t	o have my child (c	hildren's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

oject Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
jency (CAA):					
				CAA Rep Name:	
				CAA Rep Title:	
Project 1	Project Type: 🔲 Single-Family			CAA Rep Phone:	
		☐ Multi-Family		CAA Rep Email:	
Applicant	(Owner):		Co	-Applicant:	
Property:			Te	nant:	
			Ар	t#:	

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

	RELO	OCATION ASSIS	STANCE ACH	(NOWLEDGEI	MENT
Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
			CA	A Rep Name:	
			CA	A Rep Title:	
Project Type	Single-Family		CA	A Rep Phone:	
110,000 1990.	Single-Family	Multi-Family	CA	A Rep Email:	

Applicant (Owner): Property:	Co-Applicant:	
Contractor:		

- 1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant	Signature
----------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

	gency (CAA):		Questions sho	uld be directed to:		
Name			CAA Rep Name	:		
Address			CAA Rep Title:			
			CAA Rep Phone			
			CAA Rep Email	:		
INSTRUCTIONS: Ret	turn completed and signed A	Application and Applica	nt Information Fo	orm to the above-named	CAA.	
Date		Project Typ	De 🗆 Single	e-Family Rental	Multi-Family	
	l.	PROPERTY	INFORMATI	ON		
Address:		Ар	oartment #			
		#B	edrooms:			
		Re	ent Amount:			
	Ш.	HOUSEHOLI	D INFORMAT	ION		
Tenant Name:			-Tenant Name:			
	First MI L	ast		First MI	Last	
Tenant Age:		Co	o-Tenant Age:			
Telephone:		Те	lephone:			
	(including you)	D No depende	nt children under	six years of age reside i	n the home.	
Total number in house				, ,		
	Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels	Covered b	
			Age			
		Full time student?	Age	Blood Lead Levels	Covered b MaineCare	?
		Full time student? Yes No Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes Yes	No No
		Full time student? Yes No Yes No Yes No Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes Yes Yes	No No No
		Full time student? Yes No Yes No Yes No Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes Yes	No No
Name(s) of	Child (age 18 or younger)	Full time student? Yes No Meaning, does a child o	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	No No No
Name(s) of Does your home serve of age spend at least t	Child (age 18 or younger)	Full time student? Yes No Meaning, does a child o	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	Ro No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger)	Full time student? Yes No Meaning, does a child o separate days per wee	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger)	Full time student? Yes No Meaning, does a child o separate days per wee	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	? <u>No</u> No No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger)	Full time student? Yes No Meaning, does a child o separate days per wee	Age	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning?	Covered b MaineCare Yes Yes Yes Yes	? No No No No
Name(s) of Does your home serve of age spend at least the home? If yes, have any of the	Child (age 18 or younger) e as a child care location? M hree hours per day, on two s children who received servi	Full time student? Yes No Meaning, does a child o Separate days per wee ces been determined to HOUSEHOLD IN	Age	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning?	Covered b MaineCare Yes Yes Yes Yes Yes Yes	? No No No No
Name(s) of Does your home serve of age spend at least t the home? If yes, have any of the	Child (age 18 or younger) e as a child care location? M hree hours per day, on two children who received servi III. de the employment informat	Full time student? Yes No Meaning, does a child o Separate days per wee ces been determined to HOUSEHOLD IN	Age	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning?	Covered b MaineCare Yes Yes Yes Yes Yes Yes	? No No No No
Name(s) of Does your home serve of age spend at least t the home? If yes, have any of the Occupants must provid Tenant Employment	Child (age 18 or younger) a as a child care location? M hree hours per day, on two s children who received servi III. de the employment informat nt:	Full time student? Yes No Meaning, does a child o separate days per wee ces been determined to HOUSEHOLD IN ion requested below to	Age Age ther than your de (at least 60 hou be considered for	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS or enrollment in the Progr	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes	? No No No No
Name(s) of Name(s) of Does your home server of age spend at least to the home? If yes, have any of the Occupants must provide	Child (age 18 or younger) a as a child care location? M hree hours per day, on two s children who received servi III. de the employment informat nt:	Full time student? Yes No Meaning, does a child or separate days per wee ces been determined to HOUSEHOLD IN ion requested below to ves, provide 2 years tax	Age Age ther than your de (at least 60 hou be considered for	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS or enrollment in the Progra	Covered b MaineCare Yes Yes Yes Yes O Yes Yes	? No No No □ No
Name(s) of Name(s) of Name(s) of Does your home serve of age spend at least to the home? If yes, have any of the Occupants must provid Tenant Employmer Self-Employed:	Child (age 18 or younger) a as a child care location? M hree hours per day, on two s children who received servi III. de the employment informat nt:	Full time student? Yes No Meaning, does a child o Separate days per wee cces been determined to MouseHold on to HOUSEHOLD IN In ion requested below to Yes Yes, provide 2 years tax No	Age Age ther than your de (at least 60 hou be considered for the consi	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS or enrollment in the Progr	Covered b MaineCare Yes Yes Yes Yes O Yes Yes	? No No No □ No

Co-Tenant Employm	ent:			
Self-Employed: Employer Name Employer Address	□ Yes	□ No		ars tax returns, including all Schedules. Employer Telephone Position
Head of Household	Employm		ty, State, Zip	No. of Years
Self-Employed: Employer Name	□ Yes	□ No	If yes, provide 2 yea	ars tax returns, including all Schedules. Employer Telephone
Employer Address		Street, Cit	y, State, Zip	Position No. of Years

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furni	ish this inform	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		=		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adul	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

	Office L	Jse Only	
The Gross Income as calculated pursuant to this Tenan	t Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

