#### **OWNER APPLICATION**

| Community        | y Action A               | Agency (CAA):   |             |               | Qu                 | estions sh          | nould be directed to:          |                |          |
|------------------|--------------------------|---|-------------|---------------|--------------------|---------------------|--------------------------------|----------------|----------|
| CAA Name         | CAA Name:                |   |             |               | CAA                | Rep Name            | e                              |                |          |
| CAA Addre        | ess:                     |   |             |               | _                  | A Rep Title         |                                |                |          |
|                  |                          | Street, City, State   | e, Zip      |               | _                  | Rep Phor            | ·                              |                |          |
|                  |                          |   |             |               | CAA                | Rep Emai            | ii                             |                |          |
| INSTRUCTI        | IONS: Re                 | eturn completed and signe   | ed Applica  | tion to the a | above-na           | med CAA.            |                                |                |          |
|                  |                          |   |             |               |                    |                     |                                |                |          |
|                  |                          | l.  | APP         | LICANT        | (OWNE              | R) INFO             | RMATION                        |                |          |
| 1. List all      | owners of                | the property as reflected   | on the pro  | perty deed    | l.                 |                     |                                |                |          |
| Owner Na         | <b>ame</b> (as re        | flected 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 Ad       |                          | ,   | -7          |               | Ma                 | iling Addre         | ·                              |                |          |
|                  |                          | Street, City, Sta   | te, Zip     |               |                    |                     |                                | ty, State, Zip | 1        |
| Home Pho         | one                      |   |             |               | Но                 | me Phone            | -<br>-                         |                |          |
| Work Pho         | ne                       |   |             |               | Wo                 | rk Phone            |                                |                |          |
| Owner Ag         | je                       |   |             |               | Co                 | -Owner Aç           | ge                             |                |          |
| lf O             |                          | -4ib.   | d 0/ af a   | l- i          | 16.0               | - 0                 |                                | \\ \           |          |
| II OWI           | ner is an ei             | ntity, list member name(s) an   |             | ersnip        | II C               | o-Owner is          | an entity, list member name(s) |                | wnersnip |
|                  |                          |   | %           |               |                    |                     |                                | %              |          |
|                  |                          |   | %           |               |                    |                     |                                | %              |          |
|                  |                          |   | %           |               |                    |                     |                                | %              |          |
| comple<br>a. Tot | ete Sectior<br>tal numbe | n II, Property Information. r in house (including you) le in the household, their a     |             | b             | . Do chi<br>in the | ldren unde<br>nome? | is not to be enrolled than sk  | ☐ Yes          | □ No     |
| Nar              | me(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     |
| dep              | pendent, ι               | me serve as a child care lo<br>under six years of age spe<br>nours or more per year) in | end at leas | t three hou   |                    |                     |                                | ☐ Yes          | □ No     |
| ,                |                          | any of the children who re  |             |               | determir           | ed to have          | e lead poisoning?              | ☐ Yes          | □ No     |
|                  |                          |   | II.         | PROPE         | RTY IN             | FORMA <sup>*</sup>  | TION                           |                |          |
| 1. Addres        | ss of Pro                | perty to be abated:   |             | <del>-</del>  |                    | 2.                  | Dwelling:                      |                |          |
| Address          | -                        | •   |             |               |                    |                     | ☐ Single-Family                |                |          |
|                  | -                        | Street, City,   | State, Zip  |               |                    |                     | _                              | Units:         |          |
| County           | •                        |   |             |               |                    |                     | Outbuildings:                  | □ No           |          |
| ·                | -                        |   |             |               |                    | 3.                  | Year Built:                    | ☐ Unkno        | wn       |

