

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 Healthy Homes Production Project Type:  Single-Family Rental  Multi-Family

Agency (CAA): \_\_\_\_\_ CAA Rep Name: \_\_\_\_\_

CAA Rep Title: \_\_\_\_\_

CAA Rep Phone: \_\_\_\_\_

CAA Rep Email: \_\_\_\_\_

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____
Contract Date: _____	
Healthy Homes Intervention Amount: \$ _____	
HHI Radon Amount: \$ _____	
Healthy Homes Production Amount: \$ _____	
HHP Radon Amount: \$ _____	

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

I CHOOSE TO PARTICIPATE.

By choosing to participate in the Healthy Homes Program(s), 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 and Healthy Homes Production work will be paid for under the supplemental Healthy Homes grant and the Healthy Homes Production grant respectively, 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 work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date