				ELEASE	
t Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:	
	<u> </u>			CAA Rep Email	
Applicant (Own	er):		Co-A	pplicant:	
Property:			Tena	nt:	
			Apt#		
Date					
It is recomment in your home. I child's primary	ded that all childi f your children ha health care provi	ren under six years o	ood test in the th department t	past three (3) mo o arrange for a tes	
It is recomment in your home. I child's primary Please check	ded that all childr f your children ha health care provi one of the follo	ren under six years o ave not received a b ider or the local heal wing- the one whic	ood test in the th department t h best describ e	past three (3) mo o arrange for a tes e s your children .	nths, you should contact your st.
It is recomment in your home. I child's primary Please check	ded that all childr f your children ha health care provi one of the follo r en under six hav	ren under six years o ave not received a b ider or the local heal wing- the one whic	ood test in the th department t h best describ d levels tested	past three (3) mo o arrange for a tes es your children in the past three (nths, you should contact your st. (3) months. Please identify
It is recomment in your home. I child's primary <i>Please check</i>	ded that all childr f your children ha health care provi one of the follor en under six have	ren under six years o ave not received a bl ider or the local heal wing- the one which e had their blood lea	ood test in the th department t h best describ d levels tested	past three (3) mo o arrange for a tes es your children in the past three (Date of T	nths, you should contact your st. (3) months. Please identify
It is recomment in your home. I child's primary <i>Please check</i> My childre Provider Name I hereby a Grant Pro	ded that all childr f your children ha health care provi one of the follor en under six have e	ren under six years of ave not received a bl ider or the local heal wing- the one which e had their blood lea	ood test in the th department t h best describ d levels tested	past three (3) mo o arrange for a tes es your children in the past three (Date of T nese) blood test (s	 anths, you should contact your st. (3) months. Please identify Fest
It is recommentin your home. I child's primary Please check My childre Provider Name I hereby a Grant Pro My childre them test	ded that all childr f your children ha health care provi one of the follow en under six have gram. en under six have ed at this time.	ren under six years of ave not received a bl ider or the local heal wing- the one which e had their blood lea vider to release the r e not had their blood	lood test in the th department t h best describ d levels tested results of this (th d lead levels tes	past three (3) mo o arrange for a tes es your children in the past three (Date of T nese) blood test (s	 anths, you should contact your st. (3) months. Please identify Fest

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):				CAA Rep Name:	
Project Typ	pe: Single-Family	☐ Multi-Family		CAA Rep Phone: CAA Rep Email:	
Applicant (O	wner):		Co	o-Applicant:	
Property:				nant:	
			Αŗ	ot#:	

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

	RELO	OCATION ASSIS	STANCE ACK	NOWLEDGEN	IENT
Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
			CA	A Rep Name:	
			CA	A Rep Title:	

Project Type: Single-Family Multi-Family

Applicant (Owner):

Co-Applicant:

CAA Rep Phone:

CAA Rep Email:

Property:

Contractor:

- 1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant S	Signature
------------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:_____

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Ag	jency (CAA):		C	uestions sł	nould be directed to:			
Name				C	AA Rep Nar	ne:			
Address	CAA Rep Title:								
	CAA Rep Phone:					ne:			
				C	AA Rep Em	ail:			
INSTRUCTIONS: Retu	ırn complete	ed and signed <i>i</i>	Application and	Applicant	Information	Form to the above-named C	AA.		
Date			Proj	ect Type	🗆 Sing	gle-Family Rental 🛛 🛛 M	ulti-Family		
		I	. PROF	PERTY I	NFORMA	ΓΙΟΝ			
Address:	Apartment #								
					drooms:				
				Rent	Amount:				
				בחטו ח	INFORMA				
			1003						
Tenant Name:	ingt N	/1	_ast	Co-T	enant Name	: First MI	<u> </u>		
	irst N	/11 1	last	0. 7		First Mi	Last		
Tenant Age:					enant Age:				
Telephone:				Iele	phone:				
Total number in house	(including yo	ou)	🗆 No d	lependent	children und	er six years of age reside in	the home.		
						Blood Lead Levels	Covered b	M .	
Name(s) of C	child (age 18	8 or younger)	Full time st	udent?	Age	VEBL ug/dl	MaineCare		
			Yes	No			Yes	No	
			Yes	No			Yes	No	
			Yes	No			Yes	No	
			Yes	No			Yes	No	
				I		- - - -			
						dependent, under six years			
of age spend at least th the home?	ree hours p	er day, on two	separate days	per week (at least 60 h	ours or more per year) in	□ Yes	🗆 No	
If yes, have any of the o	children who	received serv	ices been deter	mined to h	nave lead po	isonina?	□ Yes	🗆 No	
					•	5			
		III.	HOUSEHO			ACCETC			
	- 44								
		yment informa	tion requested t	below to b	e considered	l for enrollment in the Progra	im.		
Tenant Employmen		_							
Self-Employed:	□ Yes		yes, provide 2 y			ding all Schedules.			
Employer Name	Employer Telephone								
Employer Address		Street, City, Sta	te. Zip	-	Position				
	Street, City, State, Zip No. of Years								

Co-Tenant Employm	ent:			
Self-Employed: Employer Name Employer Address	□ Yes	□ No		ars tax returns, including all Schedules. Employer Telephone Position
Head of Household	Employm		ty, State, Zip	No. of Years
Self-Employed: Employer Name	□ Yes	□ No	If yes, provide 2 yea	ars tax returns, including all Schedules. Employer Telephone
Employer Address		Street, Cit	y, State, Zip	Position No. of Years

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
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	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
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UNIT #_____

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I do not wish to furni	sh this inforn	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other		п		Native Hawaiian/Other	
(specify)				· · · · · · · · · · · · · · · · · · ·	_
Ethnicity:				Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adu	t individual	who: has not	worked full time, full years in the labor force for	or a number of years but has during such

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	Office U	se Only	
The Gross Income as calculated pursuant to this Tenar	t Application has been	verified by the CAA to be: \$	
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

TENANT INFORMATION

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IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

		BLOOD	TESTING R	ELEASE	
ect Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
ency (CAA):				CAA Rep Name:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:	
				CAA Rep Email	
Applicant (Own	er):		Co-Aj	oplicant:	
Property:			Tenar	ıt:	
			Apt#:		
INSTRUCTIONS	3: Return complete	d and signed Blood Te	sting Release to	the above-named CA	А.
Date					
		ving- the one which had their blood lead		-	months . Please identify
Provider Nam	e			Date of Tes	st
I hereby a Grant Pro		ider to release the re	esults of this (th	ese) blood test (s) t	to the Lead Hazard Reduction
	en under six have ed at this time.	e not had their blood	lead levels tes	ed in the past three	e (3) months and I agree to have
For Relig	ious purposes an	d/or personal reason	is, I choose not	to have my child (c	children's) tested for lead.
		information. I/We un ard Reduction Grant		sclosure of this info	rmation is not required for