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-Eı | mployed:           | ☐ Yes                    | □ No        | If yes, prov      | vide 2 years tax return | s, including <b>all</b> Schedules.                         |                             |
| Emplo   | yer Name           |                          |             |                   |                         | Employer Phone   |                             |
| Emplo   | yer Address        |                          |             |                   |                         | Position   |                             |
|         |                    |                          | Stree       | t, City, State, . | Zip                     | No. of Years   |                             |
| 2. C    | o-Owner Emp        | loyment:                 |             |                   |                         |  |                             |
| Self-Eı | mployed:           | ☐ Yes                    | □ No        | If yes, prov      | vide 2 years tax return | s, including <b>all</b> Schedules.                         |                             |
| mplo    | yer Name           |                          |             |                   |                         | Employer Phone   |                             |
| mplo    | yer Address        |                          |             |                   |                         | Position   |                             |
|         |                    | Street, City, State, Zip |             |                   | Zip                     | No. of Years   |                             |
| . 01    | ther Occupan       | t Employm                | ent:        |                   |                         |  |                             |
| elf-Eı  | mployed:           | ☐ Yes                    | □ No        | If yes, prov      | vide 2 years tax return | s, including <b>all</b> Schedules.                         |                             |
| mplo    | yer Name           |                          |             |                   |                         | Employer Phone   |                             |
| mplo    | yer Address        |                          |             |                   |                         | Position   |                             |
|         |                    |                          | Street      | City, State, 2    | Zip                     | No. of Years   |                             |
| a.      | Wages (gros        |                          | from Emplo  | yment             | Owner                   | Co-Owner   | Other Occupant              |
| a.      |                    |                          |             | yment             |                         |  |                             |
| b.      | Additional Mo      | onthly Incor             | me From:    |                   |                         |  |                             |
|         | 1. Overtime        |                          |             |                   |                         |  | <u> </u>                    |
|         |                    | e Employm                | ent         |                   |                         |  |                             |
|         | 3. Pension:        | s<br>s Administr         | ation       |                   |                         |  |                             |
|         | 5. Net Ren         | tal Income               |             |                   |                         |  |                             |
|         | 6. Self Emp        | oloyment*                |             |                   |                         |  | <u> </u>                    |
|         | 7. Child Su        | pport                    |             |                   |                         |  |                             |
|         |                    | •                        | TANF/WIC/   | GA)               |                         |  |                             |
|         |                    | ecurity Ben              |             |                   |                         |  |                             |
|         | 10. Unemplo        | oyment Con               | npensation  |                   |                         |  |                             |
| C.      | Other**            |                          | (T          |                   |                         |  |                             |
| d.      | Gross Mont         | -                        |             | <u> </u>          |                         |  | <del>-</del>                |
| e.      | Total (Line D      | iviuitiplied by          | / 12)       |                   |                         | <u> </u>   |                             |
| f.      | Gross Hous         | ehold Inco               | me (Total E | (a)+E(b)+E(c)     | :                       |  |                             |
| ** Ir   | self-employer, ple | ease provide             | most recent | 2 years of cor    | npleted tax returns inc | cluding Schedule C.<br>tirement, income from trusts, incor | me 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 Pr

