OWNER APPLICATION

Community Action Agency (CAA):			Que	estions sh	nould be directed to:			
CAA Name:				CAA	A Rep Name	e		
CAA Address:				CAA	A Rep Title			
	Street, City, State	e, Zip		CA	A Rep Phor	ne		
				CAA	A Rep Emai	il		
INSTRUCTIONS: R	eturn completed and signe	ed Applica	tion to the a	above-nai	med CAA.			
	l.		· ·		R) INFO	RMATION		
1. List all owners of	f the property as reflected	on the pro	perty deed					
Owner Name (as re	eflected on property deed)			Co	-Owner N	ame (as reflected on property	deed)	
	Entity or Owner (First MI Las	t)				Entity or Owner (First MI La	ast).	
Mailing Address	,	,		Ma	iling Addre	·	,	
3	Street, City, Sta	te, Zip			9		y, State, Zip	
Home Phone				Нο	me Phone	<u></u>		
Work Phone					ork Phone			
Date of Birth					te of Birth			
Date of Birtin				Da	te or birtir			
If Owner is an e	entity, list member name(s) an	d % of own	ership	If C	o-Owner is	an entity, list member name(s)	and % of o	wnership
		%					%	
		%					%	
		%					%	
a. Total number	in II, Property Information. er in house (including you) ele in the household, their a	age and fu	ll-time stud	in the	home?	er six years of age reside	☐ Yes	□ No
Name(s) of	Child (age 18 or younger)	Full time	student?	Age	Blood L	ead Levels VEBL's ug/dl		Care?
		☐ Yes	□ No				☐ Yes	□ No
		☐ Yes	□ No				☐ Yes	□ No
		☐ Yes	□ No				☐ Yes	□ No
		☐ Yes	□ No				☐ Yes	□ No
		☐ Yes	□ No				☐ Yes	□ No
dependent,	ome serve as a child care lunder six years of age spe hours or more per year) in	end at leas	t three hou				☐ Yes	□ No
e. If yes, have	any of the children who re	ceived ser	rvices been	determin	ed to have	e lead poisoning?	☐ Yes	□ No
		II.	PROPE	RTY IN	FORMA [*]	TION		
1. Address of Pro	perty to be abated:					Dwelling:		
Address	. ,					☐ Single-Family		
						J J		
	Street, City,	State, Zip				☐ Multi-Family # of I	Units:	
County	Street, City,	State, Zip				☐ Multi-Family # of U Outbuildings: ☐ Yes	Units: _ □ No	

Date_

III. INCOME

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 not enrolled in the Lead Program. However, if the Owner needs assistance above the Lead Program Grant limits and Owner claims he/she 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. O	wner Employr	nent:					
Self-E	mployed:	☐ Yes	□ No	If yes, provi	ide 2 years tax returns	, including all Schedules.	
Emplo	yer Name					Employer Phone	
≣mplo	yer Address					Position	
			Stree	t, City, State, Z	<i>lip</i>	No. of Years	
2. C	o-Owner Emp	loyment:					
Self-E	mployed:	☐ Yes	□ No	If yes, provi	ide 2 years tax returns	, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
			Stree	t, City, State, Z	lip	No. of Years	
. 0	ther Occupan	t Employm	ent:				
elf-E	mployed:	☐ Yes	□ No	If yes, provi	ide 2 years tax returns	, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
			Street	, City, State, Z	ip	No. of Years	
a.	Wages (gros		from Emplo	yment	Owner		Other Occupant
a.	Wages (gros	s monthly)	from Emplo	yment			
b.	Additional Mo	-	ne From:				
		e e Employm	ont				
	3. Pension		ieni.				-
	4. Veteran'	s Administr	ation				
	5. Net Ren	tal Income					
	6. Self Em	oloyment*					
	7. Child Su	pport					
	8. Public A	ssistance (TANF/WIC/	GA)			
	9. Social S	ecurity Ben	efits				
	10. Unemplo	oyment Con	npensation				
C.	Other**						-
d.	Gross Mont	-		& C)			
e.	Total (Line D	Multiplied by	<i>(</i> 12)			_	<u> </u>
f.	Gross Hous	ehold Inco	me (Total E	(a)+E(b)+E(c) :			
** Ir					pleted tax returns incl sick pay, disability, reti	uding Schedule C. rement, income from trusts, incor	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.
- (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 tha Family from Lead in Yo		ed a copy of	the United	States Environmental Protection Agency pamphle	et entitled Protect Your		
2.	and belief. I/We certify that I/we have read, understand, and agree to the responsibilities and information contained in the <i>Applicant Information</i> (Appendix A-2) to this Application.							
3.		ssary to obtain inf	ormation or v	erification r	Program, to contact any employer, town official, f equired to complete my request for housing repa (s) below.			
Sig	ned by all owners of the p	oroperty						
-;	Signature of Applicant (Owner))			Date			
-	Signature of Co-Applicant (Co-	-Owner)			Date			
enc cho nati	der's compliance with equal couraged to do so. The law loose to furnish it. However,	quired by the Fed credit opportunit provides that a leading of the control of the	eral Govern y and fair ho ender may n t to furnish tl	ment for co busing laws either disc he informa	Demographic Profile ertain types of loans related to a dwelling or or or s. You are not required to furnish this informat riminate on the basis of this information, nor or tion, under federal regulations the lender is real of you do not wish to furnish the information, p	tion, but are n whether you quired to note race or		
	(11:1/						

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:	\$	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 First MI Last First, MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Mailing Address Mailing Address Street, City, State, Zip Street, City, State, Zip Home Phone Home Phone Work Phone Work Phone Email Email ☐ No ☐ Yes ☐ No ☐ Yes Are children under 6 in the unit? Are children under 6 in the unit? ☐ Yes Are the children covered by MaineCare? ☐ No Are the children covered by MaineCare? ☐ Yes □ No AMI: Household Size: 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 Federal Lead Owner Obligation 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 UNIT 4** UNIT 3 **Tenant Name Tenant Name** First MI Last First, MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Mailing Address Mailing Address Street, City, State, Zip Street, City, State, Zip Home Phone Home Phone Work Phone Work Phone Email Email ☐ Yes ☐ No ☐ Yes ☐ No Are children under 6 in the unit? Are children under 6 in the unit? ☐ No ☐ No ☐ Yes ☐ Yes Are the children covered by MaineCare? Are the children covered by MaineCare? AMI: AMI: Household Size: Household Size: Maximum Eligible Income: \$ Maximum Eligible Income: \$ **Funding** Interior Funding Interior Exterior Total Exterior Total Federal Lead Grant Federal Lead Grant Healthy Homes Grant Healthy Homes Grant Federal Lead Owner Federal Lead Owner Obligation 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**

			I ENAINT II	NFORMATION			
	UNIT 5				UNIT 6		
Tenant Name	nt Name First MI Last			Tenant Name First, MI Last			
Co-Tenant Name				Co-Tenant Name			
First MI	Last			First M	l Last		
Apt/Unit #				Apt/Unit #			
Mailing Address				Mailing Address			
	Street, C	City, State, Zip			Street,	City, State, Zip	
Home Phone				Home Phone			
Work Phone				Work Phone			
Email				Email			
Are children under 6 in th		☐ Yes	□ No	Are children under 6 in the		☐ Yes	□ No
Are the children cove <u>red</u>		<u>?</u> ⊔ Yes	_ ∐ No	Are the children cove <u>red be</u>			_ ∐ 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	1			State Lead Owner Obligation	n		
DHHS			_	DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			
	UNIT 7				UNIT 8		
Tenant Name				Tenant Name			
First MI	Last			First, N	II Last		
Co-Tenant Name First MI	Last			Co-Tenant Name First M	I I ast		
Apt/Unit #				Apt/Unit #			
Mailing Address				Mailing Address			
	Street,	City, State, Zij	o		Street,	City, State, Zip	
Home Phone				Home Phone			
Work Phone				Work Phone			
Email				Email			
Are children under 6 in th		☐ Yes	☐ No	Are children under 6 in the	unit?	☐ Yes	☐ No
Are the children covered		? 🗌 Yes	□ No	Are the children covered by		☐ Yes	□ No
Household Size:	AMI:			Household Size:	AMI:		
Maximum Eligible Income	: \$	ı		Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total	Funding	Interior	Exterior	Total
Federal Lead Grant				Federal Lead Grant			
Healthy Homes Grant Federal Lead Owner				Healthy Homes Grant Federal Lead Owner			
Obligation				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	n		
DHHS				DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			

			Γ <mark>ENANT</mark> IN	IFORMATION			
	UNIT 9				UNIT 10		
Tenant Name				Tenant Name			
First MI I	Last			First, MI	Last		
Co-Tenant Name				Co-Tenant Name			
First MI I	_ast			First MI L	_ast		
Apt/Unit #				Apt/Unit #			
Mailing Address	Stroot C	Situ State Zin		Mailing Address	Stroot	City State Zin	
	Street, C	City, State, Zip			Street, (City, State, Zip	
Home Phone				Home Phone			
Work Phone				Work Phone			
Email				Email			
Are children under 6 in the		☐ Yes	☐ No	Are children under 6 in the t		☐ Yes	☐ No
Are the children covered by	by 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			
LINIT TOTAL				LINIT TOTAL			

PROJECT FUNDING SUMMARY

Click boxes if there are funds. Check boxes will auto-populate.

Project Funding							
☐ Federal Lead Grant	\$						
☐ Healthy Homes Grant	\$						
Federal Owner Obligation	\$						
Federal Lead Total	\$						
☐ State Lead Grant	\$						
State Lead Owner Match	\$						
State Lead Owner Obligation	\$						
DHHS	\$						
State Lead Total	\$						
Leveraged Funds	\$						
State Lead	l Match Criteria						
☐ 10% Non-Abatement	☐ 10% Non-Abatement ☐ 25% Abatement ☐ Waived						
Total Owner Obligation	\$						

Agreement/Constructions Contract						
Grant Amount	\$					
Contract Amount	\$					
Contract/Agreement Date						
Interior Start Date						
Interior End Date						
Exterior Start Date						
Exterior End Date						
Change O	rders					
Federal Lead Change Order #1	\$					
Federal Lead Change Order #2	\$					
State Lead Change Order #1	\$					
State Lead Change Order #2	\$					
Final Contract Amount	\$					
PROJECT TOTAL	\$					
Federal Lead Change Order #2 State Lead Change Order #1 State Lead Change Order #2 Final Contract Amount	\$					

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
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.

PRO	PERTY
☐ Multi-Family (and Single Family Rentals) # Units	Does Owner reside at the property?
	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/ESCROW 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	No==0/2
Lead Designer Fax	NOTES/COMMENTS
Lead Designer Email	

PHASE 1- MULTI-FAMILY DOCUMENT CHECKLIST

Applicant (Owner)			CAA		
Property Address			Date Submitted		
Program Type(s):	☐ Federal Lead	☐ State Lead (N261)	☐ Healthy Homes	DHHS	

		FEDERAL LEAD	STATE LEAD	HEALTHY HOMES
FILE OF OTION 4 (Oursell	Reference	LEAD	LEAD	HOMES
FILE SECTION 1 (Owner)	Anna and Eur A	V		V
Owner Application	Appendix A	X	Х	X
Authorization to Release Information (Owner)	Appendix E	Х	X	Х
Proof of Ownership (Property Deed and/or tax bill)	Owner	Х	Х	Х
Proof of Insurance (homeowners insurance information)	Owner	X	Х	Х
Income Self-Certification	Owner	X	X	
Merchants Report	CAA	Х	X	X
Notice of Preliminary Grant Approval	Appendix LD-1	X	Х	X
Grant Agreement	Appendix LD-2	X	X	X
Declaration of Covenants and Restrictions (signed)	Appendix H	X	X	X
FILE SECTION 2 (Invoices, Checklists, Waivers, Tenant)				
Project Summary Sheet	Appendix 1	Х	Х	Х
Phase 1 Billing Invoice	Appendix 1A	Х	Х	Х
Phase 1 Multi-Family Document Checklist	Appendix 1B-MF1	Х	Х	Х
Waivers (if applicable)	Appendix K	Х	Х	Х
Tenant Application	Appendix B	Х	Х	Х
Income Eligibility Documents	Owner Occupant /Tenants	Х		
Tenant Blood Testing Release Form (children only)	Appendix D	Х	Х	Х
MaineCare Eligibility Letter(s) (children only) (if applicable)	As of Nov 2022	Х	Х	Х
Children Under 6 Years Old Visiting Certification	Appendix G	Х	Х	
Relocation Assistance Acknowledgement	Appendix LD-C	Х	Х	
FILE SECTION 3 (Contractor)				
Construction Contract	Appendix C-A	Х	Х	Х
Healthy Homes Compliance Agreement	Appendix HH6			Х
Construction Escrow Agreement	Appendix C-B	Х	Х	Х
Lead Design Plan Specifications	Exhibit C	Х	Х	Х
Healthy Homes Design Plan	CAA			X
Pre-Construction Report	Appendix M	Х	X	X
FILE SECTION 4 (Reports, Designs & Plans)	у, рроман н		,,	
Lead Paint Inspection and Risk Assessment Report	CAA	Х	Х	1
Bid Package (including Refusal to Bid, if any)	Appendix Y/ CAA	X	X	
Bid Tabulation Sheet	Appendix J	Α	X	
Asbestos inspection documentation (if applicable)	CAA		X	
FILE SECTION 5 (Federal and State Compliance, Healthy Homes)	OAA		^	
SHPO	CAA		X	
FILE SECTION 6 (Photos, Correspondence)	CAA		^	
	CAA	V	V	V
Colored Photo(s) of pre-project	CAA/Mainal Javaina	X	X	X
Correspondence	CAA/MaineHousing	X	Х	X

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					

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies

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.org.
- 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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the Owner.
- 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, **the** Owner will be responsible 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:	Address:	
Rental Property 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. Covenants and Restrictions

☐ 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.