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):			CA	A Rep Name:		
			CA	A Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family	CA	A Rep Phone:		
			CA	A Rep Email:		
Applicant (Own	er):		Со-Ар	olicant:		
Property:			Tenant			
			Apt#:			

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

	REL	OCATION ASSI	STANCE ACI	KNOWLEDGE	MENT
Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
			CA	A Rep Name:	

Project Type: Single-Family Multi-Family

Co-Applicant:

CAA Rep Title: CAA Rep Phone:

CAA Rep Email:

Property:

Applicant (Owner):

Contractor:

- 1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant	Signature
----------	-----------

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Ag	ency (CAA):	(Questions sh	nould be directed to:			
Name			CAA Rep Name:				
Address		(CAA Rep Title:				
		(CAA Rep Pho	one:			
		(CAA Rep Ema	ail:			
INSTRUCTIONS: Retu	rn completed and signed A	Application and Applican	t Information	Form to the above-named	CAA.		
Date	<u> </u>	Project Type	e 🗆 Sing	gle-Family Rental	Multi-Family		
	I.	PROPERTY	NFORMA	TION			
Address:		Ара	rtment #				
			drooms:				
		Rer	t Amount:				
				TION			
	Ш.	HOUSEHOLD	INFORMA	TION			
Tenant Name:			Tenant Name				
	rst MI L	ast		First MI	Last		
Tenant Age:			Tenant Age:				
Telephone:		Tele	ephone:				
Total number in house (including you)	□ No dependen	t children und	ler six years of age reside i	n the home.		
Name(s) of C	hild (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare?		
		Yes No	1				
		Yes No					
		Yes No					
		Yes No					
		165 110					
Does your home serve	as a child care location?	leaning, does a child off	er than your	dependent, under six years	8		
of age spend at least th	ree hours per day, on two				□ Yes □ No		
the home?	hilder and a second second			i	□ Yes □ No		
If yes, have any of the c	hildren who received servi	ces been determined to	have lead po	Isoning?			
	III.	HOUSEHOLD INC		ASSETS			
Occupants must provide	e the employment informat	ion requested below to <i>k</i>	e considerea	l for enrollment in the Prog	ram.		
Tenant Employment							
Self-Employed:	□ Yes □ No If	ves provide 2 vears tax	returns, inclue	ding all Schedules.			
Employer Name		rcs, provide 2 years tax					
			mployer Telep	phone			
Employer Address	Street, City, Sta	E		phone			

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 years	tax returns, including all Schedules. Employer Telephone Position No. of Years	
Head of Household	Employm	ent:			
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2 years	tax returns, including all Schedules.	
Employer Name				Employer Telephone	
Employer Address				Position	
		Street, City	v, State, Zip	No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furni	ish this inform	nation	□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		=		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adul	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

Office Use Only							
The Gross Income as calculated pursuant to this Tenan	t Application has beer	n verified by the CAA to be:	\$				
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:					
CAA Representative Signature	Date	CAA Representative Name					

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

BLOOD TESTING RELEASE

t Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Typ	e: Single-Family	☐ Multi-Family			
				CAA Rep Email	
Applicant (O	wner):		Co-/	Applicant:	
Property:			Ten	ant:	
			Apt	#:	
INSTRUCTIO		ted and signed Blood	Testing Polesse t	a the above named (CAA
INSTRUCTIO		led and signed blood	Testing Release t	o the above-hamed (CAA.
Date					
in your hom child's prima	ary health care prov	nave not received a vider or the local he owing- the one wh	alth department	to arrange for a te	
in your homo child's prima <i>Please che</i> o	e. If your children h ary health care prov ck one of the follo	vider or the local he	ealth department <i>ich best descril</i>	to arrange for a ter bes your children	st.
in your homo child's prima <i>Please che</i> o	e. If your children h ary health care prov ck one of the follo ldren under six hav	vider or the local he	ealth department <i>ich best descrik</i> ead levels tested	to arrange for a ter bes your children d in the past three (st. : (3) months. Please identify
in your home child's prima <i>Please chee</i> My chi Provider Na	e. If your children h ary health care prov ck one of the follo ldren under six hav	vider or the local he owing- the one wh ve had their blood lo	ealth department <i>ich best descril</i> ead levels testec	to arrange for a ter bes your children d in the past three Date of T	st. : (3) months. Please identify
in your home child's prima <i>Please chee</i> My chi Provider Na I hereb Grant I	e. If your children h ary health care prov ck one of the follo Idren under six hav ame by authorize the pro Program.	vider or the local he owing- the one wh ve had their blood lo ovider to release the	ealth department <i>ich best descril</i> ead levels tested e results of this (to arrange for a ter bes your children d in the past three Date of T these) blood test (s	st. <i>:</i> (3) months. Please identify Fest
in your home child's prima <i>Please chee</i> My chi Provider Na I hereb Grant I My chi them te	e. If your children h ary health care prov ck one of the follo Idren under six hav ame Program. Idren under six hav ested at this time.	vider or the local he owing- the one who ve had their blood lo ovider to release the ve not had their blo	ealth department <i>ich best descril</i> ead levels tested e results of this (pod lead levels te	to arrange for a ter bes your children. I in the past three Date of T these) blood test (s	st. <i>:</i> (3) months. Please identify Fest
in your home child's prima Please chea My chi Provider Na C I hereb Grant I My chi them to For Re	e. If your children h ary health care prov ck one of the follo ldren under six hav ame by authorize the pro Program. Idren under six hav ested at this time.	vider or the local he owing- the one who ve had their blood lo ovider to release the ve not had their blo nd/or personal reas	ealth department <i>ich best descril</i> ead levels tested e results of this (bod lead levels te sons, I choose n o understand that	to arrange for a ter bes your children. I in the past three Date of T these) blood test (s ested in the past thr ot to have my child	st. <i>:</i> (3) months. Please identify Fest s) to the Lead Hazard Reduction ree (3) months and I agree to h
in your home child's prima Please chea My chi Provider Na C I hereb Grant I My chi them to For Re	e. If your children h ary health care prov ck one of the follo ldren under six hav ame by authorize the pro Program. Idren under six hav ested at this time.	vider or the local he owing- the one who ve had their blood he ovider to release the ve not had their blo nd/or personal reas s information. I/We	ealth department <i>ich best descril</i> ead levels tested e results of this (bod lead levels te sons, I choose n o understand that	to arrange for a ter bes your children. I in the past three Date of T these) blood test (s ested in the past thr ot to have my child	st. <i>:</i> (3) months. Please identify Fest s) to the Lead Hazard Reductior ree (3) months and I agree to h d (children's) tested for lead.