|      | funding guidelines. MaineHousin  | •   | •                         | ny project if completion of project cannot be met und case by case basis.  | er Lead Program                    |  |  |  |  |
|------|--|---|---------------------------|--|------------------------------------|--|--|--|--|
|      | (6) I/We understand that this Application shall remain with the CAA to which it is submitted and/or MaineHousing.  |   |                           |  |                                    |  |  |  |  |
|      | ` '  |   |                           | y be obtained in connection with this Application by t   | he CAA.                            |  |  |  |  |
|      | (8) I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled <i>Protect Family from Lead in Your Home</i> . |   |                           |  |                                    |  |  |  |  |
| 2.   | Certification: I/We certify that the st  | lication are true, accurate, and complete to the best<br>to the responsibilities and information contained in the |                           |  |                                    |  |  |  |  |
| 3.   |  | otain information or v  | erification               | Program, to contact any employer, town official, fina required to complete my request for housing repairs, e(s) below.   |                                    |  |  |  |  |
| Sigi | ned by all owners of the property  |   |                           |  |                                    |  |  |  |  |
| -    | signature of Applicant (Owner)   |   |                           | Date   |                                    |  |  |  |  |
| - 5  | signature of Co-Applicant (Co-Owner)   |   |                           | Date   |                                    |  |  |  |  |
| enco | ouraged to do so. The law provides ose to furnish it. However, if you cho  | that a lender may r<br>pose not to furnish t  | either disc<br>he informa | rs. You are not required to furnish this information criminate on the basis of this information, nor on vation, under federal regulations the lender is requingly on the information, pleases. | whether you<br>red to note race or |  |  |  |  |
| l do | not wish to furnish this information   | on □ Yes  | □ No                      |  |                                    |  |  |  |  |
| Hea  | d of Household (check all that appl  | y)  |                           |  |                                    |  |  |  |  |
| Sex  | of Head of Household 🔲 Ma  | le  |                           | # of Household Members   |                                    |  |  |  |  |
|      | Single   |   |                           | Race:  | _                                  |  |  |  |  |
|      | Married  |   |                           | White  |                                    |  |  |  |  |
|      | Elderly<br>Single Parent with Children   |   |                           | Black/African American<br>American Indian/Alaska Native  |                                    |  |  |  |  |
|      | wo Parents with Children   |   |                           | Asian  |                                    |  |  |  |  |
|      | Other (specify)  |   |                           | Native Hawaiian/Other  |                                    |  |  |  |  |
| Ethr | icity:   | <del></del>   |                           | Pacific Islander   |                                    |  |  |  |  |
| Hisp | anic or Latino   |   |                           | American Indian/Alaskan Native & White   |                                    |  |  |  |  |
|      | Not Hispanic or Latino:  |   |                           | Asian & White  |                                    |  |  |  |  |
|      | Physically Disabled Head of Household  | ☐ Yes   | □ No                      | Black/African American & White   |                                    |  |  |  |  |
|      | aced Homemaker*  | ☐ Yes   | □ No                      | Other Multi-Racial   |                                    |  |  |  |  |
| year |  |   |                           | ime, full-years in the labor force for a number of years beloyed or under employed and is experiencing difficulty  |                                    |  |  |  |  |
|      |  |   |                           |  |                                    |  |  |  |  |
|      |  |   | Office U                  | se Only  |                                    |  |  |  |  |
|      |  |   |                           |  |                                    |  |  |  |  |

| Office Use Only                                       |      |                         |  |  |  |  |
|---|------|-------------------------|--|--|--|--|
| The Gross Income as calculated pursuant to this Ap    | \$   |                         |  |  |  |  |
| Maximum Eligible Income for this applicant is:  \$ Pe |      | 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 MLL ast 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 ☐ No Are children under 6 in the unit? Are children under 6 in the unit? ☐ Yes ☐ No ☐ No Are the children covered by MaineCare? Yes ☐ Yes 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**

|   |           |                  | IENANTI | NFURMATION                                |              |                  |       |
|---|-----------|------------------|---------|---|--------------|------------------|-------|
|   | UNIT 5    |                  |         |   | UNIT 6       |                  |       |
| Tenant Name                               | Last      |                  |         | Tenant Name                               | l Last       |                  |       |
| Co-Tenant Name                            |           |                  |         | Co-Tenant Name                            |              |                  |       |
| First MI                                  | Last      |                  |         | First M                                   | 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 covered                  |           | ? □ Yes          | ∐ No    | Are the children cove <u>red b</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                                  | ll Last      |                  |       |
| Co-Tenant Name First MI                   | l ast     |                  |         | 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 b                | y 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<br>Federal Lead Owner |           |                  |         | Healthy Homes Grant<br>Federal Lead Owner |              |                  |       |
| Obligation                                |           |                  |         | Obligation                                | <u> </u>     |                  |       |
| 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                                |              |                  |       |