- 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:

- 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.
- 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

L		and have no force or effect three (3) years from the any party.		
		Grantee is the recipient of a State Lead Program have no force or effect four (4) years from the date party.		
Ву:			Date:	
Grantee N	am	ne:	Witness:	
Its:				
Ву:			Date:	
Co-Grantee Name:			Witness:	
Its:				
State of Ma		ne		Date:
Personally ofto be his/h	ap er f	opeared before me the above-named and gave oath to the free act and deed [in his/her said capacity] [and the	ne foregoing and	acknowledged before me the foregoing
		7	lotary Public/Atto	rney-at-Law
		F	rinted name:	

Commission expires: _____

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

NOTICE OF GRANT PRE-APPROVAL

gency (CAA):	State Lead	DHHS Project T	ype: Single-Family M	lulti-Fan
		CAA Rep Name:		
		CAA Rep Title:		
		CAA Rep Phone:		
		CAA Rep Email:		
pplicant (Owner):		Co-Applicant:		
ddress:		Address:		
roperty:		Grant Amount: _\$		
been reviewed	n for one or more of the following Lead F		the above-named CAA h	as
	AZARD REDUCTION GRANT PROGRAM ((Federal Lead)	Φ.	
	al Lead Grant	accompand Obligation)	\$	
	al Lead Additional Project Costs (Owner As	<u> </u>	\$	
	EAD PAINT HAZARD ABATEMENT PRO	GRAW (State Lead)	c	
	Lead Grant		\$ \$	
	Lead Owner Match	mad Obligation)	\$	
	Lead Additional Project Costs (<i>Owner Assu</i>	imed Obligation)	'	
DHH			\$	
	Y HOMES INTERVENTION PROGRAM (H	ealthy Homes)		
	y Homes Grant		\$	
TOTAL F	UNDS		\$	
1.	bring the following documents with you			
2. 3.				
3				
3. 4.				
3. 4. Your Closing is	scheduled on:			
3. 4. Your Closing is	scheduled on:			
3. 4. Your Closing is	scheduled on:			
3. 4. Your Closing is Date: Time: It is important the	scheduled on:	e:applicable) to the Gra	ant closing to avoid any dela	ays. If
3. 4. Your Closing is Date: Time: It is important the	scheduled on: Place at you bring the above-mentioned items (if uestions, please contact your CAA Represe	e:applicable) to the Gra	ant closing to avoid any dela	ays. If

GRANT AGREEMENT

Project Funding: ☐ State Lead ☐ Federal Lead ☐ Healthy Agency (CAA):		CAA Rep Name:	☐ Single-Family ☐ Multi-Family		
Applicant/Grante	ee:	Co-Applicant:			
Address:		Address			
Property:		Grant Amount: \$			
		Grant Data			
1. FUNI	DS:				
A.	CAA will provide a total of \$identified herein funded by the Maine Sta				
	Lead Hazard Reduction Grant (Federal I	Lead)	\$		
	Healthy Homes Intervention Grant (Heal	Ithy Homes)	\$		
	Maine Lead-Paint Hazard Abatement Gr	rant (State Lead)	\$		
	DHHS	DHHS			
B.	The Applicant/Grantee will provide a total referenced Property (Owner Contribution)		ad project for the above		
	Federal Lead Additional Project Costs (0	Owner Assumed Obligation)	\$		
	State Lead Owner Match		\$		
	State Lead Additional Project Costs (Ow	ner Assumed Obligation)	\$		
C.	Total Project Funds in the amount of \$ with the Construction Escrow Agreement				
Cont. in the CAA. abate	OF FUNDS: The Grant Funds will be used to ract executed by the Owner and contractor a electron Contract requires a written Ch. The Applicant acknowledges that the Grant rement/remediation work and that these funds and repair.	and approved by CAA. Any classification approved by the trunds are to be used for ne	hange to the work outlined contractor, the Owner, and cessary lead		
	BURSEMENTS: CAA will hold the Grant Funnents to the contractor in accordance with the		• •		
	COOPERATION: The Owner agrees to allow contractor and CAA reasonable access to the home to perform the work.				
APPLICAN	Т:	CAA:			
Applicant Signa	ature	CAA Representative Signature			
Co-Applicant S	Signature	CAA Representative Name			
Date		Date			

CONSTRUCTION CONTRACT

Project Funding:	☐ State Lead	☐ Federal Lead	☐ Healthy Homes	DHHS	Project Type:	☐ Single-Family	☐ Multi-Family
Escrow Agent (CAA):				CAA Rep Name:			
(CAA).				CAA Rep Title:			
				CAA R	ep Phone:		
				CAA R	ep Email:		
Applicant:			Co-A	Applicant	t:		
			Add	dress:			
Property:			Con	tractor:			
			Add	ress:			
Federal Lead Gra	ant: \$						
Healthy Homes (Grant: \$						
State Lead Grant	t: \$		Con	tract Am	ount:	\$	
DHHS:	\$		Con	tract Dat			
Owner Contribut	ion: \$				<u>-</u>		_

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.	Interior End Date: Contractor shall complete the portion of the Work involving interior portions of the Project on
C.	Exterior Start Date: Contractor shall commence the portion of the Work involving exterior portions of the Project on
d.	Exterior End Date: Contractor shall complete the portion of the Work involving exterior portions of the Project on

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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
Federal Lead Grant	\$	\$	\$
Federal Lead Additional Project Costs (Owner Assumed Obligation)	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Assumed Obligation)	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT TOTAL	\$	\$	\$
Leveraged Funding	\$	\$	\$
PROJECT TOTAL	\$	\$	f

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:
 - 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).

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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

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

INSURANCE 13.

Commercial General Liability Insurance. The Contractor shall procure and maintain during the a. 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. Worker's Compensation Insurance. 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.
- Deductible Amount. The Contractor will reimburse the Owner and hold the Owner harmless for C. 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. Certificate of Insurance. 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.
- Owner as Additional Insured. The Owner shall be named as an additional insured in all such e. policies.
- f. Subcontractors. All subcontractors shall provide the insurance coverage described below:

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

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.

RELOCATION OF TENANTS 15.

The CAA shall be responsible for the relocation of occupants during construction activities, including, but not limited to the provision of temporary living accommodations in accordance with the applicable relocation

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)

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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 or any other similar 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	y the Maine Uniform A	Arbitration Act with the	parties agreeing to accept as
fina	al the arbitrator's decision.	If selected: Client i	initials	Contractor initials
	non-binding arbitration, with the prough other means, including a laws			
	mediation, with the parties agreeing empt to resolve their differences.			igh a neutral mediator in order to

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.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.

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

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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: http://www.maine.gov/ag/consumer/housing/home_construction.shtml
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 www.bosbbb.org 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.

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CONSTRUCTION ESCROW AGREEMENT

Project Funding:	□ State Lead	□ Federal Lead	☐ Healthy Homes	DHHS Project Type: □ Single-Family	☐ Multi-Family		
Escrow Agent (CAA):				CAA Rep Name:			
(Ortif).				CAA Rep Title:			
				CAA Rep Phone:			
Applicant:			Co-A	Applicant:			
Address:			Addı	ress:			
Property:			Cont	ractor:			
Federal Lead Fu	ınds: \$		Addı	ress:			
Healthy Homes I	Funds: \$						
State Lead Fund							
DHHS:	\$			ract Amount: \$			
Owner Contribut	tion:\$		Cont	ract 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 soon 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 Fundin Agency (CAA		hy Homes	Project Typ CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:	e: Single-Family	
Applicant:			Co-Applicant:		
Property:			Contractor:		
			Healthy Homes Amount: Contract Date:	\$	
have been ir	nformed of the Healthy Homes	Assessment and	Intervention Program.		
□ І СНО	OSE NOT TO PARTICIPATE.				
Signature o	f Applicant	Date	Signature of Co-Applicant		Date
□ICHO	OSE TO PARTICIPATE.				
By choos	ing to participate in the Health	y Homes Assess	ment and Intervention Progr	am, I agree to the	following:
1.	The CAA will conduct a Heal	Ithy Homes Asse	ssment.		
2.	I understand that this work we the lead paint abatement wo be provided to me from the C	rk that will be per			
3.	I further understand that the Healthy Homes grant, separa				pplemental
4.	I agree it is my responsibility location that may need to be work.				
Signature o	f Applicant	Date	Signature of Co-Applicant		Date

BID TABULATION SHEET

Project Funding: [☐ State Lead ☐ Federal Lead	☐ Healthy Homes	DHHS Project Type: Single-Family Multi-Family
Agency (CAA):			CAA Rep Name:
_			CAA Rep Title:
			CAA Rep Phone:
			CAA Rep Email:
Applicant:		Co	-Applicant:
Property:			
		DID 4	
Control to a Norma		BID 1	
Contractor Name			□ Not on Debarment List
Date Bid Submitt			☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Comments:			
		BID 2	
Contractor Name	1		☐ Not on Debarment List
Date Bid Submitt	ed		☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Comments:			
		BID 3	T_
Contractor Name			☐ Not on Debarment List
Date Bid Submitt			☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Comments:			
AWARDED TO:			
Comments:			
CAA Representative S			Date
CAA Penresentative N	omo		

CAA Representative Name

CONTRACTOR DECLARATION OF REFUSAL TO BID FORM

Project Funding: ☐ State Lead ☐ Federal Lead Agency (CAA):	-	DHHS Project Type: ☐ Single-Family ☐ I	Multi-Family
Agency (OAA).		CAA Rep Title:	
-		CAA Rep Phone:	
		CAA Rep Email:	
Applicant:	Co-	-Applicant:	
Property:			
1	of		
(Contractor Name)		(Contractor Business Name)	
certify by my signature below; I was offered the above-named CAA for the above-referenced pr		id, but refuse / withdraw my rights to bid thro	ugh the
Reason of Refusal:			
Contractor Representative Signature		Date	
. 5		**	
Contractor Representative Name		<u> </u>	

PRE-CONSTRUCTION CONFERENCE REPORT

Project Funding: Agency (CAA):	State Lead	☐ Federal Lead	☐ Healthy Hon	CAA Rep Nam CAA Rep Title CAA Rep Phot CAA Rep Ema	ne:	
Applicant (Owne	er):			Co-Applicant: Contractor:		_
				Contract Amount:	\$	
				Contract Date:		
the Contract, role of the CA explanations the Lead Haz Program (Sta assumes no HUD 24 CRF and have recivill be require understand the CA explanations.	the project des AA, and our respect to our questions are Lead"), staff responsibilities for Part 35: I (we reived a copy of the detection of the test	ign specification ponsibilities during s, if any, and ar Grant Program as requested. for the work per protect Your Freed until all work	ns explaining to ing the construction of the c	he scope work to buction phase. I (we assistance will be plus) and/or the Mainunderstand and acloes not warrant any the been made awarrand in Your Home p	re of the dangers of lead becamphlet. I (we) understa ances are achieved. I (we) CAA.	ractor, the ate inistrator of tement am passed paint, and that we
Signature of O	wner				Date	
Signature of C	o- Owner				Date	
I, the undersion homeowner(s standards req	gned, hereby cer ,) CAA, Contract uired by the Mai	tify that the pre- tor(s), and mysel ne Department o	construction co lf. I understand of Environment	nference was held o	on this date between the work performed must mee e Federal Lead and/or Statentract.	et the
Signature of Co	ontractor			Da	ate	
Contractor Rep	presentative Name					
I, the undersi	gned, hereby cer	tify that I particip	pated in a pre-c	onstruction confere	nce on this date.	
Signature of C	AA Lead Designer			Da	ate	
CAA Lead Des	signer Name					

UNIT #			
	IIN	IIT #	
	1117		

AMI for this tenant:	
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TENANT APPLICATION

Community Action Ag	jency (CAA):		Questions sh	ould be directed to:		
Name CAA Rep Name:						
Address			CAA Rep Title	:		
			CAA Rep Pho	ne:		
			CAA Rep Ema	ail:		
INSTRUCTIONS: Retu	ırn completed and signed A	Application and Applica	ant Information I	Form to the above-named C	CAA.	
Date		Project Ty	pe □ Sing	le-Family Rental 🔲 N	lulti-Family	
	I.	PROPERTY	'INFORMAT	TION		
Address:		A	partment #			
		#6	Bedrooms:			
		R	ent Amount:			
	II.	HOUSEHOL	D INFORMA	TION		
Tenant Name:		C	o-Tenant Name	:		
Fi	irst MI L	ast		First MI	Last	
Date of Birth:		D:	ate of Birth:			
Telephone:		Te	elephone:			
Total number in house ((including you)	☐ No depende	ent children und	er six years of age reside in	the home.	
	(<u> </u>	<u> </u>				
Name(s) of Ch	nild (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
the home?	as a child care location? Maree hours per day, on two schildren who received servi	separate days per wee	ek (at least 60 h		☐ Yes	□ No
the home?	ree hours per day, on two s	separate days per wee	ek (at least 60 h	ours or more per year) in soning?		
the home? If yes, have any of the c	children who received servi	separate days per week ces been determined to HOUSEHOLD IN	o have lead poi	ours or more per year) in soning? ASSETS	☐ Yes	
the home? If yes, have any of the control of the c	children who received servi	separate days per week ces been determined to HOUSEHOLD IN	o have lead poi	ours or more per year) in soning?	☐ Yes	
the home? If yes, have any of the control of the c	children who received servi	ces been determined to HOUSEHOLD IN tion requested below to	o have lead poi	ours or more per year) in soning? ASSETS for enrollment in the Progra	☐ Yes	
the home? If yes, have any of the control of the c	children who received servi	ces been determined to HOUSEHOLD IN tion requested below to yes, provide 2 years ta	co have lead poi	ours or more per year) in soning? ASSETS for enrollment in the Progra	☐ Yes	
the home? If yes, have any of the control of the c	children who received servi	HOUSEHOLD IN tion requested below to yes, provide 2 years ta	COME AND be considered x returns, include	ours or more per year) in soning? ASSETS for enrollment in the Progra	☐ Yes	
the home? If yes, have any of the concept of the c	children who received servi	HOUSEHOLD IN tion requested below to yes, provide 2 years ta	co have lead poi	ours or more per year) in soning? ASSETS for enrollment in the Progra	☐ Yes	

UNIT	#	-					
Co-Ter	nant Employm	ent:					
	er Name	☐ Yes	□ No	If yes, provid	Employe	•	s
Employ	er Address		Street. Ci	ty, State, Zip	Position No. of Y		
Head o	of Household	Employm		. , ,,,,	NO. OF Y	ears	
Self-Em		☐ Yes	□ No	If yes, provid	-	s, <i>including all Schedule</i> er Telephone	s.
Employ	er Address		Street, Cit	y, State, Zip	Position No. of Y	/oare	
Оссира	nts must provide	e gross inco	ome informa	ation and verif	ication to be conside	red for enrollment in the	Program.
		GROSS AI	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross	s monthly)	from Emplo	yment			
b.	Additional Mo	onthly Incor	ne From:				
	 Overtime)					
	2. Part-Tim	e Employm	ent				
	Pensions	3					
	4. Veteran's	s Administr	ation Comp	ensation			
	Net Rent	al Income					
	6. Self Emp	loyment*					
	7. Child Su	pport					
	8. Public As	ssistance (TANF/WIC/	GA)			
	9. Social Se	ecurity Ben	efits				
	10. Unemplo	yment Con	npensation				
c.	Other**						
d.	Gross Month	nly Income	(Total A, E	3 & C)			
e.	Total (Line D	-	-	, <u> </u>			
f.	•	•	• ,	=(A)+e(B)+e(C	·):		
** Inc	lf-employer, please ludes bonuses, div estments.	e provide mo vidends, inte	ost recent 2 y rest, royaltie	ears of complet s, alimony, sick	ed tax returns including pay, disability, retireme	g Schedule C. ent, income from trusts, inco	me from business activities
			IV.	HOUS	EHOLD INCOME	E AND ASSETS	
verify.			n I have pr	ovided on th	is form is TRUE ar	nd CORRECT and I ac	knowledge the CAAs right to mation contained in the
I/We, a	cknowledge th						on Agency pamphlet entitled
	by all Tenants			ioirie in conn	ection with our apa	arunent unit.	
	.,	p. o	-				