Parent or Guardian Name

Prepared by MaineHousing

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):				CAA Rep Name:		
Project Ty	pe: Single-Family	☐ Multi-Family		CAA Rep Phone:		
Applicant (C	Owner):		Co-	Applicant:		
Property:				nant:		
			Apt	#:		

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

ct Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project T	r pe: Single-Family			CAA Rep Phone:	
110,000 19	Single-Family	☐ Multi-Family		CAA Rep Email:	
Applicant (C Property:	Owner):		Co-	Applicant:	
Contractor:					
relocati	on expenses associa	ated with lead paint	hazard abaten	nent work in our/my	help cover the costs of temporar home located at the above e must provide receipts to the
above-i to verify such re Contrac	referenced Commun v expenses incurred location assistance,	ity Action Agency (' as a result of tempo that I/we have a res roperty for lead haz	orary relocation sponsibility to c ard abatement	. I/We also unders ooperate with the 0 /remediation work,	which may be required by the CA stand that in the event I/we receiv CAA and the above referenced including moving furniture out of te the work.
above-i to verify such re Contrac critical 2. I/We, th followin (iv) lau rental f other th relocat	referenced Commun v expenses incurred location assistance, ctor to prepare the P work areas and pack ne undersigned, und g: (i) moving expen ndry; (v) extra gasoli ees for other alterna nan relocation, I/we u	ity Action Agency (' as a result of tempo that I/we have a re- property for lead haz king or otherwise se lerstand that reimbu ises; (ii) hotel/motel ine/transportation co tive housing arrang understand that this hermore, I/We under	orary relocation sponsibility to c card abatement ecuring other be ursable relocation costs; (iii) secu- osts due to the gements. If the s does not entitl rstand that the	. I/We also unders ooperate with the O /remediation work, elongings to expedi- on expenses includ rity deposits and m temporary relocation relocation assistan e me/us to request CAA is under no ob	stand that in the event I/we receive CAA and the above referenced including moving furniture out of
 above-ito verify such recontract contract contract critical 2. I/We, the following (iv) lau rental following the relocat expensions 3. I/We, the property property contract co	referenced Commun v expenses incurred location assistance, ctor to prepare the P work areas and pack ne undersigned, und g: (i) moving expen ndry; (v) extra gasoli ees for other alterna nan relocation, I/we u ion expenses. Furth ses or for expenses r ne undersigned, und y owner/representation y during my/our relocion on reimbursement I/	ity Action Agency (' as a result of tempo that I/we have a re- property for lead haz king or otherwise se lerstand that reimbu- ises; (ii) hotel/motel ine/transportation co trive housing arrang understand that this hermore, I/We under not directly associat lerstand I/we will be ive. I/We, understance cation, I/we may be	orary relocation sponsibility to c card abatement ecuring other be ursable relocation costs; (iii) secu- osts due to the gements. If the s does not entitl rstand that the ted with tempor e required to abi- nd if I/we are de- responsible for	. I/We also unders ooperate with the O /remediation work, elongings to expedi- on expenses includ rity deposits and m temporary relocation relocation assistan e me/us to request CAA is under no of ary relocation. de by any and all p emed responsible the cost associate	stand that in the event I/we receiv CAA and the above referenced including moving furniture out of te the work. e, but are not limited to, the nonthly rent for apartment units; on to another dwelling; and (vi) ice I/we receive is spent on items additional money for actual
 above-ito verify such re Contract critical 2. I/We, th followin (iv) lau rental followin (iv) lau rental following states and the second states are second s	referenced Commun v expenses incurred location assistance, ctor to prepare the P work areas and pack the undersigned, und g: (i) moving expen ndry; (v) extra gasoli ees for other alterna han relocation, I/we us ion expenses. Furth the undersigned, und y owner/representation y during my/our reloc on reimbursement I/ sibility.	ity Action Agency (' as a result of tempo that I/we have a re- property for lead haz king or otherwise se lerstand that reimbu ises; (ii) hotel/motel ine/transportation co trive housing arrang understand that this hermore, I/We under not directly associat lerstand I/we will be ive. I/We, understanc cation, I/we may be we request, may be	orary relocation sponsibility to c card abatement ecuring other be ursable relocation costs; (iii) secu- osts due to the gements. If the s does not entitl rstand that the ted with tempor e required to abi- nd if I/we are de- responsible for e offset to cover	. I/We also unders ooperate with the O /remediation work, elongings to expedie on expenses includ rity deposits and m temporary relocation relocation assistan e me/us to request CAA is under no of ary relocation. de by any and all p emed responsible the cost associate the cost associate	stand that in the event I/we receiv CAA and the above referenced including moving furniture out of te the work. The but are not limited to, the nonthly rent for apartment units; on to another dwelling; and (vi) the I/we receive is spent on items additional money for actual oligation to reimburse for unverifi- policies set forth by the relocation for damages to the relocated ad with said damages. Any
 above-ito verify such re Contract critical 2. I/We, the following (iv) lau rental following (iv) lau rental for the relocate expensions 3. I/We, the propert relocate response 4. By sign 	referenced Commun v expenses incurred location assistance, ctor to prepare the P work areas and pack the undersigned, und g: (i) moving expen- ndry; (v) extra gasoli ees for other alterna- tion expenses. Furth- tion exp	ity Action Agency (' as a result of tempo that I/we have a re- property for lead haz king or otherwise se lerstand that reimbu ses; (ii) hotel/motel ine/transportation co tive housing arrang understand that this hermore, I/We under not directly associat lerstand I/we will be ive. I/We, understar cation, I/we may be we request, may be I/We acknowledge	orary relocation sponsibility to c card abatement ecuring other be ursable relocation costs; (iii) secu- osts due to the gements. If the s does not entitl rstand that the ted with tempor e required to abi- nd if I/we are de responsible for e offset to cover the conditions of	. I/We also unders ooperate with the O /remediation work, elongings to expedi- on expenses includ rity deposits and m temporary relocation relocation assistan e me/us to request CAA is under no ob ary relocation. de by any and all p emed responsible the cost associate the cost associate	stand that in the event I/we receiv CAA and the above referenced including moving furniture out of te the work. The, but are not limited to, the nonthly rent for apartment units; on to another dwelling; and (vi) ice I/we receive is spent on items additional money for actual obligation to reimburse for unverifi- policies set forth by the relocation for damages to the relocated ad with said damages. Any with damages determined my/c
 above-ito verify such re Contract critical 1 2. I/We, the following (iv) lau rental following (iv) lau rental for the relocate expensions 3. I/We, the propert relocate response 4. By sign \$1,450 	referenced Commun v expenses incurred location assistance, ctor to prepare the P work areas and pack the undersigned, und g: (i) moving expen- ndry; (v) extra gasoli ees for other alterna- tion expenses. Furth- tion exp	ity Action Agency (' as a result of temport that I/we have a result of temport property for lead haz king or otherwise set lerstand that reimbu- ses; (ii) hotel/motel ine/transportation co- tive housing arrang understand that this hermore, I/We under not directly associat lerstand I/we will be ive. I/We, understand cation, I/we may be we request, may be I/We acknowledge projects or \$1,250	orary relocation sponsibility to c card abatement ecuring other be ursable relocation costs; (iii) secu- osts due to the gements. If the s does not entitl rstand that the ted with tempor e required to abi- nd if I/we are de responsible for e offset to cover the conditions of	. I/We also unders ooperate with the O /remediation work, elongings to expedi- on expenses includ rity deposits and m temporary relocation relocation assistan e me/us to request CAA is under no ob ary relocation. de by any and all p emed responsible the cost associate the cost associate	A and that in the event I/we receiv CAA and the above referenced including moving furniture out of te the work. The but are not limited to, the nonthly rent for apartment units; on to another dwelling; and (vi) ice I/we receive is spent on items additional money for actual obligation to reimburse for unverified policies set forth by the relocation for damages to the relocated ed with said damages. Any with damages determined my/co ion reimbursements and that