|   |            | 1               | TENANT IN | FORMATION                              |            |                  |       |  |  |
|---|------------|-----------------|-----------|--|------------|------------------|-------|--|--|
| UNIT 9  |            |                 |           | UNIT 10                                |            |                  |       |  |  |
| Tenant Name                                       | _ast       |                 |           | Tenant Name                            | t, MI Last |                  |       |  |  |
| Co-Tenant Name                                    | ast        |                 |           | Co-Tenant Name                         | t MI Last  |                  |       |  |  |
| Apt/Unit #  |            |                 |           | Apt/Unit #                             | 2401       |                  |       |  |  |
| Mailing Address                                   |            |                 |           | Mailing Address                        |            |                  |       |  |  |
|   | Street, Ci | ity, State, Zip |           |  | Street, C  | City, State, Zip |       |  |  |
| Home Phone  |            |                 |           | Home Phone                             |            |                  |       |  |  |
| Work Phone  |            |                 |           | Work Phone                             |            |                  |       |  |  |
| Email   |            |                 |           | Email                                  |            |                  |       |  |  |
| Are children under 6 in the                       | e unit?    | ☐ Yes           | ☐ No      | Are children under 6 in                | the unit?  | ☐ Yes            | □ No  |  |  |
| Are the children covered by MaineCare? ☐ Yes ☐ No |            |                 | □ No      | Are the children covered by MaineCare? |            |                  |       |  |  |
| Household Size:                                   | AMI:       |                 |           | Household Size:                        | AMI:       | _                |       |  |  |
| Maximum Eligible Income:                          | \$         |                 |           | Maximum Eligible Incom                 | ne: \$     |                  |       |  |  |
| Funding   | Interior   | Exterior        | Total     | Funding                                | Interior   | Exterior         | Total |  |  |
| Federal Lead Grant                                |            |                 |           | Federal Lead Grant                     |            |                  |       |  |  |
| Healthy Homes Grant                               |            |                 |           | Healthy Homes Grant                    |            |                  |       |  |  |
| Federal Lead Owner<br>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                 | 1          |                  |       |  |  |
| State Lead Owner Obligation                       |            |                 |           | State Lead Owner Obliga                | ation      |                  |       |  |  |
| DHHS  |            |                 |           | DHHS                                   |            |                  |       |  |  |
| State Lead Total                                  |            |                 |           | State Lead Total                       |            |                  |       |  |  |
| Leveraged Funds                                   |            |                 |           | Leveraged Funds                        |            |                  |       |  |  |
| UNIT TOTAL  |            |                 |           | UNIT TOTAL                             |            |                  |       |  |  |

#### PROJECT FUNDING SUMMARY

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

| Projec                      | t 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 Match Criteria   |                              |  |  |  |
| L 10 / Non-Abatement        | LI 25 /0 Abatement Li Walved |  |  |  |
| Total Owner Obligation      | \$                           |  |  |  |

| Agreement/Constru            | ctions Contract |
|------------------------------|-----------------|
| Grant Amount                 | \$              |
| Contract Amount              | \$              |
| Contract/Agreement Date      |                 |
| Interior Start Date          |                 |
| Interior End Date            |                 |
| Exterior Start Date          |                 |
| Exterior End Date            |                 |
| Change C                     | Orders          |
| 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                | \$              |

| 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.

|   | 200        | DEDTY  |      |
|---|------------|--|------|
|   |            | Does Owner reside at the property?               | □No  |
| ☐Multi-Family (and Single Family Rentals) | # Units    | ——————————————————————————————————————           |      |
| Property Address:                         |            | 7 (ic difficil difficil difficil property: — 199 | ∐ 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, Zi                   | 0          | Street, City, State, Zip                         |      |
| Home Phone                                |            | Home Phone                                       |      |
| Work Phone                                |            | Work Phone                                       |      |
| Email                                     |            | Email  |      |
|   |            |  |      |
| COMMUNITY ACTION AGENCY (CAA/ESC          | ROW AGENT) | LEAD REDUCTION/ABATEMENT CONTRACTO               | R    |
| CAA Name                                  |            | Company Name                                     |      |
| Mailing Address                           |            | Mailing Address                                  |      |
| Street, City, State,                      | Zip        | Street, City, State, Zip                         |      |
| CAA Rep Name                              |            | Phone  |      |
| CAA Rep Phone                             |            | Rep Name   |      |
| CAA Rep Email                             |            | Rep Phone  |      |
| CAA Rep Title                             |            | Rep Email  |      |
| Lead Designer Name                        |            |  |      |
| Lead Designer Phone                       |            |  |      |
| Lead Designer Fax                         |            | NOTES/COMMENTS                                   |      |
| Lead Designer Email                       |            |  |      |
|   | _          |  |      |
|   |            |  |      |
|   |            |  |      |
|   |            |  |      |