Date Signature of Tenant (Occupant) Date Signature of Co-Tenant (Co-Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian

☐ Yes

□ No

Native Hawaiian/Other

American Indian/Alaskan Native & White

Black/African American & White

Pacific Islander

Asian & White

	Office U	lse Only	
The Gross Income as calculated pursuant to this Te	nant 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	

Other

(specify) **Ethnicity**:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT#		

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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

Project Funding:	DHHS Project Type: Single-Family Multi-Family CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email
Applicant (Owner):	Co-Applicant:
Property:	Tenant: Apt#:
INSTRUCTIONS: Return completed and signed Blood Testing Rele	ease to the above-named CAA.
Date	
It is recommended that all children under six years of age havin your home. If your children have not received a blood test child's primary health care provider or the local health departs	in the past three (3) months , you should contact your ment to arrange for a test.
Please check one of the following- the one which best de	escribes your children:
My children under six have had their blood lead levels t	tested in the past three (3) months . Please identify
Provider Name	Date of Test
I hereby authorize the provider to release the results of Grant Program.	this (these) blood test (s) to the Lead Hazard Reduction
My children under six have not had their blood lead lev them tested at this time.	vels tested in the past three (3) months and I agree to have
For Religious purposes and/or personal reasons, I choo	ose not to have my child (children's) tested for lead.
I/We voluntarily disclose this information. I/We understand participation in the Lead Hazard Reduction Grant Program	·
Parent or Guardian Name	Date

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State L	ead 🛭 Federal	Lead	ealthy Homes	DHHS Pro	oject Type: 🔲	Single-Family	☐ Multi-Family
Agency (CAA):				CAA Rep Name:			
				CAA Rep Title:			
				CAA Rep Phone:			
				CAA Rep Email:	-		
Applicant (Owner):			Co	Applicant:			
Property:			Tei	nant:			
			Ap	#:			
INSTRUCTIONS: Return co	mpleted and sign	ned Certificati	ion to the abo	ve-named CAA			
morroonore. Rotain oo	inplotod dila olgi			o named of the			
Date							
On your <i>Application</i> for fur age spends a "significant hours a day on two separates."	amount of time	" visiting you	ır home. A "s	ignificant amou			
Please fill in the table belo	w, showing the	e number of	hours per da	y a child under	six years old v	risits your ho	ome:
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day				_			
If the number of hours var	ies from week	to week, ple	ase explain:				
By signing below, you are	certifying that	this stateme	ent and inform	nation is true an	d correct.		
Date:		Owner/O	ccupant Sig	nature:			
			ccupant Nar				
Date:		Co-Own	er/Occupant	Signature:			
			er/Occupant				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA): ———————————————————————————————————	State Lead	ead	CAA Rep N CAA Rep T CAA Rep P	ame: itle: hone:	Гуре: [☐ Single-Family	☐ Multi-Famil
Ap	plicant (Owner):			CAA Rep E Co-Applicant:				
Pro	perty:			Tenant: Unit#:				
Со	ntractor:			omt#.				
1.	relocation experienced Propabove-reference to verify expensions such relocation Contractor to pr	rsigned, understand that hases associated with leaderty. I/We understand ed Community Action Ages incurred as a result cassistance, that I/we hase and packing or other	ad paint hazard aba that in order to rece gency ("CAA"), and/ of temporary relocat ave a responsibility t ead hazard abateme	tement work ive reimburse or other docuion. I/We also cooperate tent/remediation.	in our/my ement, w uments w so unders with the (on work,	y home re must which m stand th CAA ar includi	e located at the t provide receip nay be required hat in the even nd the above re ing moving furi	e above pts to the d by the CAA, at I/we receive eferenced
2.	following: (i) mo (iv) laundry; (v) rental fees for co other than relocation expe	signed, understand that bying expenses; (ii) hote extra gasoline/transport ther alternative housing cation, I/we understand inses. Furthermore, I/We expenses not directly a	el/motel costs; (iii) se rtation costs due to t g arrangements. If t that this does not er le understand that the	ecurity depose he temporary he relocation ntitle me/us to he CAA is un	its and n relocation assistan request der no o	nonthly on to a nce I/we t addition	rent for apartr nother dwelling e receive is sp onal money for	ment units; g; and (vi) ent on items r actual
3.	property owner/ property during	rsigned, understand I/we representative. I/We, ur my/our relocation, I/we oursement I/we request,	nderstand if I/we are may be responsible	deemed res for the cost a	ponsible associate	for dared with	mages to the resaid damages	elocated s. Any
4.		agreement, I/We ackno	-		-			and that
		aximum amount of mon	•			•		iad aut If vau
	_	ccupant of home or re and this agreement, c		io nazaro ab	atemeni	work	is being carri	ea out. IT you
	Occupant Signature	;		Apartment/Unit #	‡		Date	
	Occupant Name							
	Co-Occupant Signa	ture		Apartment/Unit #	#		Date	
	Co-Occupant Name)						
	By signing bel or renter(s).	ow, the CAA acknowle	edges receipt of th	is documen	t signed	by the	∍ above home	owner(s)
	CAA Representative	e Signature					Date	
	CAA Representative	e Name						

ı	JN	IT	#		
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		$\boldsymbol{\pi}$		

ΔΜΙ	for this	tenant:	
	าบเ นแจ	tenant.	

TENANT APPLICATION

Community Action Ag	ency (CAA	N):		Q	uestions sh	ould be directed to:		
Name	ne:							
Address								
	CAA Rep Phone:							
					AA Rep Ema			
					·			
INSTRUCTIONS: Retu	rn complete	ed and signed A	Application and A	Applicant	Information l	Form to the above-named C	AA.	
Date			Proje	ct Type	☐ Sing	gle-Family Rental 🔲 M	ulti-Family	
		I.	PROPI	ERTY IN	NFORMAT	ΓΙΟΝ		
Address:				Apart	ment#			
				#Bed	rooms:			
				Rent	Amount:			
						-		
		II.	HOUSE	HOLD I	NFORMA	TION		
Tenant Name:				Co T	enant Name			
	rst N	MI L	ast	CO-11	enani Name	First MI	Last	 -
Date of Birth:				Date	of Birth:			
Telephone:				Telep	hone:			
Total number in house (including ye	ou)	D No de	pendent (children und	er six years of age reside in	the home.	
						Blood Lead Levels	Covered I	ov
Name(s) of C	hild (age 18	8 or younger)	Full time stu	dent?	Age	VEBL ug/dl	MaineCar	
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
of age spend at least the						dependent, under six years ours or more per year) in	☐ Yes	□ No
the home?		. , .						□ No
If yes, have any of the c	niidren who	o received servi	ces been detern	nined to n	ave lead poi	isoning?	☐ Yes	□ NO
		III.	HOUSEHOL	D INC	OME AND	ASSETS		
Occupants must provide	e the emplo	yment informat	ion requested be	elow to be	considered	for enrollment in the Progra	m.	
Tenant Employment	:							
Self-Employed:	☐ Yes	□ No If y	ves, provide 2 ve	ears tax re	eturns, includ	ding all Schedules.		
Employer Name		,	,, ,-		ployer Telep	_		
Employer Address					sition			

No. of Years

Street, City, State, Zip

UNIT	#				

Co-Tenant Employn	nent:					
Self-Employed: Employer Name Employer Address	☐ Yes	□ No Street, Cit	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Head of Household	Employm	nent:				
Self-Employed: Employer Name Employer Address	☐ Yes	□ No	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Occupants must provide	e gross inco	ome inform	ation and veri	fication to be considered for enrollm	nent in the Pro	ogram.
3. Pensions 4. Veteran' 5. Net Ren 6. Self Emp 7. Child Su 8. Public A 9. Social S 10. Unemple c. Other** d. Gross Mont e. Total (Line L f. Gross Hous	onthly Incore the Employments s Administrated Income toloyment* upport ssistance (Tecurity Ben byment Con thly Income of Multiplied ehold Inco e provide mo	from Employme From: ment TANF/WICA efits mpensation e (Total A, I by 12) me (Total County)	Densation	TENANT CO-TE	BENANT trusts, income	C) Head of Household
			rovided on th	SEHOLD INCOME AND ASSI his form is TRUE and CORRECT and agree to the responsibilities	r and I ackn	
Tenant Information. I/We, acknowledge th	nat I/we ha	ve receive	ed a copy of	the United States Environmenta		
Signed by all Tenants				•		
Signature of Tenant (C	occupant)			Da	nte	
Signature of Co-Tenan	t (Co-Occupa	ant)		Da	ate	

CAA Representative Signature

		Appli	cant Demographic Profile						
lender's compliance with equal credit encouraged to do so. The law provid choose to furnish it. However, if you	opportuni les that a l choose no	ity and fa lender ma ot to furni	vernment for certain types of loans related to ir housing laws. You are not required to fu ay neither discriminate on the basis of this sh the information, under federal regulatior on or surname. If you do not wish to furnish	rnish this information, but are information, nor on whether you are the lender is required to note race or					
I do not wish to furnish this inform	ation	□Ye	es □No						
Head of	Househo		k all that apply)						
Sex of Head of Household	□ Femal	е	# of Household Members Race: White						
Elderly Single Parent with Children Two Parents with Children			Black/African American American Indian/Alaska Native Asian						
Other (specify)			Native Hawaiian/Other						
Ethnicity: Hispanic or Latino Not Hispanic or Latino:			Pacific Islander American Indian/Alaskan Native & White Asian & White						
Physically Disabled Head of Household	☐ Yes	□ No	Black/African American & White						
Displaced Homemaker*									
			Office Use Only						
The Gross Income as calculated pursuant	to this Ter	ant Applic	eation has been verified by the CAA to be:	\$					
Maximum Eligible Income for this Tenant/	is:	_\$	Percentage	ge of AMI:					

Date

CAA Representative Name

UNIT #	

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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.

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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.

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- 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.

PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

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

BLOOD TESTING RELEASE

Project Funding: Sta	ate Lead	·	CAA Re CAA Re CAA Re	p Name: p Title: p Phone:	☐ Single-Family				
Applicant (Owner):			Co-Applicant:						
Property:			Tenant: Apt#:						
INSTRUCTIONS: Return	n completed and sign	ed Blood Testing Rele	ase to the above	e-named CAA					
It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past three (3) months , you should contact your child's primary health care provider or the local health department to arrange for a test. Please check one of the following- the one which best describes your children:									
My children unde	r six have had thei	r blood lead levels te	ested in the pa	st three (3) r		dentify			
Provider Name			[Date of Test					
I hereby authoriz Grant Program.	e the provider to re	lease the results of t	his (these) blo	od test (s) to	the Lead Hazard	l Reduction			
My children unde them tested at th		their blood lead leve	els tested in the	e past three ((3) months and I	agree to have			
For Religious pur	poses and/or perso	onal reasons, I choos	se not to have	my child (ch	nildren's) tested fo	or lead.			
I/We voluntarily disc participation in the I		on. I/We understand ction Grant Program	that disclosure	of this inforr	mation is not requ	uired for			
Parent or Guardian Signatur	re		_	Date					
Parent or Guardian Name			_						

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lo	ead			DHHS Project CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ter				
INSTRUCTIONS: Return co	mpleted and sigr	ned Certificati	ion to the abov	/e-named CAA.			
On your Application for fur age spends a "significant a hours a day on two separates." Please fill in the table below	amount of time' ate days a weel	" visiting you k and a total	ur home. A "s I of 60 hours	ignificant amour per year."	t of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours vari	ies from week t	to week, ple	ase explain:				
By signing below, you are	certifying that t	his stateme	nt and inform	nation is true and	I correct.		
Date:		Owner/O	ccupant Sigr	nature:			
		Owner/O	ccupant Nan	ne:			
Date:			er/Occupant				
		Co-Owne	er/Occupant	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA):	State Lead	☐ Healthy Homes	DHHS CAA Rep Na CAA Rep Titl	me:	Single-Family	
				CAA Rep Ph			
				CAA Rep Em	-		
Ар	plicant (Owner):		Co	-Applicant:			
Pro	pperty:		Ter Un	nant:			
Со	ntractor:			ιπ.			
1.	relocation experienced Propabove-reference to verify expensions such relocation Contractor to pr	rsigned, understand that I/v nses associated with lead poerty. I/We understand that ed Community Action Agent es incurred as a result of to assistance, that I/we have epare the Property for lead as and packing or otherwis	paint hazard abater t in order to receive ncy ("CAA"), and/or emporary relocatior a responsibility to of I hazard abatement	nent work in reimburser other docur i. I/We also cooperate w /remediatio	n our/my homent, we ments which ounderstand with the CAAn work, inc	ome located at the nust provide rece to may be require that in the event and the above luding moving fu	e above ipts to the ed by the CAA, nt I/we receive referenced
2.	following: (i) mo (iv) laundry; (v) rental fees for co other than relocation expe	rsigned, understand that recoving expenses; (ii) hotel/mextra gasoline/transportation alternative housing arcation, I/we understand that nses. Furthermore, I/We understand that expenses not directly asset	notel costs; (iii) secu on costs due to the rangements. If the t this does not entit understand that the	rity deposit temporary relocation a e me/us to CAA is und	s and mon relocation t assistance request ad er no oblig	thly rent for apar to another dwellir I/we receive is sp ditional money fo	tment units; ng; and (vi) pent on items or actual
3.	property owner/ property during	rsigned, understand I/we w representative. I/We, unde my/our relocation, I/we ma oursement I/we request, ma	rstand if I/we are de y be responsible fo	eemed resp r the cost as	onsible for ssociated v	damages to the vith said damage	relocated s. Any
4.	By signing this	agreement, I/We acknowle	edge the conditions	of receiving	relocation	reimbursements	and that
	\$1,450 is the ma	aximum amount of money	to be received for to	emporary re	location ex	rpenses.	
	Signature of o	ccupant of home or renta	al unit where lead	hazard aba	tement wo	ork is being car	ried out. If you
	do not underst	and this agreement, do r	not sign it.				
	Occupant Signature	3	Apa	rtment/Unit #		Date	
	Occupant Name	_					
	Co-Occupant Signa	ture	Apa	rtment/Unit #		Date	
	Co-Occupant Name						
	By signing belor renter(s).	ow, the CAA acknowledg	es receipt of this	document	signed by	the above hom	eowner(s)
	CAA Representative	e Signature				Date	
	CAA Representative	e Name					