Occupant Signature

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Apartment/Unit #

. . . .

Date

Date

Date

UNIT #_____

AMI for this tenant:

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Age	ency (CAA):		C	uestions sh	ould be directed to:			
Name				C	CAA Rep Name:				
Address									
CAA Rep Phone:									
				C	AA Rep Ema	il:			
INSTRUCTIONS: Return	rn complete	ed and signe	d Application and	d Applicant	Information F	Form to the above-named C	CAA.		
Date			Pro	ject Type	□ Sing	le-Family Rental	Iulti-Family		
			I. PRO	PERTY I	NFORMAT	ION			
Address:				Apa	tment #				
				#Be	drooms:				
				Ren	t Amount:				
			II. HOUS	EHOLD	INFORMA	TION			
Tenant Name:	·st N	ЛІ	Last	_ Co-1	enant Name:	First MI	Last		
Tenant Age:			Luot	Co- ⁻	enant Age:		Luot		
Telephone:					phone:				
					priorie.				
Total number in house (including yo	ou)	No (dependent	children unde	er six years of age reside ir	the home.		
Name(s) of C	hild (age 18	3 or younger)	Full time s	tudent?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare		
			Yes	No		_	Yes	No	
			Yes	No			Yes	No	
			Yes	No			Yes	No	
			Yes	No			Yes	No	
			I	L					
of age spend at least thr						dependent, under six years ours or more per year) in	□ Yes	□ No	
the home? If yes, have any of the c	hildron who	received er	nuicos boon doto	rminod to (ava load noi	coning?	□ Yes	🗆 No	
						A00570			
.		III.	HOUSEHO						
		yment inforn	nation requested	below to b	e considered	for enrollment in the Progra	am.		
Tenant Employment									
Self-Employed:	🗆 Yes	🗆 No	If yes, provide 2	-		ling all Schedules.			
Employer Name					nployer Telep	hone			
Employer Address		Street, City, S	State Zip	_	sition . of Years				
		, oiy, (, —- / *	INC	. 01 1 6815				

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 years	tax returns, including all Schedules. Employer Telephone Position No. of Years	
Head of Household	Employm	ent:			
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2 years	tax returns, including all Schedules.	
Employer Name				Employer Telephone	
Employer Address				Position	
		Street, City	v, State, Zip	No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits _			
	10. Unemployment Compensation			
C.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is **TRUE** and **CORRECT** and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the *Tenant Information*.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled *Protect Your Family From Lead in Your Home* in connection with our apartment unit.

Signed by all renards of the property		
	Date	
Signature of Tenant (Occupant)		
	Date	
Signature of Co-Tenant (Co-Occupant)		

Cianad by all Tananta of the presents

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information			□ Yes	□ No	
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Children				American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other		п	Native Hawaiian/Other		
(specify)				· · · · · · · · · · · · · · · · · · ·	_
Ethnicity:				Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adu	t individual	who: has not	worked full time, full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

AA to be:\$
Percentage of AMI:
presentative Name

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

BLOOD TESTING RELEASE

ncy (CAA):		State Lead (N261)	Federal Lead	Healthy Homes	DHHS
				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:	
				CAA Rep Email	
Applicant (Owne	er):		Co-Aj	oplicant:	
Property:			Tenai	nt:	
			Apt#:		
INSTRUCTIONS	: Return complete	d and signed Blood To	esting Release to	the above-named CA	λΑ.
			g		
Date					
_		v ing- the one whic had their blood lea) months . Please identify
Provider Name)			Date of Te	st
		ider to release the r			
I hereby a Grant Pro	gram.		esults of this (th	nese) blood test (s)	to the Lead Hazard Reduction
Grant Pro	-		·		
Grant Pro	en under six have ed at this time.	e not had their blood	l lead levels tes	ted in the past thre	
Grant Pro	en under six have ed at this time. ous purposes and rily disclose this i	e not had their blood d/or personal reaso	d lead levels tes ns, I choose no f nderstand that d	ted in the past thre	e (3) months and I agree to h