#### MAINEHOUSING LEAD PROGRAMS BABA CHECKLIST

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

| Project Location:  |  |  |  |  |  |
|--|--|--|--|--|--|
| CAA:   |  |  |  |  |  |
| Total Project Assistance:  |  |  |  |  |  |
| Step 1: Does BABA Apply?   |  |  |  |  |  |
| Is this an infrastructure project, as defined by BABA?   |  |  |  |  |  |
| Infrastructure projects are projects that involve construction, alteration, maintenance, or repair of buildings and real property (and other types of infrastructure) in the United States. For OLHCHH grants, this includes lead hazard reduction activities and healthy homes interventions. |  |  |  |  |  |
| YES NO   |  |  |  |  |  |
| If <b>YES</b> , proceed to Step 2.   |  |  |  |  |  |
| If <b>NO</b> , BAP does not apply. Sign below and the Checklist is complete.   |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature Date Name and Title:   |  |  |  |  |  |
| Step 2: Funding Source   |  |  |  |  |  |
| Check funding sources included in this project:  |  |  |  |  |  |
| <ul> <li>□ Community Development Block Grant Formula Programs (CDBG)</li> <li>□ Community Project Funding (CPF)/Economic Development Initiatives (EDI)</li> <li>□ Lead Hazard Reduction</li> <li>□ Health Homes Production Grant</li> </ul>  |  |  |  |  |  |
| If none of these funding sources apply, BAP does not apply.  |  |  |  |  |  |
| If one of these funding sources apply, proceed to Step 3.  |  |  |  |  |  |

# Step 3: Small Grant Waiver Is the total project assistance less than \$250,000 (including all sources of funding)? YES NO, If Greater than \$250,000 Use Large Project Form. FOR MAINEHOUSING USE ONLY Small Grant Waiver approved or denied: Approved Denied Date: Name: Title:

All backup documentation for the Small Grant Waiver, in addition to this form must be

stored in the project files.