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AMI for this tenant:	
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TENANT APPLICATION

CAA Rep Name: CAA Rep Pinde: CAA Rep Prone: CAA Rep Prone: CAA Rep Prone: CAA Rep Prone: CAA Rep Email: CAA R	NI.	AA):	G	uestions sh	ould be directed to:		
CAA Rep Phone: CAA Rep Email: INSTRUCTIONS: Return completed and signed Application and Applicant Information Form to the above-named CAA. Date	Name			AA Rep Nam	e:		
INSTRUCTIONS: Return completed and signed Application and Applicant Information Form to the above-named CAA. Date	Address			AA Rep Title:			
II. HOUSEHOLD INFORMATION Project Type			C	AA Rep Phor	ne:		
Project Type			C	AA Rep Ema	il:		
Address: Apartment # #Bedrooms: Rent Amount:	INSTRUCTIONS: Return comp	leted and signed	Application and Applicant	Information F	Form to the above-named C	CAA.	
Apartment # #Bedrooms: Rent Amount: HOUSEHOLD INFORMATION	Date		Project Type	☐ Sing	le-Family Rental	/lulti-Family	
#Bedrooms: Rent Amount: II. HOUSEHOLD INFORMATION			I. PROPERTY I	NFORMAT	ION		
#Bedrooms: Rent Amount: II. HOUSEHOLD INFORMATION	Address:		Apa	tment #			
II. HOUSEHOLD INFORMATION Tenant Name:			<u> </u>				
Tenant Name: First MI Last First MI Last			Ren	t Amount:			
Tenant Name: First MI Last First MI Last							
First MI Last Date of Birth: Date of Birth: Telephone: Telephone: Telephone: Telephone: Total number in house (including you) No dependent children under six years of age reside in the home.		II	. HOUSEHOLD	INFORMA [®]	TION		
Date of Birth:		MI		enant Name:		Last	
Telephone:	Data of Birdh		Dete	of Rirth			
Total number in house (including you) No dependent children under six years of age reside in the home. Name(s) of Child (age 18 or younger) Full time student? Age Blood Lead Levels Covered by MaineCare?	Talanhana		Tolo				
Name(s) of Child (age 18 or younger) Full time student? Age Yes No Tenant Employment: Self-Employed: Yes No If yes, provide 2 years tax returns, including all Schedules.				priorio.			
Name(s) of Child (age 18 or younger) Yes No	-						
Yes No No Yes No No Yes	l otal number in house (including	g you)	□ No dependent	children unde	er six years of age reside in	the home.	
Poes your home serve as a child care location? Meaning, does a child other than your dependent, under six years of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home? III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed: Yes No Yes No Yes No Yes No Yes No No Yes Yes No Yes Yes No Yes Yes No Yes		· · ·			Blood Lead Levels	Covered	
Pes No Yes No		· · ·	Full time student?		Blood Lead Levels	Covered MaineCar	e?
Does your home serve as a child care location? Meaning, does a child other than your dependent, under six years of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home? III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed: Yes No		· · ·	Full time student? Yes No		Blood Lead Levels	Covered MaineCar	e? No
Does your home serve as a child care location? Meaning, does a child other than your dependent, under six years of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home? III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:		· · ·	Full time student? Yes No Yes No		Blood Lead Levels	Covered MaineCar Yes	No No
of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home? If yes, have any of the children who received services been determined to have lead poisoning? III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:		· · ·	Full time student? Yes No Yes No Yes No		Blood Lead Levels	Covered MaineCar Yes Yes Yes	No No No
III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:		· · ·	Full time student? Yes No Yes No Yes No		Blood Lead Levels	Covered MaineCar Yes Yes Yes	No No No
III. HOUSEHOLD INCOME AND ASSETS Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:	Name(s) of Child (age Does your home serve as a child of age spend at least three hour	e 18 or younger)	Yes No	Age er than your o	Blood Lead Levels VEBL ug/dl	Covered MaineCar Yes Yes Yes Yes Yes Yes	No No No No
Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home?	d care location?	Yes No And Yes No Yes No Meaning, does a child oth separate days per week	Age er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Covered MaineCar	No No No No No No No
Occupants must provide the employment information requested below to be considered for enrollment in the Program. Tenant Employment: Self-Employed:	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home?	d care location?	Yes No And Yes No Yes No Meaning, does a child oth separate days per week	Age er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Covered MaineCar	No No No No No No No
Tenant Employment: Self-Employed: □ Yes □ No If yes, provide 2 years tax returns, including all Schedules.	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home?	d care location? s per day, on two	Yes No Weaning, does a child oth separate days per week	Age er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in soning?	Covered MaineCar	No No No No No No No
Self-Employed:	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home?	d care location? s per day, on two	Yes No Weaning, does a child oth separate days per week	Age er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in soning?	Covered MaineCar	No No No No No No No
	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home? If yes, have any of the children was a child of the children was a child of the children was a child of the children was a children	d care location? s per day, on two who received serv	Yes No Heaning, does a child oth separate days per week Vices been determined to I	er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in soning? ASSETS	Covered MaineCar Yes Yes	No No No No No No No
Employer Namo	Does your home serve as a child of age spend at least three hour the home? If yes, have any of the children was compared to the children was compared to the employee the emp	d care location? s per day, on two who received serv	Yes No Heaning, does a child oth separate days per week Vices been determined to I	er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in soning? ASSETS	Covered MaineCar Yes Yes	No No No No No No No
	Does your home serve as a child of age spend at least three hour the home? If yes, have any of the children was compared to the employment:	d care location? s per day, on two who received serv	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child oth a separate days per week wices been determined to be the state of t	er than your of at least 60 ho	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in soning? ASSETS for enrollment in the Progra	Covered MaineCar Yes Yes	No No No No No No No
Employer Address Position Street, City, State, Zip No. of Years	Name(s) of Child (age Does your home serve as a child of age spend at least three hour the home? If yes, have any of the children was a child of age spend at least three hour the home? Occupants must provide the employment: Self-Employed:	d care location? s per day, on two who received serv	Full time student? Yes No Yes No Yes No Yes No Yes No Heaning, does a child oth a separate days per week vices been determined to be student or requested below to be size, provide 2 years tax in En	Age er than your of at least 60 hornave lead poise OME AND e considered returns, include apployer Telep	Blood Lead Levels VEBL ug/dl dependent, under six years burs or more per year) in soning? ASSETS for enrollment in the Prograting all Schedules.	Covered MaineCar Yes Yes Yes Yes Yes Yes White White	No No No No No No No

No. of Years

UNIT	#				

Co-Tenant Employment:

Self-Employed: Employer Name Employer Address		☐ Yes	□ No	If yes, provi		s, including all Schedules. er Telephone	
Employe	i Address		Street, Ci	ity, State, Zip	No. of Ye	ears	
Head of	f Household	Employm	nent:				
Self-Emp	oloyed:	☐ Yes	□ No	If yes, provi	-	s, including all Schedules. er Telephone	
	r Address				Position		
. ,			Street, C	ity, State, Zip	No. of Ye	ears	
Occupan	ts must provide	gross inco	ome inform	ation and veri	fication to be consider	red for enrollment in the P	rogram.
	(GROSS AI	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gross			oyment			
b.	Additional Mo	nthly Incor	me From:	_			
	Overtime Overtime	. 	4	_			
		e Employm	ient				
	_	Administr	ation Com				
	5. Net Renta		ation com				
	6. Self Empl						
	7. Child Sup	-		_			
	8. Public As	sistance (1	TANF/WIC	/GA)			
	9. Social Se	curity Ben	efits				
	10. Unemplo	yment Con	npensation				
C.	Other**			_			
d.	Gross Month	-	-	3 & C)			
e.	Total (Line D	Multiplied	by 12)	_			
f.	Gross House	hold Inco	me (Total	e(A)+e(B)+e(C	C):		
** Incl	-employer, please udes bonuses, div estments.	provide mo idends, inte	ost recent 2 y rest, royaltie	years of comple es, alimony, sick	ted tax returns including pay, disability, retiremen	Schedule C. nt, income from trusts, income	e from business activities
							<u>'</u>
			IV.	HOUS	EHOLD INCOME	AND ASSETS	
verify. I						d CORRECT and I ack ponsibilities and inform	nowledge the CAAs right to ation contained in the
I/We, ad	knowledge tha				the United States E nection with our apa		n Agency pamphlet entitled
	by all Tenants o						
0.904	, u 10.1u.110 (, p. o	, , , , , , , , , , , , , , , , , , ,			Distri	
Signa	ture of Tenant (Oc	cupant)				Date	
J		. ,				Date	
Signa	ture of Co-Tenant	(Co-Occupa	ant)			Date	

CAA Representative Signature

			Applica	ant Demographic Profile	
lender's compliance with e encouraged to do so. The choose to furnish it. Howe	equal credit law provide ever, if you	opportunites that a lead	ty and fair ender may it to furnish	rnment for certain types of loans related housing laws. You are not required to fur neither discriminate on the basis of this in the information, under federal regulation or surname. If you do not wish to furnish	rnish this information, but are information, nor on whether you ns the lender is required to note race or
I do not wish to furnish t			☐ Yes	□ No all that apply)	
Sex of Head of Household Single Married Elderly Single Parent with Childre Two Parents with Childre Other	□ Male	☐ Female	· e #	f of Household Members Race: White Black/African American American Indian/Alaska Native Asian	
(specify) Ethnicity: Hispanic or Latino Not Hispanic or Latino:				Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White	
	eans an adult			Black/African American & White Other Multi-Racial of worked full-time, full-years in the labor force nily and is employed or under employed and is	
				Office Use Only	
The Gross Income as calcula	ted nursuant	to this Ten	ant Annlicat	tion has been verified by the CAA to be:	\$
Maximum Eligible Income for			\$ 		ge of AMI:

Date

CAA Representative Name

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UNIT#	Ŀ				
CIVII 77	-				

TENANT INFORMATION

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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.

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- 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 grants of up to \$1,450 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.

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

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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.

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- 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.

PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

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

BLOOD TESTING RELEASE

Project Funding: State Lead Federal Lead Healthy Hom	DHHS Project Type: Single-Family Multi-Family CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:
Applicant (Owner):	Co-Applicant:
Property:	Tenant: Apt#:
INSTRUCTIONS: Return completed and signed Blood Testing Rele	ease to the above-named CAA.
It is recommended that all children under six years of age have in your home. If your children have not received a blood test is child's primary health care provider or the local health departer.	in the past three (3) months, you should contact your
Please check one of the following- the one which best de	escribes your children:
My children under six have had their blood lead levels to	ested in the past three (3) months . Please identify
Provider Name	Date of Test
I hereby authorize the provider to release the results of Grant Program.	this (these) blood test (s) to the Lead Hazard Reduction
My children under six have not had their blood lead leve them tested at this time.	els tested in the past three (3) months and I agree to have
For Religious purposes and/or personal reasons, I choo	se not to have my child (children's) tested for lead.
I/We voluntarily disclose this information. I/We understand participation in the Lead Hazard Reduction Grant Program	
Parent or Guardian Signature	Date

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lo	ead 🗖 Federal			DHHS Project CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			☐ Multi-Family
Applicant (Owner):			Co-	Applicant:			
Property:			Ter	· · · · · · · · · · · · · · · · · · ·			
INSTRUCTIONS: Return co	mpleted and sigr	ned Certificati	ion to the abov	/e-named CAA.			
Date							
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates." Please fill in the table belo	amount of time ate days a wee	" visiting you k and a total	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours vari	ies from week t	to week, ple	ase explain:				
By signing below, you are	certifying that t	this stateme	nt and inform	nation is true and	d correct.		
Date:		Owner/O	ccupant Sigr	nature:			
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant	Signature:			
			er/Occupant				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA):	State Lead	☐ Healthy Homes	DHHS Proj CAA Rep Name: CAA Rep Title:		☐ Single-Family	
				CAA Rep Phone:			
				CAA Rep Email:			
Ар	plicant (Owner):		Co	-Applicant:			
Pro	perty:		Te	nant:			
			Un	it#:			
Со	ntractor:						
1.	relocation exper referenced Prop above-reference to verify expens- such relocation Contractor to pro	signed, understand that I/v nses associated with lead p perty. I/We understand that ed Community Action Ager es incurred as a result of t assistance, that I/we have epare the Property for lead as and packing or otherwis	paint hazard abater it in order to receive ncy ("CAA"), and/or emporary relocation a responsibility to od d hazard abatement	nent work in ou reimbursemen other documen I. I/We also un cooperate with t /remediation w	ir/my hon it, we mu its which derstand the CAA ork, inclu	ne located at the list provide receing may be required that in the event and the above liding moving full	e above ipts to the d by the CAA, nt I/we receive referenced
2.	following: (i) mo (iv) laundry; (v) rental fees for o other than reloc relocation expe	signed, understand that re oving expenses; (ii) hotel/n extra gasoline/transportati other alternative housing ar cation, I/we understand tha nses. Furthermore, I/We understand that	notel costs; (iii) section costs due to the rrangements. If the at this does not entituderstand that the	urity deposits and temporary relocention assi- le me/us to requested to requeste to requeste to requeste to requeste to requeste and the requeste to r	nd month cation to stance I/v uest addi	nly rent for apart another dwellir we receive is sp itional money fo	ment units; ng; and (vi) pent on items or actual
3.	property owner/ property during	signed, understand I/we w representative. I/We, unde my/our relocation, I/we ma oursement I/we request, ma	erstand if I/we are do ny be responsible fo	eemed respons r the cost asso	ible for d ciated wit	amages to the the thick th	relocated s. Any
4.	By signing this a	agreement, I/We acknowle	edge the conditions	of receiving rele	ocation re	eimbursements	and that
	\$1,450 is the ma	aximum amount of money	to be received for to	emporary reloca	ation exp	enses.	
	_	ccupant of home or renta		hazard abaten	nent wor	k is being carr	ied out. If you
	do not underst	and this agreement, do i	not sign it.				
	Occupant Signature	;	Apa	rtment/Unit #	 -	Date	
	Occupant Name						
	Co-Occupant Signa	ture	Apa	rtment/Unit #		Date	
	Co-Occupant Name)					
	By signing beloor renter(s).	ow, the CAA acknowledç	ges receipt of this	document sig	ned by t	he above hom	eowner(s)
	CAA Representative	e Signature			-	Date	
	CAA Representative	e Name					

ι	JI	۷	IT	#	
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Employer Address

AMI for ti	his tenant:	
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LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