Parent or Guardian Name

Prepared by MaineHousing

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):			C	A Rep Name:		
	<u> </u>			•		
			CA	A Rep Title:		
Project Type	☐ Single-Family		CA	A Rep Phone:		
r oject rype.		☐ Multi-Family	CA	A Rep Email:		
Applicant (Own	er):		Со-Ар	plicant:		
Property:			Tenan	t:		
			Apt#:			

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

RELOCATION ASSISTANCE ACKNOWLEDGEMENT State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes DHHS

jency (CAA):				
			CAA Rep Name:	:
			CAA Rep Title:	
Design of Trans	_	_	CAA Rep Phone:	e:
Project Type:	□ Single-Family	☐ Multi-Family	CAA Rep Email:	
Applicant (Own	er):		Co-Applicant:	
Property:				
Contractor:				

- 1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant	Signature
----------	-----------

Project Funding:

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:_____

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Agency (CAA):					Questions should be directed to:					
Name				C	CAA Rep Name:					
Address				C	AA Rep Title					
				C	AA Rep Pho	ne:				
				C	AA Rep Ema	ail:				
INSTRUCTIONS: Retu	rn complete	ed and signe	d Application and	d Applicant I	nformation I	Form to the above-named	CAA.			
Date			Pro	ject Type	□ Sing	le-Family Rental	Multi-Family			
			I. PRO		IFORMA1	ΓΙΟΝ				
Address:				Apart	ment #					
				#Bed	rooms:					
				Rent	Amount:					
			II. HOUS	SEHOLD I	NFORMA	TION				
Tenant Name:				Co-Te	enant Name					
	rst M	ЛІ	Last			First MI	Last			
Tenant Age:					enant Age:					
Telephone:				Telep	hone:					
Total number in house (including yo	ou)	🗆 No	dependent	children und	er six years of age reside i	in the home.			
Name(s) of C	hild (age 18	3 or younger)	Full time s	tudent?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare			
			Yes	No			Yes	No		
			Yes	No			Yes	No		
			Yes	No			Yes	No		
			Yes	No			Yes	No		
				a child othe		dependent, under six year				
of age spend at least the the home?	ee hours p	er day, on tw	o separate days	per week (a	at least 60 h	ours or more per year) in	□ Yes	🗆 No		
If yes, have any of the c	hildren who	received se	rvices been dete	ermined to h	ave lead poi	soning?	□ Yes	🗆 No		
		III.	HOUSEH	OLD INCO	OME AND	ASSETS				
Occupants must provide	the emplo	yment inforn	nation requested	below to be	considered	for enrollment in the Prog	ram.			
Tenant Employment										
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2	years tax re	turns, includ	ding all Schedules.				
Employer Name				-	ployer Telep	-				
Employer Address					sition					
		Street, City, S	State, Zip	No.	of Years					

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 years tax returns, including all Schedules. Employer Telephone Position ity, State, Zip No. of Years		
Head of Household	Employm	ent:			
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2 years	tax returns, including all Schedules.	
Employer Name				Employer Telephone	
Employer Address				Position	
		Street, City	v, State, Zip	No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information		□ Yes	□ No		
	Head o	f Househo		all that apply)	
Sex of Head of					
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other		п		Native Hawaiian/Other	
(specify)				· · · · · · · · · · · · · · · · · · ·	_
Ethnicity:				Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	10:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		🛛 Yes	□ No	Other Multi-Racial	
*A displaced homomake	r moone on adu	t individual	who: has not	worked full time, full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

AA to be:\$
Percentage of AMI:
presentative Name

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. **RESOLUTION OF DISPUTES**

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,

		BLOOD TE	STING REL	EASE
Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes DHHS
Agency (CAA):			C/	AA Rep Name:
				AA Rep Title:
Project Type:	□ Single-Family □	Multi-Family		AA Rep Phone: AA Rep Email
Applicant (Own	er):		Co-Appli	cant:
Property:			Tenant:	
			Apt#:	
INSTRUCTIONS	. Poturn completed on	d signed Plead Testin	a Poloooo to the	shows named CAA
INSTRUCTIONS	: Return completed an	la signea bioda Tesun	g Release to the	above-named CAA.
Date		_		
in your home. I child's primary		not received a blood or the local health d	test in the past epartment to ar	-
My childre		d their blood lead le		ne past three (3) months . Please identify Date of Test
Grant Pro		to release the resu	lts of this (these	e) blood test (s) to the Lead Hazard Reduction
Grant Pro	gram.		·	e) blood test (s) to the Lead Hazard Reduction in the past three (3) months and I agree to have

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):						
			(CAA Rep Name:		
			(CAA Rep Title:		
Project Typ			(CAA Rep Phone:		
Toject Typ	e: 🛛 Single-Family	☐ Multi-Family	(CAA Rep Email:		
Applicant (Ov	vner):		Co-A	pplicant:		
Property:			Tena	nt:		
			Apt#	:		

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

F

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:	
	Owner/Occupant Name:	
Date:	Co-Owner/Occupant Signature:	
	Co-Owner/Occupant Name:	

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

oject Funding: gency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	Single-Family	Multi-Family		CAA Rep Email:	
Applicant (Ow	ner):		Co	-Applicant:	
Property:					
Contractor:					
relocation referenced	expenses associa d Property. I/We u	ated with lead paint understand that in o	hazard abater	nent work in our/my reimbursement, we	help cover the costs of temporary home located at the above must provide receipts to the hich may be required by the CAA,

- above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
- 2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date