|   | PHASE 1-   | MULTI-FAMILY DO   | CUMENT         | CHECKLIST   |                 |                            |      |
|---|--|---|----------------|---|-----------------|----------------------------|------|
| Applicant (Owner) Property Address  |  |   | CAA Date Subm  |   |                 |                            |      |
| Program Type(s):  | ☐ Federal Lead   | ☐ State Lead (N261) State Lead (Z267)   | ☐ Healthy Ho   | omes DHHS   |                 |                            |      |
|   |  |   |                | Document<br>Reference   | FEDERAL<br>LEAD | STATE<br>LEAD              | DHHS |
| FILE SECTION 1 (Owner)  |  |   |                |   |                 |                            |      |
| Owner Application   |  |   |                | Appendix A  | Х               | Х                          | Х    |
| Authorization to Release In   | formation (Owner)  |   |                | Appendix E  | Х               | Х                          | Х    |
| Proof of Ownership (Proper  | ` ,  |   |                | Owner   | Х               | X                          | X    |
| Proof of Insurance (homeon  |  | ation)  |                | Owner   | Х               | X                          | X    |
| Income Self-Certification   |  | ationy  |                | Owner Occupant  |                 | X                          | Х    |
| Merchants Report  |  |   |                | CAA   | Х               | X                          | X    |
| Notice of Preliminary Grant   | Approval   |   |                | Appendix LD-1   | X               | Х                          | X    |
| Grant Agreement   | 11   |   |                | Appendix LD-2   | X               | Х                          | X    |
| Declaration of Covenants a  | nd Restrictions (signed  | ")  |                | Appendix H  | Х               | X                          | X    |
| FILE SECTION 2 (Invoices  | , -  |   |                |   |                 |                            |      |
| Project Summary Sheet   | , cricormoto, rrantoro, i  | onany   |                | Appendix 1  | Х               | Х                          | Х    |
| Phase 1 Billing Invoice   |  |   |                | Appendix 1A   | X               | X                          | X    |
| Phase 1 Multi-Family Docu   | ment Checklist   |   |                | Appendix 1B-MF1   | X               | X                          | X    |
| Waivers (if applicable)   | THORE CHOOKING   |   |                | Appendix K  | X               | X                          | X    |
| Tenant Application  |  |   |                | Appendix B  | X               | X                          | X    |
| Income Eligibility Documen  | ts (State Lead and DHI   | HS may self-certify)  | O              | wner Occupant /Tenants  |                 | ,                          |      |
| Tenant Blood Testing Relea  | •  |   |                | Appendix D  | X               | Х                          | X    |
| MaineCare Eligibility Letter  | · · · · · · · · · · · · · · · · · · ·                                      | ,   |                | As of Nov 2022  |                 | ,                          | X    |
| Children Under 6 Years Old  |  | oncabic)  |                | Appendix G  | Х               | Х                          | X    |
| Relocation Assistance Ackr  |  |   |                | Appendix LD-C   | X               | X                          | X    |
| FILE SECTION 3 (Contract  | <del></del>  |   |                | Appendix EB O   |                 |                            |      |
| Construction Contract   | 101)   |   |                | Appendix C-A  | Х               | Х                          | X    |
| Healthy Homes Complianc   | e Agreement (If annlica  | nhle)   |                | Appendix HH6  | X               | ,                          |      |
| Construction Escrow Agree   |  | ioicj   |                | Appendix C-B  | X               | Х                          | X    |
| Lead Design Plan Specifica  |  |   |                | Exhibit C   | X               | X                          | X    |
| Healthy Homes Design Pla  |  |   |                | CAA   | X               | ,                          |      |
| Pre-Construction Report   | т (п аррпсавто)  |   |                | Appendix M  | X               | Х                          | X    |
| FILE SECTION 4 (Reports,  | Designs & Plans)   |   |                | , .pp =   | ,               | 7.                         |      |
| Lead Paint Inspection and I   |  | rt  |                | CAA   | Х               | Х                          | X    |
| Bid Package (including Ref  | •  | •   |                | Appendix Y/ CAA   | Х               | Х                          | Х    |
| Bid Tabulation Sheet  |  |   |                | Appendix J  | Х               | X                          | X    |
| Asbestos inspection docum   | nentation (if applicable)  |   |                | CAA   | X               | Х                          | Х    |
| FILE SECTION 5 (Federal   |  | Healthy Homes)  |                | -   |                 |                            |      |
| SHPO  |  |   |                | CAA   | Х               | Х                          | X    |
| BABA small or large project   | t form   |   |                | CAA   | Х               |                            |      |
| FILE SECTION 6 (Photos,   |  |   |                |   |                 |                            |      |
| Colored Photo(s) of pre-pro   |  |   |                | CAA   | Х               | Х                          | X    |
| Correspondence  | .j= ==   |   | I              | CAA/MaineHousing  | X               | X                          | X    |
| CAA certifies that the contract that documents not ince Lead Program Guidant subject to periodic insp | cluded on this Documen<br>ce and Procedures, are<br>pection by MaineHousin | ts listed are retained with<br>t Checklist, but required b<br>maintained in the Applica<br>g. | y program regu | located at the CAA of ulations as referenced e at the CAA's office. | d in MaineH     | urther cert<br>lousing's t | he   |
| CAA Representative Sign   | ature  |   |                | Date  |                 |                            |      |

Prepared by MaineHousing

CAA Representative Name

#### 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.
- If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the four-year State Lead Grant term, MaineHousing may recoup the Grant funds.