TENANT APPLICATION

Community Action Agency (CAA):		Questions sh	nould be directed to:				
Name	1	CAA Rep Name:					
Address							
	•	CAA Rep Title CAA Rep Pho					
		CAA Rep Ema					
		'					
INSTRUCTIONS: Return completed and signed	ed Application and Applican	t Information l	Form to the above-named C	AA.			
Date	Project Typ	e ☐ Sing	gle-Family Rental 🔲 M	ulti-Family			
	I. PROPERTY	INFORMAT	ΓΙΟΝ				
Address:	Ара	rtment #					
	#Be	drooms:					
	Rer	nt Amount:	.				
			·				
	II. HOUSEHOLD	INFORMA	TION				
Tenant Name:	Co-	Tenant Name					
First MI	Last	TCHAIR Name	First MI	Last			
Date of Birth:	Dat	e of Birth:					
Telephone:	Tel	ephone:					
Total number in house (including you)	□ No dependen	t children und	er six years of age reside in	the home			
Total number in nouse (including you)	• No dependen	t criliaren ana	er six years or age reside in	the nome.			
Name(s) of Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCard			
	Yes No			Yes	No		
	Yes No			Yes	No		
	Yes No			Yes	No		
	Yes No			Yes	No		
	<u>' </u>			100			
Does your home serve as a child care location of age spend at least three hours per day, on to							
the home?	vo separate days per week	(at least 00 II	ours or more per year) in	☐ Yes	☐ No		
If yes, have any of the children who received se	ervices been determined to	have lead poi	isoning?	☐ Yes	□ No		
III.	HOUSEHOLD INC	OME AND	ASSETS				
Occupants must provide the employment inform				m.			
Tenant Employment:	,						
Self-Employed: ☐ Yes ☐ No	If yes, provide 2 years tax	returns inclu	ding all Schedules				
Employer Name		mployer Teler	_				

Street, City, State, Zip

Position

No. of Years

UNIT	#				

Co-Ten	ant Employn	nent:					
Self-Employed: Employer Name		☐ Yes	□ No	If yes, pro	ovide 2 years tax returns, in Employer Te		
Employe	r Address				Position	-	
					No. of Years		
Head of	f Household	Employm	nent:				
Self-Emp	oloyed:	☐ Yes	☐ No	If yes, pro	ovide 2 years tax returns, in	cluding all Schedules.	
Employe	r Name				Employer Te	elephone	
Employe	r Address				Position		
					No. of Years		
Occupan	nts must provid	e gross inco	ome inform	ation and ve	erification to be considered	for enrollment in the Pr	ogram.
		GROSS AI	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gros			ovment	LIVANI	OO-TENANT	Household
b.	Additional M			oymon.			
	1. Overtime	-			 -		
	2. Part-Tim	e Employm	nent				
	3. Pension	S					
	4. Veteran	s Administr	ation Com	pensation			
	5. Net Ren	tal Income					
	6. Self Em	oloyment*			<u> </u>		
	7. Child Su	pport					
	8. Public A	ssistance (TANF/WIC	/GA)			
	9. Social S	ecurity Ben	efits				
	10. Unemplo	yment Con	npensation	1			
C.	Other**						
d.	Gross Mont	•	•	B & C)			
e.	Total (Line L	Multiplied	by 12)				
f.	Gross Hous	ehold Inco	me (Total	e(A)+e(B)+e	e(C):		
** Inclu	employer, pleas udes bonuses, d estments.	e provide mo vidends, inte	est recent 2 rest, royaltie	years of comp es, alimony, s	pleted tax returns including Schick pay, disability, retirement, ir	nedule C. ncome from trusts, income	e from business activities
			IV	. HOU	ISEHOLD INCOME A	ND ASSETS	
verify. I					this form is TRUE and C f and agree to the respor		nowledge the CAAs right to ation contained in the
					of the United States Envi nnection with our apartm		Agency pamphlet entitled
Signed I	oy all Tenants	of the prop	perty				
						Date	
Signat	ture of Tenant (C	ccupant)					
_						Date	
Signat	ture of Co-Tenar	t (Co-Occupa	ant)				

CAA Representative Signature

		Appli	icant Demographic Profile			
lender's compliance with equal creencouraged to do so. The law prochoose to furnish it. However, if y	edit opportun vides that a ou choose n	ity and fa lender m ot to furn	vernment for certain types of loans related to air housing laws. You are not required to full any neither discriminate on the basis of this in ish the information, under federal regulation on or surname. If you do not wish to furnish	rnish this information, but are information, nor on whether you as the lender is required to note race or		
I do not wish to furnish this info	rmation	ПΥ	es □No			
	of Househ		ck all that apply)			
Sex of Head of Household	□ Femal □ □	е	# of Household Members Race: White Black/African American			
Single Parent with Children Two Parents with Children Other			American Indian/Alaska Native Asian Native Hawaijan/Other			
(specify) Ethnicity: Hispanic or Latino Not Hispanic or Latino:			Pacific Islander American Indian/Alaskan Native & White Asian & White			
			Black/African American & White Other Multi-Racial not worked full-time, full-years in the labor force to amily and is employed or under employed and is			
			Office Use Only			
The Gross Income as calculated pursu	ant to this Te	nant Appli	cation has been verified by the CAA to be:	\$		
Maximum Eligible Income for this Tena	ant/ is:	\$	Percentage of AMI:			

Date

CAA Representative Name

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UNIT#	
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- 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.

PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

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

BLOOD TESTING RELEASE

Project Funding: ☐ State Lead ☐ Federal Lead ☐ Healthy Hom								
Applicant (Owner):	Co-Applicant:							
Property:	Tenant: Apt#:							
INSTRUCTIONS: Return completed and signed Blood Testing Rele	ease to the above-named CAA.							
Date								
It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past three (3) months , you should contact your child's primary health care provider or the local health department to arrange for a test. *Please check one of the following- the one which best describes your children:								
My children under six have had their blood lead levels t	tested in the past three (3) months . Please identify							
Provider Name	Date of Test							
I hereby authorize the provider to release the results of Grant Program.	this (these) blood test (s) to the Lead Hazard Reduction							
My children under six have not had their blood lead lev them tested at this time.	vels tested in the past three (3) months and I agree to have							
For Religious purposes and/or personal reasons, I choo	ose not to have my child (children's) tested for lead.							
I/We voluntarily disclose this information. I/We understand participation in the Lead Hazard Reduction Grant Program	·							
•	·							

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State L Agency (CAA):	ead 🗖 Federal			DHHS CAA Rep Na CAA Rep Tit CAA Rep Ph	ame: :le: none:				☐ Multi-Family
				CAA Rep Er	nail:				
Applicant (Owner):			Co-	Applicant:					
Property:			Ter	nant:					
			Apt	#:					
INSTRUCTIONS: Return co	mpleted and sigr	ned Certificati	ion to the abov	e-named C	AA.				
Date									
On your <i>Application</i> 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 belo	w, showing the	number of	hours per da	y a child ui	nder s	ix years	old vi	sits your he	ome:
	Sunday	Monday	Tuesday	Wednes	day	Thurso	lay	Friday	Saturday
# of hours per day									
If the number of hours var	ies from week t	n week nle	ase evnlain:						
The Hamber of Hours var	les from week t	.o week, pie	аос схріані.						
By signing below, you are	certifying that t	his stateme	nt and inform	nation is tru	ıe and	l correct.			
, , ,	, 0								
Date:		Owner/O	ccupant Sigr	nature:					
			ccupant Nan						
Date:		Co-Owne	er/Occupant	Signature:					
		Co-Owne	er/Occupant	Name:					

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA):	☐ Federal Lead	☐ Healthy Homes	DHHS CAA Rep N CAA Rep T CAA Rep E	Name:	rpe: ☐ Single-Fami	ily Multi-Famil
	plicant (Owner):				:		
Pro	operty:			nant: it#:	_		
Со	ntractor:						
1.	I/We, the undersigned, un relocation expenses associated Property. I/We above-referenced Commuto verify expenses incurred such relocation assistance Contractor to prepare the critical work areas and page	ciated with lead p e understand that unity Action Agend d as a result of te e, that I/we have a Property for lead	aint hazard abate in order to receive cy ("CAA"), and/or emporary relocation responsibility to hazard abatemen	ment work e reimburso other doco n. I/We also cooperate t/remediati	in our/my ement, we uments wh so understa with the Ca ion work, in	home located at the must provide reconsich may be required that in the every AA and the above the cluding moving for the state of the s	the above ceipts to the red by the CAA, rent I/we receive e referenced
2.	I/We, the undersigned, un following: (i) moving expe (iv) laundry; (v) extra gast rental fees for other altern other than relocation, I/we relocation expenses. Furt expenses or for expenses	nses; (ii) hotel/mobline/transportation attive housing arrest understand that thermore, I/We ur	otel costs; (iii) sec on costs due to the cangements. If the this does not enti- nderstand that the	urity depose temporary relocation the me/us to CAA is un	sits and moy y relocation assistance o request and orequest and	onthly rent for apa in to another dwel be I/we receive is additional money	artment units; lling; and (vi) spent on items for actual
3.	I/We, the undersigned, un property owner/representa property during my/our relevation reimbursement responsibility.	ttive. I/We, undersocation, I/we may	stand if I/we are d be responsible fo	eemed res	sponsible for associated	or damages to the d with said damag	e relocated ges. Any
4.	By signing this agreement	, I/We acknowled	dge the conditions	of receiving	ng relocation	on reimbursemen	ts and that
	\$1,450 is the maximum an	•				•	
	Signature of occupant o do not understand this a			hazard ab	oatement v	work is being ca	rried out. If you
	Occupant Signature		Ap	artment/Unit a	#	Date	
	Occupant Name						
	Co-Occupant Signature		Ap	artment/Unit a	#	Date	
	Co-Occupant Name						
	By signing below, the Ca	AA acknowledge	es receipt of this	documen	it signed k	by the above ho	meowner(s)
	CAA Representative Signature					Date	
	CAA Representative Name						

UNI	т#	

AMI f	or th	nis te	nant:			

TENANT APPLICATION

Community Action Ag	ency (CAA):		Questions sho	ould be directed to:		
Name						
Address			CAA Rep Name CAA Rep Title:			
			CAA Rep Phon	e:		
			CAA Rep Email			
			·	-		
INSTRUCTIONS: Retu	ırn completed and signed A	pplication and Applic	ant Information Fo	orm to the above-named (CAA.	
Date		Project Ty	rpe ☐ Single	e-Family Rental 🔲 N	Multi-Family	
	I.	PROPERT	Y INFORMATI	ON		-
Address:			partment #			
			Bedrooms:			
		F	Rent Amount:			
	II.	HOUSEHOL	D INFORMAT	TON		
		_				
Tenant Name: Fi	rst MI La	C ast	o-Tenant Name:	First MI	Last	
Date of Birth:		Г	ate of Birth:			
Telephone:			elephone:			
		'	оюрионо.			
Total number in house ((including you)	D No depend	ent children unde	r six years of age reside ir	າ the home.	
		T		Blood Lead Levels	Covered by	· ·
Name(s) of C	child (age 18 or younger)	Full time student	? Age	VEBL ug/dl	MaineCare	
		Yes N	0		Yes	No
		Yes N	0		Yes	No
		Yes N	0		Yes	No
		Yes No	0		Yes	No
	as a child care location? M				i	
of age spend at least th the home?	ree hours per day, on two s	eparate days per we	ek (at least 60 ho	urs or more per year) in	☐ Yes	□ No
	children who received servic	es been determined	to have lead pois	oning?	☐ Yes	□ No
	III.	HOUSEHOLD IN	NCOME AND	ACCETC		
Occupants must provide	e the employment information	on requested below t	o be considered f	or enrollment in the Progr	am.	
Tenant Employment	i:					
Self-Employed:	☐ Yes ☐ No If y	es, provide 2 years ta	ax returns, includi	ng all Schedules.		
Employer Name			Employer Teleph	one		
Employer Address			Position			
	Street, City, State	e, Zip	No. of Years			

UNIT #		-					
Co-Tenant	Employm	ent:					
Self-Employe Employer Nai Employer Add	me	☐ Yes	□ No	If yes, prov	Em Pos	turns, including all Schedules ployer Telephone ition of Years	i.
Head of Ho	usehold	Employm	nent:				
Self-Employe Employer Nai Employer Add	me	☐ Yes	□ No	If yes, prov	Em	turns, including all Schedules ployer Telephone ition of Years	
Occupants m	ust provide	gross inco	me inform	ation and ver	rification to be con	sidered for enrollment in the F	Program.
a. Wab. Ad b. Ad 1. 2. 3. 4. 5. 6. 7. 8. 9. 10 c. Ott d. Gr e. To f. Gr *If self-empl	ages (gross ditional Mo Overtime Part-Time Pensions Veteran's Net Rent Self Emp Child Sup Public As Social Se Unemplo her** oss Month tal (Line D oss House bonuses, div	GROSS AI s monthly) is monthly Incore e Employment a Income aloyment* oport esistance (Tecurity Ben- yment Con ally Income Multiplied ehold Incore e provide mo	MOUNT from Employme From: went ation Comp FANF/WIC/ efits appensation (Total A, E) by 12) me (Total 6) est recent 2 y	opyment	TENANT CO: eted tax returns incli	B CO-TENANT	C) Head of Household
verify. I furtl Tenant Infor	her certify mation.	that I hav	e receive	rovided on to d a copy of	his form is TRU l and agree to the	e responsibilities and inform	
					f the United Stat nection with our		on Agency pamphlet entitled
Signed by al	l Tenants	of the prop	perty				
						Date	

Prepared by MaineHousing

Signature of Tenant (Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify)

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

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

Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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

Project Funding: Agency (CAA):		☐ Federal Lead	•	CAA F CAA F	Rep Name: Rep Title: Rep Phone:	☐ Single-Family	
Applicant (Owne	r):			Co-Applican	t:		
Property:	_			Tenant: Apt#:			
INSTRUCTIONS:	Return comple	eted and signed Bl	ood Testing Rele	ase to the abo	ove-named CAA	۸.	
Date							
in your home. If	your children		d a blood test ir	n the past th	ree (3) month	ted prior to hazar s, you should co	
Please check o	ne of the foll	owing- the one	which best des	scribes you	r children:		
My childre	n under six ha	ve had their bloo	od lead levels te	ested in the p	past three (3)	months. Please	identify
Provider Name					Date of Test	i	
I hereby au Grant Prog		ovider to release	e the results of t	his (these) b	lood test (s) to	the Lead Hazard	d Reduction
	n under six ha d at this time.	ve not had their	blood lead leve	els tested in t	the past three	(3) months and	I agree to have
For Religion	ous purposes a	and/or personal r	reasons, I choos	se not to ha	ve my child (c	hildren's) tested f	or lead.
		is information. I/Nazard Reduction		that disclosu	re of this infor	mation is not req	uired for
Parent or Guardian	Signature			_	Date		
Parent or Guardian	Name	-		_			