UNIT #_____

AMI for this tenant:_____

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Ag	gency (CAA):		Questions should be directed to: CAA Rep Name:					
Name								
Address			CAA Rep Title	:				
			CAA Rep Pho	ne:				
			CAA Rep Ema	ail:				
INSTRUCTIONS: Ret	urn completed and signed	Application and Appli	cant Information F	Form to the above-named	CAA.			
Date		Project T	ype □ Sing	le-Family Rental	Multi-Family			
		I. PROPERT	TY INFORMAT	ION				
Address:			Apartment #					
			#Bedrooms:					
			Rent Amount:					
		I. HOUSEHO	LD INFORMA	TION				
Tenant Name:	· · · · · · · · · · · · · · · · · · ·	Last	Co-Tenant Name	First MI	Last			
	irst MI							
F	rist Mi		Co-Tenant Age					
	-irst Mi		Co-Tenant Age: Telephone:					
F Tenant Age: Telephone: Total number in house	(including you)		Telephone:	er six years of age reside Blood Lead Levels	Covered b			
F Tenant Age: Telephone: Total number in house		□ No depend	Telephone: dent children unde		Covered b MaineCare	?		
F Tenant Age: Telephone: Total number in house	(including you)	D No dependent Full time student Yes N	Telephone: dent children unde t? Age	Blood Lead Levels	Covered b MaineCare Yes	? No		
F Tenant Age: Telephone: Total number in house	(including you)		Telephone: dent children unde t? Age lo	Blood Lead Levels	Covered b MaineCare Yes Yes	?		
F Tenant Age: Telephone: Total number in house	(including you)	□ No dependent Full time student Yes Yes Yes Yes Yes Yes Yes	Telephone: dent children unde t? Age lo lo	Blood Lead Levels	Covered b MaineCare Yes Yes Yes	? No No No		
F Tenant Age: Telephone: Total number in house	(including you)	□ No dependent Full time student Yes Yes Yes Yes Yes Yes	Telephone: dent children unde t? Age lo	Blood Lead Levels	Covered b MaineCare Yes Yes	? No No		
Tenant Age: Telephone: Total number in house Name(s) of ((including you)	□ No dependent Full time student Yes N Meaning, does a child N	Telephone: dent children unde Age lo lo lo lo d other than your o	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes Yes	? No No No		
Tenant Age: Telephone: Total number in house Name(s) of ((including you) Child (age 18 or younger) as a child care location? aree hours per day, on two	□ No dependent Full time student Yes N Separate days per weight N	Telephone: dent children under t? Age lo lo lo d other than your of eek (at least 60 ho	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes S Yes	? No No No □ No		
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Tenant Age: Telephone: Total number in house Name(s) of (Does your home serve of age spend at least th the home? If yes, have any of the	(including you) Child (age 18 or younger) as a child care location? nree hours per day, on two children who received ser	□ No dependent Full time student Yes N Meaning, does a child Separate days per weight vices been determined HOUSEHOLD I	Telephone: dent children under Age lo lo lo lo dother than your of eek (at least 60 ho d to have lead poi	Blood Lead Levels VEBL ug/dl dependent, under six year burs or more per year) in soning?	Covered b MaineCare Yes Yes Yes Yes S U Yes Ves	? No No No		
Tenant Age: Telephone: Total number in house Name(s) of (Does your home serve of age spend at least th the home? If yes, have any of the Occupants must provid	(including you) Child (age 18 or younger) as a child care location? nree hours per day, on two children who received ser III. It the employment information of the the the employment information of the the employment information of the the the employment information of the the employment information of the the the employment information of the	□ No dependent Full time student Yes N Meaning, does a child Separate days per weight vices been determined HOUSEHOLD I	Telephone: dent children under Age lo lo lo lo dother than your of eek (at least 60 ho d to have lead poi	Blood Lead Levels VEBL ug/dl dependent, under six year burs or more per year) in soning?	Covered b MaineCare Yes Yes Yes Yes S U Yes Ves	? No No No □ No		
Tenant Age:	(including you) Child (age 18 or younger) as a child care location? aree hours per day, on two children who received ser III. the the employment information of the comployment inf	Pull time student Yes N Ves N Ves N Ves N HOUSEHOLD I ation requested below	Telephone: dent children under t? Age lo lo lo lo d other than your of eek (at least 60 ho d to have lead poi INCOME AND to be considered	Blood Lead Levels VEBL ug/dl dependent, under six year ours or more per year) in soning? ASSETS for enrollment in the Prog	Covered b MaineCare Yes Yes Yes Yes S U Yes Ves	? No No No □ No		
Tenant Age:	(including you) Child (age 18 or younger) as a child care location? aree hours per day, on two children who received ser III. the the employment information of the comployment inf	□ No dependent Full time student Yes N Meaning, does a child Separate days per weight vices been determined HOUSEHOLD I	Telephone: dent children under Age lo lo lo lo dother than your of eek (at least 60 ho d to have lead poi INCOME AND to be considered tax returns, incluce	Blood Lead Levels VEBL ug/dl dependent, under six year burs or more per year) in soning? ASSETS for enrollment in the Prog	Covered b MaineCare Yes Yes Yes Yes s U Yes Ves	? No No No □ No		
Tenant Age:	(including you) Child (age 18 or younger) as a child care location? aree hours per day, on two children who received ser III. the the employment information of the comployment inf	Pull time student Yes N Ves N Ves N Ves N HOUSEHOLD I ation requested below	Telephone: dent children under t? Age lo lo lo lo d other than your of eek (at least 60 ho d to have lead poi INCOME AND to be considered	Blood Lead Levels VEBL ug/dl dependent, under six year burs or more per year) in soning? ASSETS for enrollment in the Prog	Covered b MaineCare Yes Yes Yes Yes s U Yes Ves	? No No No □ No		

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 years	provide 2 years tax returns, including all Schedules Employer Telephone Position Zip No. of Years	
Head of Household	Employm	ent:			
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2 years	tax returns, including all Schedules.	
Employer Name				Employer Telephone	
Employer Address				Position	
		Street, City	v, State, Zip	No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross monthly) from Employment			
b.	Additional Monthly Income From:			
	1. Overtime			
	2. Part-Time Employment			
	3. Pensions			
	4. Veteran's Administration Compensation			
	5. Net Rental Income			
	6. Self Employment*			
	7. Child Support			
	8. Public Assistance (TANF/WIC/GA)			
	9. Social Security Benefits			
	10. Unemployment Compensation			
с.	Other**			
d.	Gross Monthly Income (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):		

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family From Lead in Your Home in connection with our apartment unit.

