

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

**HEALTHY HOMES ASSESSMENT AND INTERVENTION COMPLIANCE AGREEMENT**

**Project Funding:**     Federal Lead     Healthy Homes

**Project Type:**     Single-Family     Multi-Family

**Agency (CAA):** \_\_\_\_\_  
\_\_\_\_\_

CAA Rep Name: \_\_\_\_\_  
CAA Rep Title: \_\_\_\_\_  
CAA Rep Phone: \_\_\_\_\_  
CAA Rep Email: \_\_\_\_\_

<b>Applicant:</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____	<b>Contractor:</b> _____
	<b>Healthy Homes Amount:</b> \$ _____
	<b>Contract Date:</b> _____

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

<input type="checkbox"/> I CHOOSE NOT TO PARTICIPATE.			
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Co-Applicant	Date

<input type="checkbox"/> I CHOOSE TO PARTICIPATE.			
By choosing to participate in the Healthy Homes Assessment and Intervention Program, I agree to the following:			
1. The CAA will conduct a Healthy Homes Assessment.			
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 Applicant	Date	Signature of Co-Applicant	Date