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lo	ead 🗖 Federal			DHHS Project CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			☐ Multi-Family
Applicant (Owner):			Co-	Applicant:			
Property:			Ter	· · · · · · · · · · · · · · · · · · ·			
INSTRUCTIONS: Return co	mpleted and sigr	ned Certificati	ion to the abov	/e-named CAA.			
Date							
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates." Please fill in the table belo	amount of time ate days a wee	" visiting you k and a total	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours vari	ies from week t	to week, ple	ase explain:				
By signing below, you are	certifying that t	this stateme	nt and inform	nation is true and	d correct.		
Date:		Owner/O	ccupant Sigr	nature:			
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant	Signature:			
			er/Occupant				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA):	☐ Federal Lead ☐ H	CA	DHHS Project A Rep Name: A Rep Title: A Rep Phone: A Rep Email:	ct Type: Single-F	Family Multi-Famil
	plicant (Owner):					
Pro	operty:		 Tenan Unit#:	t:		
Со	ntractor:		——————————————————————————————————————			
1.	I/We, the undersigned, und relocation expenses associa referenced Property. I/We to above-referenced Commun to verify expenses incurred such relocation assistance, Contractor to prepare the Procritical work areas and pack	ated with lead paint hunderstand that in ordity Action Agency ("Cas a result of tempor that I/we have a resproperty for lead haza	nazard abatemer der to receive rei CAA"), and/or oth cary relocation. In consibility to cool rd abatement/rei	It work in our/ mbursement, er documents We also undo perate with the mediation wor	my home located we must provide which may be reerstand that in the e CAA and the abrk, including movir	at the above receipts to the quired by the CAA, event I/we receive ove referenced
2.	I/We, the undersigned, und following: (i) moving expensions (iv) laundry; (v) extra gasoli rental fees for other alterna other than relocation, I/we use relocation expenses. Furth expenses or for expenses relocation expenses or for expens	ses; (ii) hotel/motel c ne/transportation costive housing arrange understand that this c ermore, I/We unders	osts; (iii) security sts due to the ter ments. If the relo does not entitle n tand that the CA	deposits and opporary relocation assist ne/us to requent A is under no	d monthly rent for ation to another d ance I/we receive est additional mon	apartment units; welling; and (vi) is spent on items ney for actual
3.	I/We, the undersigned, und property owner/representati property during my/our relocation reimbursement I/vresponsibility.	ve. I/We, understand cation, I/we may be re	I if I/we are deem esponsible for th	ned responsib e cost associa	ole for damages to ated with said dan	the relocated mages. Any
4.	By signing this agreement,	I/We acknowledge th	ne conditions of r	eceiving reloc	cation reimbursem	ents and that
	\$1,450 is the maximum amo	•	•	-	•	
	Signature of occupant of do not understand this ag			ard abateme	ent work is being	carried out. If you
	Occupant Signature		Apartme	ent/Unit #	Date	
	Occupant Name					
	Co-Occupant Signature		Apartme	ent/Unit #	Date	
	Co-Occupant Name		<u> </u>			
	By signing below, the CA or renter(s).	A acknowledges re	ceipt of this do	cument sign	ed by the above	homeowner(s)
	CAA Representative Signature				Date	
	CAA Representative Name					

UNI	т#	

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	ould be directed to:		
Name				CAA Rep Nam	ne:		
Address CAA Rep Title:							
				CAA Rep Pho	ne:		
				CAA Rep Ema	il:		
INSTRUCTIONS: Retu	rn completed a	and signed	Application and Application	ant Information F	Form to the above-named C	CAA.	
Date			Project Ty	pe □ Sing	le-Family Rental 🔲 N	/lulti-Family	
			I. PROPERT	/ INFORMAT	TION		
Address:			A	partment #			
			#	Bedrooms:			
			R	ent Amount:			
		II	. HOUSEHOL	D INFORMA	TION		
Tenant Name:				o-Tenant Name:			
	rst MI		Last		First MI	Last	
Date of Birth:				ate of Birth:			
Telephone:			Т	elephone:			
Total number in house (including you)		☐ No depende	ent children unde	er six years of age reside ir	the home.	
			·				
Name(s) of C	hild (age 18 or	younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Yes No			Yes	No
			Yes No			Yes	No
			Yes No			Yes	No
			Yes No			Yes	No
			100	<u>' </u>	<u> </u>	165	INO
Does your home serve a	as a child care	location?	Meaning, does a child	other than your o	dependent, under six years		
					ours or more per year) in	☐ Yes	□ No
If yes, have any of the c	hildren who re	coived con	vices been determined	to have lead noi	coning?	☐ Yes	□ No
ii yes, nave any or the c	illidien who le	beived serv	nces been determined	to have lead poi	5011111g :		
					100==0		
		III.	HOUSEHOLD IN	ICOME AND	ASSETS		
Occupants must provide							
	e the employm	ent informa	ation requested below to	be considered	for enrollment in the Progra	am.	
Tenant Employment		ent informa	ntion requested below to	be considered	for enrollment in the Progra	am.	
Self-Employed:	:	_	tion requested below to	x returns, includ	ling all Schedules.	am.	
Self-Employed: Employer Name	:	_		<i>x returns, inclu</i> a Employer Telep	ling all Schedules.	am.	
Self-Employed:	: □Yes□	_	yes, provide 2 years ta	x returns, includ	ling all Schedules.	am.	

UNIT #	<u> </u>	_						
Co-Tena	ant Employm	ent:						
Self-Emp	loyed:	☐ Yes	□ No	If yes, provi	ide 2 years t	eax returns, includin Employer Telepho Position No. of Years	-	
Head of	Household	Employm	nent:					
Self-Emp	loyed:	☐ Yes	□ No	If yes, provi	ide 2 years t	eax returns, includin Employer Telepho Position No. of Years	one	
Occupan	ts must provide	gross inco	me informa	ation and veri	fication to be	e considered for en	rollment in the P	rogram.
a. b. c. d. e.	Wages (gross Additional Mo 1. Overtime 2. Part-Time 3. Pensions 4. Veteran's 5. Net Rent 6. Self Emp 7. Child Sup 8. Public As	e Employments al Income aloyment* apport assistance (7 accurity Ben-	FANF/WIC/efits Inpensation	pensation	ATENAM	NT C	B O-TENANT	C) Head of Household
** Inclu	Gross House employer, please ides bonuses, div stments.	e provide mo	st recent 2 y	ears of comple	eted tax return	s including Schedule y, retirement, income	C. from trusts, incom	ne from business activities
verify. I Tenant I	further certify Information. knowledge th	that I hav at I/we ha	ve receive	rovided on the date of a copy of a	nis form is land agree the United	o the responsibili	RECT and I ack ties and inform ental Protection	nowledge the CAAs right to ation contained in the
	y all Tenants					,		

Date Signature of Tenant (Occupant) Date Signature of Co-Tenant (Co-Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

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

(specify) **Ethnicity**:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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

	ad □ Federal Lead □ Healthy	
Applicant (Owner):		Co-Applicant:
Property:		Tenant: Apt#:
INSTRUCTIONS: Return com	npleted and signed Blood Testing	Release to the above-named CAA.
in your home. If your childre child's primary health care primary	en have not received a blood to provider or the local health depoils of the one which best	e have their blood lead level tested prior to hazard control work test in the past three (3) months , you should contact your partment to arrange for a test. St describes your children: els tested in the past three (3) months . Please identify
Provider Name		Date of Test
I hereby authorize the Grant Program.	provider to release the results	s of this (these) blood test (s) to the Lead Hazard Reduction
My children under six them tested at this tim		d levels tested in the past three (3) months and I agree to have
For Religious purpose	es and/or personal reasons, I o	choose not to have my child (children's) tested for lead.
	this information. I/We underst Hazard Reduction Grant Prog	tand that disclosure of this information is not required for gram
Parent or Guardian Signature		Date

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	ead 🗖 Federal			DHHS Project CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ter				
INSTRUCTIONS: Return co	mpleted and sigr	ned Certificati	ion to the abov	ve-named CAA.			
On your Application for fur age spends a "significant a hours a day on two separates". Please fill in the table beloe	amount of time' ate days a weel	' visiting you k and a total	ur home. A "s I of 60 hours	ignificant amoun per year."	t of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours vari	ies from week t	o week, ple	ase explain:				
By signing below, you are	certifying that t	his stateme	nt and inform	nation is true and	I correct.		
Date:	Date: Owner/Occupant Signature:						
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant	Signature:			
Co-Owner/Occupant Name:							

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	oject Funding: ☐ State Lead ☐ Federal Lead ☐ Healtheacy (CAA):		Type:	☐ Multi-Famil
~g		CAA Rep Name:		
	-	CAA Rep Title: CAA Rep Phone:		
		CAA Rep Email:		
		OAA Rop Email.		
Ap	plicant (Owner):	Co-Applicant:		
Pro	operty:	Tenant:		
		Unit#:		
Co	ntractor:	<u> </u>		
1.	I/We, the undersigned, understand that I/we may re relocation expenses associated with lead paint haza referenced Property. I/We understand that in order above-referenced Community Action Agency ("CAA to verify expenses incurred as a result of temporary such relocation assistance, that I/we have a response Contractor to prepare the Property for lead hazard a critical work areas and packing or otherwise securing	ard abatement work in our/meto receive reimbursement, we "), and/or other documents relocation. I/We also under sibility to cooperate with the abatement/remediation work	ny home located at the we must provide rece which may be require retand that in the ever CAA and the above a, including moving furnitudes.	e above ipts to the d by the CAA, nt I/we receive referenced
2.	I/We, the undersigned, understand that reimbursab following: (i) moving expenses; (ii) hotel/motel costs (iv) laundry; (v) extra gasoline/transportation costs rental fees for other alternative housing arrangement other than relocation, I/we understand that this does relocation expenses. Furthermore, I/We understand expenses or for expenses not directly associated was a social expense.	s; (iii) security deposits and due to the temporary relocated ints. If the relocation assistates not entitle me/us to request that the CAA is under no definition.	monthly rent for apart tion to another dwellir nce I/we receive is sp st additional money fo	ment units; ng; and (vi) pent on items or actual
3.	I/We, the undersigned, understand I/we will be requ property owner/representative. I/We, understand if I property during my/our relocation, I/we may be resp relocation reimbursement I/we request, may be offs responsibility.	/we are deemed responsible onsible for the cost associate	e for damages to the ted with said damage	relocated s. Any
4.	By signing this agreement, I/We acknowledge the c	onditions of receiving reloca	ation reimbursements	and that
	\$1,450 is the maximum amount of money to be rece	eived for temporary relocation	on expenses.	
	Signature of occupant of home or rental unit wh	nere lead hazard abatemer	nt work is being car	ried out. If you
	do not understand this agreement, do not sign i	t.		
	Occupant Signature	Apartment/Unit #	Date	
	Occupant Name	-		
	Co-Occupant Signature	Apartment/Unit #	Date	
	Co-Occupant Name	_		
	By signing below, the CAA acknowledges receip or renter(s).	ot of this document signe	d by the above hom	eowner(s)
•	CAA Representative Signature	-	Date	
	CAA Representative Name	_		

UNIT #			
	IIT 4	4	
	II I Z	L	

AMI for this tenant:	
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TENANT APPLICATION

Community Action Ag	ency (CAA):	C	uestions sh	nould be directed to:			
Name		C	AA Rep Nan	me:			
Address		C	CAA Rep Title:				
		C	AA Rep Pho	one:			
		C	AA Rep Ema	ail:			
INSTRUCTIONS: Retu	rn completed and signed	Application and Applicant	Information	Form to the above-named	I CAA.		
Date	_	Project Type	☐ Sing	gle-Family Rental 🛘	Multi-Family		
		I. PROPERTY I	NFORMA	ΓΙΟΝ			
Address:		Apar	tment #				
		#Bed	Irooms:				
		Rent	Amount:				
	I	I. HOUSEHOLD	INFORMA	ATION			
Tenant Name:			enant Name				
	rst MI	Last		First MI	Last		
Date of Birth:			of Birth:				
Telephone:		Tele	ohone:				
Total number in house (including you)	☐ No dependent	children und	er six years of age reside	in 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					
		Yes No					
		Yes No					
		Yes No					
		165 110					
Does vour home serve	as a child care location?	Meaning, does a child other	er than vour	dependent. under six vea	rs		
of age spend at least th		separate days per week (☐ Yes	□ No	
the home?	hildren who received cor	viaca boan datarminad ta k	and book on	io aning?	☐ Yes	□ No	
il yes, nave any of the c	chilaren who received ser	vices been determined to h	lave lead po	isoning?			
	III.	HOUSEHOLD INC	OME AND	ASSETS			
Occupants must provide	e the employment informa	ation requested below to be	e considered	for enrollment in the Pro	gram.		
Tenant Employment	::						
Self-Employed:	☐ Yes ☐ No /	f yes, provide 2 years tax r	eturns, includ	ding all Schedules.			
Employer Name		En	nployer Telep	ohone			
Employer Address			sition				
	Street, City, St	tate. Zip No	. of Years				

UNIT #	_				
Co-Tenant Employm	nent:				
Self-Employed: Employer Name Employer Address	Yes No	If yes, provide 2 yes			
Head of Household	•	, ,, <u>-</u>	NO. OI T		
Self-Employed: Employer Name Employer Address	Yes No	If yes, provide 2 yea			
Occupants must provide	e gross income inforn	nation and verification	to be consider	red for enrollment in the Pro	ogram.
a. Wages (gross b. Additional Mo 1. Overtime 2. Part-Tim 3. Pensions 4. Veteran's 5. Net Rent 6. Self Emp 7. Child Su 8. Public As 9. Social So 10. Unemplo c. Other** d. Gross Montl e. Total (Line D f. Gross House	e Employment s Administration Com tal Income bloyment* pport ssistance (TANF/WIC ecurity Benefits byment Compensation hly Income (Total A,) Multiplied by 12) ehold Income (Total e provide most recent 2	### Appensation #### ###############################		Schedule C. nt, income from trusts, income	C) Head of Household
		provided on this form	is TRUE an	AND ASSETS d CORRECT and I acknopponsibilities and informa	owledge the CAAs right to tion contained in the
I/We, acknowledge the Protect Your Family F					Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

Signature of Tenant (Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American

Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White Not Hispanic or Latino: Asian & White Physically Disabled Head of ☐ Yes Black/African American & White □ No Household Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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 U	se Only	
The Gross Income as calculated pursuant to this Te	enant 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	

UNIT #

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.