Signed by all Tenants of the property		
Signature of Tenant (Occupant)	Date	
Signature of Co-Tenant (Co-Occupant)	Date	

UNIT #_____

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information \Box			□ Yes	□ No	
	Head o	f Househo		Il that apply)	
Sex of Head of			,		
Household	Male	Femal	e #	of Household Members	
Single			R	ace:	
Married				White	
Elderly				Black/African American	
Single Parent with Cl	hildren			American Indian/Alaska Native	
Two Parents with Ch	ildren			Asian	
Other (specify)				Native Hawaiian/Other	
Ethnicity:		=		Pacific Islander	
Hispanic or Latino				American Indian/Alaskan Native & White	
Not Hispanic or Latin	0:			Asian & White	
Physically Disabled H Household	lead of	□ Yes	□ No	Black/African American & White	
Displaced Homemaker*		□ Yes	□ No	Other Multi-Racial	
*A displaced homemake	r moone on adu	t individual	who: has not	worked full time, full years in the labor force for	or a number of years but has during such

*A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years but has, during such years, worked primarily without pay to care for the home and family and is employed or under employed and is experiencing difficulty in obtaining or upgrading employment.

Office Use Only						
The Gross Income as calculated pursuant to this Tenant Application has been verified by the CAA to be:						
Maximum Eligible Income for this Tenant/ is:						
CAA Representative Signature	Date	CAA Representative Name				

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

ct Funding: S	itate Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
Project Type:	☐ Single-Family	Multi-Family			
	о ,	ý		CAA Rep Email	
Applicant (Own	er):		Co-A	Applicant:	
Property:			Tena	int:	
			Apt#	:	
INSTRUCTIONS	: Return complete	ed and signed Blood To	esting Release to	o the above-named CA	λ Α.
Date					
child's primary	f your children h health care prov		lood test in the th department	past three (3) mon to arrange for a test	ths , you should contact your
in your home. I child's primary <i>Please check</i>	f your children ha health care prov one of the follo	ave not received a bl ider or the local heal wing- the one whic	lood test in the th department h best descrit	past three (3) mon to arrange for a test bes your children:	
in your home. I child's primary <i>Please check</i>	f your children h health care prov one of the follo en under six hav	ave not received a bl ider or the local heal wing- the one whic	lood test in the th department h best describ id levels tested	past three (3) mon to arrange for a test bes your children: in the past three (3) months . Please identify
in your home. I child's primary <i>Please check</i> My childre Provider Name	f your children h health care prov one of the follo en under six hav e	ave not received a bl rider or the local heal wing- the one which we had their blood lea	lood test in the th department h best describ id levels tested	past three (3) mon to arrange for a test bes your children: in the past three (3 Date of Te) months . Please identify
in your home. I child's primary <i>Please check</i> My childro Provider Nam I hereby a Grant Pro	f your children h health care prov one of the follo en under six hav e authorize the pro	ave not received a bl rider or the local heal wing- the one which re had their blood lea	lood test in the th department h best descrit ad levels tested	past three (3) mon to arrange for a test bes your children: in the past three (3 Date of Te hese) blood test (s)) months. Please identify
in your home. I child's primary <i>Please check</i> My childro Provider Nam I hereby a Grant Pro	f your children ha health care prov one of the follo en under six hav e authorize the pro ogram. en under six hav ed at this time.	ave not received a bl rider or the local heal wing- the one which re had their blood lea wider to release the r	lood test in the th department h best descrit ad levels tested results of this (t	past three (3) mon to arrange for a test bes your children: in the past three (3 Date of Te hese) blood test (s) sted in the past thre) months. Please identify st
in your home. I child's primary Please check My childre Provider Name I hereby a Grant Pro My childre them test For Relige I/We volunta	f your children ha health care prov one of the follo en under six hav e authorize the pro ogram. en under six hav ed at this time. ious purposes ar	ave not received a bl rider or the local heal wing- the one which re had their blood lead wider to release the r re not had their blood	lood test in the th department h best descrit ad levels tested results of this (t d lead levels te ns, I choose no	past three (3) mon to arrange for a test bes your children: in the past three (3 Date of Te hese) blood test (s) sted in the past thre) months. Please identify st to the Lead Hazard Reductior e (3) months and I agree to h

Parent or Guardian Name

Prepared by MaineHousing

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
Agency (CAA):						
				CAA Rep Name:		
				CAA Rep Title:		
Ducie et Tr			CAA Rep Phone:			
Project I	ype: 🔲 Single-Family	☐ Multi-Family		CAA Rep Email:		
Applicant (Owner):		Co	o-Applicant:		
Property:	Property:		Те	Tenant: Apt#:		
			Ap			

INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.

Date

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date:	Owner/Occupant Signature:
	Owner/Occupant Name:
Date:	Co-Owner/Occupant Signature:
	Co-Owner/Occupant Name:

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: Agency (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
· · · · · · · · · · · · · · · · · · ·		_	C/	A Rep Name:		
			CA	A Rep Title:		
Project Type:	□ Single-Family	Multi Fomily	CA	A Rep Phone:		
		☐ Multi-Family	CA	A Rep Email:		
Applicant (Ow Property:	ner):		Со-Ар	Co-Applicant:		
Contractor:						
relocation referenced above-refe to verify e	expenses associ d Property. I/We erenced Commun xpenses incurred	ated with lead paint h understand that in ord ity Action Agency ("C as a result of tempor	e may receive financial assistance to help cover the costs of tempora aint hazard abatement work in our/my home located at the above in order to receive reimbursement, we must provide receipts to the y ("CAA"), and/or other documents which may be required by the CA nporary relocation. I/We also understand that in the event I/we rece responsibility to cooperate with the CAA and the above referenced			

2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.

Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of

critical work areas and packing or otherwise securing other belongings to expedite the work.

- 3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
- 4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that

\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be

received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you

Apartment/Unit #

do not understand this agreement, do not sign it.

Occupant Name

Co-Occupant Signature

Co-Occupant Name

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

CAA Representative Name

Date

Date

Date