HOW THE PROGRAM WORKS

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

BLOOD TESTING RELEASE

Project Funding: Agency (CAA):	☐ State Lead ☐ Federal Lead ☐ Healthy Ho	mes DHHS Project Type: Single-Family Multi-Family CAA Rep Name: CAA Rep Title:
-		CAA Rep Phone:
		CAA Rep Email
Applicant (Owner	r):	Co-Applicant:
Property:		Tenant:
		Apt#:
INSTRUCTIONS:	Return completed and signed Blood Testing Re	elease to the above-named CAA.
Date		
Please check o	ealth care provider or the local health deparence of the following-the one which best on under six have had their blood lead levels	-
Provider Name		Date of Test
I hereby au Grant Prog	athorize the provider to release the results o	f this (these) blood test (s) to the Lead Hazard Reduction
1 1 7	n under six have not had their blood lead le d at this time.	vels tested in the past three (3) months and I agree to have
For Religio	us purposes and/or personal reasons, I cho	ose not to have my child (children's) tested for lead.
I/We voluntar		d that disclosure of this information is not required for
	n the Lead Hazard Reduction Grant Progran	m
		Date

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Le	ead 🗖 Federal		ealthy Homes	DHHS F CAA Rep Nar CAA Rep Title CAA Rep Pho CAA Rep Ema	me: e: one:			☐ Multi-Family
Applicant (Owner):			Co-	Applicant:				
Property:			Ter	ant:				
			Apt	#:				
INSTRUCTIONS: Return con	mpleted and sign	ned Certificati	ion to the abov	e-named CA	۱A.			
Date								
On your Application for fur age spends a "significant a hours a day on two separa	amount of time"	' visiting you	ır home. A "s	ignificant ar				
Please fill in the table belo	w, showing the	number of	hours per da	y a child un	der six	years old	l visits your ho	ome:
	Sunday	Monday	Tuesday	Wednesd	lay	Thursday	/ Friday	Saturday
# of hours per day								
If the number of hours vari	es from week t	o week, plea	ase explain:					
By signing below, you are	certifying that t	his stateme	nt and inform	nation is true	e and o	correct.		
Date:		Owner/O	ccupant Sigr	nature:				
		Owner/O	ccupant Nan	ne:				
Date:		Co-Owne	er/Occupant	Signature:				
		Co-Owne	er/Occupant	Name:				-

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	pject Funding: State Lead	☐ Federal Lead	☐ Healthy Homes	DHHS CAA Rep N CAA Rep T CAA Rep E	Name:	rpe: ☐ Single-Fam	iily Multi-Famil
	plicant (Owner):				:		
Pro	operty:			nant: it#:	_		
Со	ntractor:						
1.	I/We, the undersigned, unrelocation expenses associated Property. I/We above-referenced Community overify expenses incurred such relocation assistance Contractor to prepare the Expenses and page	ciated with lead p understand that nity Action Agend d as a result of te that I/we have a roperty for lead	paint hazard abate in order to receive cy ("CAA"), and/or emporary relocation a responsibility to hazard abatemen	ment work e reimburs other doc n. I/We als cooperate t/remediati	in our/my ement, we uments wh so understa with the Ca ion work, in	home located at must provide recalct may be required and that in the exact AA and the abovencluding moving the second of the sec	the above ceipts to the ired by the CAA, vent I/we receive e referenced
2.	I/We, the undersigned, unfollowing: (i) moving experience (iv) laundry; (v) extra gasorental fees for other alternother than relocation, I/we relocation expenses. Furt expenses or for expenses	nses; (ii) hotel/m dine/transportation ative housing arrunderstand that hermore, I/We u	otel costs; (iii) sec on costs due to the rangements. If the this does not enti- nderstand that the	urity depose temporare relocation the me/us to CAA is ur	sits and moy y relocation assistance o request and orequest and	onthly rent for apa n to another dwel te I/we receive is additional money	artment units; Iling; and (vi) spent on items for actual
3.	I/We, the undersigned, unproperty owner/represental property during my/our relocation reimbursement responsibility.	tive. I/We, under ocation, I/we may	rstand if I/we are d y be responsible fo	eemed res	sponsible for associated	or damages to the	e relocated ges. Any
4.	By signing this agreement	, I/We acknowled	dge the conditions	of receiving	ng relocation	on reimbursemen	ts and that
	\$1,450 is the maximum an	•				•	
	Signature of occupant of do not understand this a			hazard ak	oatement v	work is being ca	ırried out. If you
	Occupant Signature		Apa	artment/Unit	#	Date	
	Occupant Name						
	Co-Occupant Signature		Apa	artment/Unit	#	Date	
	Co-Occupant Name						
	By signing below, the CA or renter(s).	\A acknowledg	es receipt of this	documen	it signed k	oy the above ho	meowner(s)
	CAA Representative Signature					Date	
	CAA Representative Name						

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 sho	uld be directed to:		
Name					CAA Rep Name	e:		
Address					CAA Rep Title:			
					CAA Rep Phon	e:		
					CAA Rep Email	:		
INSTRUCTIONS: Retu	ırn complet	ed and signe	ed Application and	Applica	nt Information Fo	orm to the above-named	CAA.	
Date			Proje	ect Ty _l	oe ☐ Single	e-Family Rental 🔲	Multi-Family	
			I. PROP	ERTY	INFORMATI	ON		
Address:				Ap	partment #			
				#E	Bedrooms:			
				Re	ent Amount:			
						<u> </u>		
			II. HOUSI	EHOL	D INFORMAT	TION		
Tenant Name:	_			Co	-Tenant Name:			
	rst I	ΜI	Last			First MI	Last	
Date of Birth:					ate of Birth:			
Telephone:				Te	elephone:			
Total number in house (including y	ou)	☐ No d	epende	nt children unde	r six years of age reside	in the home.	
						Diagdiagdiaga		
Name(s) of C	hild (age 18	3 or younger)	Full time st	udent?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Yes	No		-	Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			100	140		I	res	INO
Does your home serve	as a child c	are location	? Meaning, does a	a child c	ther than your de	ependent, under six year	rs	
of age spend at least th							☐ Yes	□ No
the home? If yes, have any of the o	hildron who	raccivad a	orviona boon datar	minad t	a hava laad naia	oning?	☐ Yes	□ No
if yes, have any of the c	muren wiid	received s	ervices been deter	mineu i	o nave lead pois	oriing?		
		III.	HOUSEHO	LD IN	COME AND	ASSETS		
Occupants must provide	e the emplo	yment infor	mation requested b	elow to	be considered f	or enrollment in the Prog	gram.	
Tenant Employment	t:							
Self-Employed:	☐ Yes	☐ No	If yes, provide 2 y	ears ta	x returns, includi	ng all Schedules.		
Employer Name					Employer Teleph	ione		
Employer Address				-	Position			
		Street, City,	State, Zip		No. of Years			

UNIT	#	_					
Co-Ton	nant Employn	nent:					
Self-Employe	ployed:	☐ Yes	□ No	If yes, pro	-	s, including all Schedules. er Telephone	
Employe	er Address		Street C	ity, State, Zip	Position		
			Sireei, O	ity, State, Zip	No. of Y	ears	
Head o	f Household		nent:				
Self-Employe		☐ Yes	□ No	If yes, pro	-		
Lilipioye	7 / Mulicos		Street, Ci	ty, State, Zip	No. of Y		
Оссира	nts must provide	e gross inc	ome inform	ation and ve	rification to be consider	red for enrollment in the Pro	
		GROSS A	MOUNT		TENANT	CO-TENANT	Household
** Incl	 Pensions Veteran' Net Ren' Self Emp Child Su Public As Social Sc Unemplo Other** Gross Month Total (Line D Gross Hous f-employer, pleas 	conthly Income the Employment's s Administrated Income toloyment's pport ssistance (ecurity Ben byment Cor hly Income of Multiplied ehold Income e provide me	me From: nent ration Comp TANF/WIChefits mpensation e (Total A, Inby 12) ome (Total Input) ostrecent 2	pensation /GA) B & C) e(A)+e(B)+e	leted tax returns including	Schedule C. nt, income from trusts, income	from business activities
verify. Tenant	I further certify Information.	/ that I hav	ve receive	rovided on t d a copy of	and agree to the res	d CORRECT and I ackn ponsibilities and informa	
					if the United States E Inection with our apa		Agency pamphlet entitled
Signed	by all Tenants	of the pro	perty				
						Date	

Signature of Tenant (Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other

Household

Displaced Homemaker*

Tes D No Other Multi-Racial

*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.

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

Office Use Only										
The Gross Income as calculated pursuant to this Te	enant Application has been	verified by the CAA to be:	\$							
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of A	MI:							
CAA Representative Signature	Date	CAA Representative Name								

(specify) **Ethnicity**:

Hispanic or Latino

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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

Project Funding:	DHHS Project Type: Single-Family Multi-Family CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email
Applicant (Owner):	Co-Applicant:
Property:	Tenant: Apt#:
INSTRUCTIONS: Return completed and signed Blood Testing Rele	ease to the above-named CAA.
It is recommended that all children under six years of age had in your home. If your children have not received a blood test child's primary health care provider or the local health departs. Please check one of the following- the one which best defined by the children under six have had their blood lead levels to	in the past three (3) months , you should contact your ment to arrange for a test. escribes your children:
Provider Name	Date of Test
I hereby authorize the provider to release the results of Grant Program.	this (these) blood test (s) to the Lead Hazard Reduction
My children under six have not had their blood lead lev them tested at this time.	rels tested in the past three (3) months and I agree to have
For Religious purposes and/or personal reasons, I choo	ose not to have my child (children's) tested for lead.
I/We voluntarily disclose this information. I/We understand participation in the Lead Hazard Reduction Grant Program	·
Parent or Guardian Name	Date

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lo	ead 🗖 Federal			DHHS Projection CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			☐ Multi-Family					
Applicant (Owner):			Co-	Applicant:								
Property:			Ter	nant:								
			Apt	#:								
INSTRUCTIONS: Return co	mpleted and sign	and Cartificati	ion to the abov	ve-named CAA								
Date	INSTRUCTIONS: Return completed and signed Certification to the above-named CAA.											
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates." Please fill in the table belo	amount of time' ate days a weel	" visiting you k and a total	ur home. A "s I of 60 hours	ignificant amou per year."	nt of time" vis	iting is define	ed as, "three					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
# of hours per day				-								
If the number of hours vari	es from week t	o week, ple	ase explain:									
		, , , , , ,										
By signing below, you are	certifying that t	his stateme	nt and inforn	nation is true an	d correct.							
Date:		Owner/O	ccupant Sigr	nature:								
		Owner/O	ccupant Nan	ne:								
Date:		Co-Owne	er/Occupant	Signature:								
			er/Occupant									

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: Agency (CAA):		State Lead	Federal Lead	☐ Healthy Ho	CAA Rep N CAA Rep N CAA Rep F	Name: Fitle: Phone:	Type:	☐ Single-Fa	nmily	☐ Multi-Famil
A	alia ant (Our an)				CAA Rep E					
	plicant (Owner): pperty:				Co-Applicant Tenant:	•				
					Unit#:					
Coı	ntractor:									
1.	I/We, the under relocation exper referenced Prop above-reference to verify expens such relocation Contractor to pr critical work are	nses associated perty. I/We undered Community less incurred as assistance, the repare the Property.	ed with lead paderstand that Action Ager a result of the late of t	paint hazard a tt in order to re ncy ("CAA"), a emporary relo a responsibili d hazard abate	abatement work eceive reimburs and/or other doc cation. I/We als ty to cooperate ement/remediat	in our/nement, we wish the work ounder work ounder with the work on work our we we were we were we were we	ny hor we mu which rstand CAA k, inclu	ne located a ust provide romay be req I that in the and the abouding moving	at the a eceipts uired b event ove ref	above s to the by the CAA, l/we receive erenced
2.	I/We, the under following: (i) mo (iv) laundry; (v) rental fees for co other than reloc relocation expe expenses or for	oving expense extra gasoline other alternative cation, I/we undenses. Further	s; (ii) hotel/m //transportati e housing ar derstand tha more, I/We u	notel costs; (iii ion costs due f rrangements. It this does no understand tha) security depose to the temporar If the relocation t entitle me/us t at the CAA is ur	sits and y relocate assistant assistant or requestant of the contraction of the contracti	month tion to ince I/ st add	nly rent for a another dw we receive i itional mone	partmerelling; s sper sy for a	ent units; and (vi) nt on items actual
3.	I/We, the under property owner/ property during relocation reimb responsibility.	representative my/our relocat	. I/We, unde ion, I/we ma	erstand if I/we a may be responsi	are deemed res ble for the cost	sponsible associa	e for d ted wi	lamages to t th said dama	the relages.	ocated Any
4.	By signing this	agreement, I/V	Ve acknowle	edge the condi	tions of receivir	ng reloca	ation r	eimburseme	ents ar	nd that
	\$1,450 is the ma		•				•			
	Signature of od do not underst	-			lead hazard at	oatemer	nt wor	k is being (carrie	d out. If you
-	Occupant Signature				Apartment/Unit	#		Date		
-	Occupant Name									
-	Co-Occupant Signa	ıture			Apartment/Unit	#	_	Date		
-	Co-Occupant Name									
	By signing belor renter(s).	ow, the CAA a	acknowledg	ges receipt of	this documer	t signe	d by t	he above h	omeo	wner(s)
-	CAA Representative	e Signature						Date		
=	CAA Representative	e Name								

HIN	T 4		
HIN	I I II		

AMI fo	r this	tenant:	

TENANT APPLICATION

Community Action Ag	ency (CAA):		Questions sho	uld be directed to:		
Name			CAA Rep Name	:		
Address			CAA Rep Title:			
			CAA Rep Phone	e:		
			CAA Rep Email			
			•			
INSTRUCTIONS: Retu	rn completed and signed A	pplication and Applic	ant Information Fo	orm to the above-named	CAA.	
Date		Project Ty	rpe □ Single	-Family Rental 🔲 I	Multi-Family	
	I.	PROPERT	Y INFORMATI	ON		
Address:			partment #			
			Bedrooms:			
		R	ent Amount:			
	II.	HOUSEHOL	.D INFORMAT	ION		
Tenant Name:			o-Tenant Name:			
	rst MI La	ast C	0-Teriani Name.	First MI	Last	
Date of Birth:		D	ate of Birth:			
Telephone:		Т	elephone:			
			•			
Total number in house (including you)	D No depende	ent children under	six years of age reside i	n the home.	
				Blood Lead Levels	Covered by	v
Name(s) of C	child (age 18 or younger)	Full time student?	Age	VEBL ug/dl	MaineCare	
		Yes No			Yes	No
		Yes No			Yes	No
		Yes No			Yes	No
		Yes No			Yes	No
	as a child care location? M				3	
of age spend at least the the home?	ree hours per day, on two s	eparate days per we	ek (at least 60 hou	ırs or more per year) in	☐ Yes	☐ No
	children who received servic	es been determined	to have lead poiso	oning?	☐ Yes	□ No
	III.	HOUSEHOLD IN	NCOME AND A	ASSETS		
Occupants must provide	e the employment information				ram	
		on requested below t	o be considered to	or emoniment in the rivegi	um.	
Tenant Employment						
Self-Employed:	☐ Yes ☐ No If yo	es, provide 2 years ta		-		
Employer Name			Employer Teleph	one		
Employer Address	Street, City, State		Position	-		
	Sueet, Oily, State	,, <u>_</u> IP	No. of Years			

UNIT #								
Co-Tenant Empl	oyment:							
Self-Employed: ☐ Yes ☐ No If yes, pro					le 2 years tax returns, including all Schedules Employer Telephone			
Employer Address		Street, C	ity, State, Zip	Position te, Zip No. of Years				
Head of Househ	old Employn	nent:						
Self-Employed: ☐ Yes ☐ No If yes, prov Employer Name				vide 2 years ta	ax returns, inc Employer Te	_		
Employer Address					Position	лорттотто		
		Street, Ci	ty, State, Zip		No. of Years			
Occupants must pro	ovide gross inco	ome inform	ation and ve	rification to be	considered fo	or enrollm		ogram. C) Head of
	GROSS A	MOUNT		TENAN	Т	CO-TE	=	Household
a. Wages (gross monthly)	from Emplo	oyment					
	al Monthly Inco	me From:						
	rtime							
	-Time Employm	nent			_			
	sions	0						
	eran's Administr	ation Comp	pensation					
	Rental Income							
	Employment*							
	d Support	TANIE 04/10	(OA)					
	lic Assistance ((GA)					
	ial Security Ben							
	mployment Cor	npensation						
c. Other**		(Total A	D 0 0)					
	Ionthly Income	<u>.</u>	3 & C)					
,	ine D Multiplied lousehold Inco	• ,	e(A)+e(R)+e	(C):				
*If self-employer, p	olease provide mo	ost recent 2	years of comp	leted tax returns			trusts income	from business activities
or investments.		, royaltic	,s, aiimony, si	ok pay, disability	, rearement, in		trusts, moome	World paginess activities
		IV.	HOU	SEHOLD IN	ICOME AN	ID ASSE	ETS	
	ertify that I hav							owledge the CAAs right to tion contained in the
I/We, acknowledg							l Protection	Agency pamphlet entitled
Signed by all Tena	ants of the pro	perty						

Date Signature of Tenant (Occupant) Date Signature of Co-Tenant (Co-Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify)

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

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:	Φ	Percentage of Al	VII							
CAA Representative Signature	Date	CAA Representative Name								

Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

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.

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- 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 grants of up to \$1,450 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.
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- 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.

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- 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

Project Funding: State Lead Federal Lead Agency (CAA):	
Applicant (Owner):	Co-Applicant:
Property:	Tenant: Apt#:
INSTRUCTIONS: Return completed and signe	Blood Testing Release to the above-named CAA.
in your home. If your children have not recchild's primary health care provider or the l Please check one of the following- the common control of the following- the con	x years of age have their blood lead level tested prior to hazard control work ived a blood test in the past three (3) months, you should contact your ocal health department to arrange for a test. The which best describes your children: blood lead levels tested in the past three (3) months. Please identify
Provider Name	Date of Test
I hereby authorize the provider to rele Grant Program.	ase the results of this (these) blood test (s) to the Lead Hazard Reduction
My children under six have not had them tested at this time.	neir blood lead levels tested in the past three (3) months and I agree to have
For Religious purposes and/or persor	al reasons, I choose not to have my child (children's) tested for lead.
I/We voluntarily disclose this information participation in the Lead Hazard Reduct	. I/We understand that disclosure of this information is not required for on Grant Program
Parent or Guardian Signature	Date
Parent or Guardian Name	

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Le	ead 🗖 Federal			DHHS I CAA Rep Nar CAA Rep Title CAA Rep Pho CAA Rep Em	me: e: one:			☐ Multi-Family
Applicant (Owner):			Co-	Applicant:				
Property:			Ter	ant:				
			Apt	#:				
INSTRUCTIONS: Return con	mpleted and sign	ned Certificati	ion to the abov	e-named CA	\ A.			
Date								
On your Application for fur age spends a "significant a hours a day on two separa	amount of time"	' visiting you	ır home. A "s	ignificant ar				
Please fill in the table belo	w, showing the	number of	hours per da	y a child un	der six	k years o	ld visits your	home:
	Sunday	Monday	Tuesday	Wednesd	day	Thursda	ay 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				nature:				
		Owner/O	ccupant Nan	ne:				
Date:		Co-Owne	er/Occupant	Signature:				
Co-Owner/Occup								

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ency (CAA):	☐ Federal Lead	☐ Healthy Homes	DHHS CAA Rep N CAA Rep T CAA Rep E	Name: _ Title: _ Phone: _	ype: ☐ Single-Fan	nily 🔲 Multi-Famil
	plicant (Owner):				:		
Pro	operty:			nant: it#:			
Со	ntractor:			it#.			
1.	I/We, the undersigned, un relocation expenses associated Property. I/We above-referenced Commuto verify expenses incurred such relocation assistance Contractor to prepare the critical work areas and page	ciated with lead page understand that in unity Action Agency das a result of teres, that I/we have a Property for lead he	aint hazard abater in order to receive y ("CAA"), and/or nporary relocation responsibility to c nazard abatemen	ment work e reimburs other doci n. I/We als cooperate t/remediati	in our/my ement, we uments who so underst with the Co ion work, i	home located at must provide re hich may be required that in the eCAA and the abovincluding moving	the above ceipts to the lired by the CAA, vent I/we receive ve referenced
2.	I/We, the undersigned, un following: (i) moving expe (iv) laundry; (v) extra gase rental fees for other altern other than relocation, I/we relocation expenses. Furl expenses or for expenses	enses; (ii) hotel/mo pline/transportation native housing arra a understand that t thermore, I/We un	atel costs; (iii) sector costs due to the angements. If the this does not entited derstand that the	urity depose temporary relocation le me/us to CAA is ur	sits and may relocation assistant or request or object to the site of the site	onthly rent for ap on to another dwe ce I/we receive is additional money	eartment units; elling; and (vi) s spent on items / for actual
3.	I/We, the undersigned, un property owner/representa property during my/our relevation reimbursement responsibility.	ative. I/We, unders ocation, I/we may	tand if I/we are do be responsible fo	eemed res	sponsible f associate	for damages to th d with said dama	ne relocated ges. Any
4.	By signing this agreement	i, I/We acknowled	ge the conditions	of receiving	ng relocation	on reimbursemer	nts and that
	\$1,450 is the maximum ar	•				•	
	Signature of occupant o do not understand this a			hazard ab	atement	work is being c	arried out. If you
	Occupant Signature		Apa	artment/Unit	#	Date	
	Occupant Name						
	Co-Occupant Signature		Apa	artment/Unit	#	Date	
	Co-Occupant Name						
	By signing below, the Ca	AA acknowledge	s receipt of this	documen	t signed	by the above ho	omeowner(s)
	CAA Representative Signature					Date	
	CAA Representative Name						

UNIT #			
	IIT 4	4	
	II I Z	L	

TENANT APPLICATION

Community Action Agency (CAA):		G	uestions sho	ould be directed to:			
Name			AA Rep Name	e:			
Address	ress CAA Rep Title:						
	CAA Rep Phone:						
		C	AA Rep Emai	l:			
INSTRUCTIONS: Return completed	and signed Applicatio	n and Applicant	Information Fo	orm to the above-nam	ed CAA.		
Date		Project Type	□ Single	e-Family Rental	☐ Multi-Family		
	I. P	ROPERTY I	NFORMATI	ON			
Address:		Apai	rtment #				
		#Be	drooms:				
		Ren	t Amount:				
				-			
			INICODATAT	101			
	II. HO	DUSEHOLD	INFORMAI	ION			
Tenant Name:		Co-T	enant Name:				
First MI	Last			First MI	Last		
Date of Birth:		Date	of Birth:				
Telephone:		Tele	phone:				
Tatal month on its bassas (in alcoding month)		l Na damandant	- h il dua u d a .		da in 46a bana		
Total number in house (including you) L	т по аерепает	children unde	r six years of age resi	de in the nome.		
Name(s) of Child (age 18 o	younger) Full tir	me student?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare		
	Yes	s No			Yes	No	
	Ye	s No			Yes	No	
	Ye	s No			Yes	No	
	Ye	s No			Yes	No	
Does your home serve as a child care of age spend at least three hours per					:	_	
the home?	day, on two separate	days per week	(at icast oo no	uis of more per year,	^{III} ☐ Yes	☐ No	
If yes, have any of the children who re	eceived services been	determined to I	nave lead pois	oning?	☐ Yes	☐ No	
	ш нопе	EHOLD INC	OME AND	ACCETC			
		EHOLD INC					
Occupants must provide the employn	nent information reque	stea below to b	e considerea t	or enrollment in the P	rogram.		
Tenant Employment:							
1 7	☐ No If yes, provi	de 2 years tax r	eturns, includi	ng all Schedules.			
Employer Name			nployer Teleph	none			
Employer Address	root City State 7:-		sition				
S	reet, City, State, Zip	No	of Years				

UNIT #	-								
Co-Tenant Employme	ent:								
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No	☐ No If yes, provide 2 years		rs tax returns, including all Schedules. Employer Telephone Position					
	Street, Cit	ty, State, Zip	No. of Ye	ears					
Head of Household	Head of Household Employment:								
Self-Employed:									
	Street, City	y, State, Zip	No. of Ye	ears					
Occupants must provide	gross income informa	ation and verifica		ed for enrollment in the Pr					
	GROSS AMOUNT		TENANT	CO-TENANT	Household				
GROSS AMOUNT 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): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *Includes bonuses, dividends, interest, royalties, alimony, sick pay, disability, retirement, income from trusts, income from business activities or investments.									
	n./	11011051	101 5 1110045	AND ACCETO					
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 <i>Tenant Information</i> .									
I/We, acknowledge that Protect Your Family Fi					n Agency pamphlet entitled				
Signed by all Tenants of		: .30							

Date Signature of Tenant (Occupant) Date Signature of Co-Tenant (Co-Occupant)

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 of Household (check all that apply) Sex of Head of Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White

Black/African American & White

Asian & White

Office Use Only									
The Gross Income as calculated pursuant to this Te	nant 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							

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

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.

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 grants of up to \$1,450 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. The cost for the use of these utilities will be at the expense of the owner.
- 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

Project Funding: State Lead Fed	deral Lead	DHHS Project Type: Single-Family CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email	
Applicant (Owner):	Co-A	pplicant:	
Property:	Tena Apt#:	· ·	
	der six years of age have thei t received a blood test in the	ir blood lead level tested prior to hazard past three (3) months , you should con	
Please check one of the following- My children under six have had		es your children: in the past three (3) months. Please id	dentify
Provider Name		Date of Test	
I hereby authorize the provider to Grant Program.	o release the results of this (th	nese) blood test (s) to the Lead Hazard	Reduction
My children under six have not them tested at this time.	had their blood lead levels tes	sted in the past three (3) months and I	agree to have
For Religious purposes and/or p	personal reasons, I choose no	t to have my child (children's) tested for	or lead.
I/We voluntarily disclose this inforn participation in the Lead Hazard Ro		lisclosure of this information is not requ	iired for
Parent or Guardian Signature		Date	
Parent or Guardian Name	-		

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Le	ead			DHHS Pro CAA Rep Name: CAA Rep Title: CAA Rep Phone CAA Rep Email:		Single-Family			
Applicant (Owner):			Co-	Applicant:					
Property:			Ter	nant:					
			Apt	#: <u> </u>					
INSTRUCTIONS: Return con	mpleted and sign	ned Certificati	ion to the abov	/e-named CAA.					
Dato	-	iou commoun		io namoa oi u					
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates." Please fill in the table belo	amount of time' ate days a weel	' visiting you k and a total	ur home. A "s I of 60 hours	significant amo per year."	ount of time"	visiting is defin	ed as, "three		
	Sunday	Monday	Tuesday	Wednesday			Saturday		
# of hours per day	Sullday	Worlday	Tuesuay	weunesuay	/ Illuisu	iay Filuay	Saturday		
If the course of heaves and					·				
If the number of hours varies from week to week, please explain:									
By signing below, you are	certifying that t	his stateme	nt and inform	nation is true a	and correct.				
Date:		Owner/O	ccupant Sigr	nature:					
		Owner/O	ccupant Nan	ne:					
Date:		Co-Owne	er/Occupant	Signature:					
			er/Occupant	_					

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

-	ect Funding: [ncy (CAA):	☐ State Lead ☐ Fed	leral Lead	Homes DHHS CAA Rep N CAA Rep T CAA Rep P CAA Rep E	ame:itle:	E ☐ Single-Family	☐ Multi-Famil
Applicant (Owner): Property:		Co-Applicant: Tenant: Unit#:					
Con	tractor:						
2.	relocation expereferenced Progression experienced Progression to verify experience to verify experience such relocation Contractor to profitical work ar I/We, the undefollowing: (i) no (iv) laundry; (vertal fees for other than relocation expenses or for I/We, the underproperty owner property during	enses associated was perty. I/We unders ced Community Actions incurred as a remain assistance, that I/We prepare the Property reas and packing or ersigned, understandoving expenses; (ii a) extra gasoline/trandother alternative hopotation, I/we understand erses. Furthermore or expenses not directly ersigned, understand ersigned.	id that I/we may receivith lead paint hazard stand that in order to stand that in order to ston Agency ("CAA"), esult of temporary releve have a responsibly for lead hazard abard that reimbursable rotherwise securing of that reimbursable rotherwise securing of that reimbursable rotherwise securing or that the costs (Insportation costs due to using arrangements stand that this does not explain the cost of the co	abatement work receive reimburse and/or other document/or other document/or other document/remediation of the relocation expension in the relocation expension of the relocation of the relocati	in our/my homement, we may ments which to understand with the CAA on work, incomposition of expedite the sinclude, but its and month of relocation to assistance of request adder no obligation. and all policiponsible for associated were month of the same and all policiponsible for associated were mention.	ome located at the nust provide rece the may be required that in the every and the above luding moving further work. The work are not limited the work of another dwelling lational money for ation to reimburs cies set forth by the damages to the with said damage.	e above ipts to the d by the CAA, nt I/we receive referenced rniture out of d to, the tment units; ng; and (vi) bent on items or actual e for unverified the relocation relocated s. Any
		•	acknowledge the con		_		and that
	\$1,450 is the maximum amount 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						
	_	-	ent, do not sign it.	e leau liazai u ab	atement wo	ork is being can	ied out. II you
_	Occupant Signatu	ire		Apartment/Unit #	t	Date	
_	Occupant Name						
_	Co-Occupant Sigr	nature		Apartment/Unit #	<u> </u>	Date	
_	Co-Occupant Nan	ne					
	By signing be or renter(s).	low, the CAA ack	nowledges receipt (of this documen	t signed by	the above hom	eowner(s)
_	CAA Representat	ive Signature				Date	
_	CAA Representat	ive Name					