#### 4. TEMPORARY RELOCATION

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

#### 5. RETURNING HOME

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

#### 6. ACKNOWLEDGEMENT OF LIMITED FUNDS

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

#### 7. OTHER REQUIREMENTS

- a. Property insurance is required for all properties enrolled in the Lead Program.
- b. Owners with properties located in a FEMA recognized Special Flood Hazard Area will not be allowed to participate in the Federal Lead Program.
- c. Only qualified, licensed abatement contractor can perform the work. Owners cannot use grant proceeds to pay for his/her own labor or to purchase his/her own materials to perform the work. **Note**: Owners who are licensed lead abatement contractors may seek pre-approval from MaineHousing for reimbursement of materials only. Owners who are licensed lead abatement contractors must receive pre-approval from MaineHousing in order to seek reimbursement for costs related to materials for the lead abatement project. Please contact the Community Action Agency for additional information.
- d. Work cannot commence until the Application is approved AND the required Lead Program Grant documents and other required Federal Program Grant documents have been signed. <u>Any work started prior to Lead Program Grant closing will not</u> <u>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**<u>Owner will be responsible</u> for paying the difference between the low bid and the bid the Owner choses.

#### 9. CONTRACTS

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

#### 10. CONTRACTOR PAYMENTS

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

#### 11. RESOLUTION OF DISPUTES

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

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

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

#### DECLARATION OF COVENANTS AND RESTRICTIONS

| Grantee                  | Co-Grantee: |  |
|--------------------------|-------------|--|
| Address:                 | 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:

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

#### 3. Remedies for Breach by Grantee

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

#### 4. Discharge

| П            | •  | ad Program Grant, this Declaration shall automatically expired from the date of recording with no additional action necessation.   |       |
|--------------|--|--|-------|
|              | •  | <b>Program Grant</b> , this Declaration shall automatically expire a the date of recording with no additional action necessary by  |       |
| Ву:          |  | Date:  | _     |
| Grantee Na   | me:  | Witness:   | _     |
| Its:         |  |  |       |
| Ву:          |  | Date:  | _     |
| Co-Grantee   | Name:  | Witness:   |       |
| Its:         |  |  |       |
| State of Mai | ine  | Date:  | _     |
|              |  |  |       |
|              | <del>-</del>                                   | oath to the foregoing and acknowledged before me the foregoing and does do foregoing and do forego | joing |
|              | r free act and deed [in his/her said capacity] | land the free act and deed of  |       |
|              |  | Notary Public/Attorney-at-Law  | _     |
|              |  | Printed name:  | _     |
|              |  |  |       |

Commission expires: \_\_\_

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

| Project Funding: ☐ State N261 ☐ Federal Lead ☐ Hea                                       | althy Homes DHHS   |   |
|--|--|---|
| Agency (CAA):  | OM Bur Name  |   |
| Project Type: ☐ Single-Family ☐ Multi-Family   | CAA Dan Title.   |   |
| Applicant (Owner): Address:  | Co-Applicant: Address:                                       |   |
| Property:  | Grant Amount: \$   |   |
| Your application for one or more of the following been reviewed and approved as follows: | g Lead Program Grants with the above-named CAA ha            | S |
| TOTAL FUNDS  | \$   |   |
| 2. 3. 4. Your Closing is scheduled on:   |  |   |
| •  |  |   |
| Date:  | Place:   |   |
| Date: Time:  | Place:   |   |
| Time:  | items (if applicable) to the Grant closing to avoid any dela |   |
| Time:  It is important that you bring the above-mentioned                                | items (if applicable) to the Grant closing to avoid any dela |   |

|                   | State Lead (Z267) GRANT AG   | REEMENT   |  |
|-------------------|--|---|--|
| Project Fundir    | - '  | Ithy Homes DHHS   | S  |
| Agency (CAA       | A):  | CAA Rep N   | Name:  |
|                   |  | CAA Rep 1   | Fitle:   |
| Project Typ       | e: ☐ Single-Family ☐ Multi-Family  | CAA Rep F   | Phone:   |
|                   |  | CAA Rep E   | Email:   |
| Applicant/Gr      | rantee:  | Co-Applicant:   |  |
| Address:          |  | Address:  |  |
|                   |  |   |  |
| Property:         |  | Grant Amount:   | \$   |
| 4 5               | UNDS:  | Grant Date:   |  |
| <u>1. F</u>       | UNDS.  |   |  |
| А                 | <ul> <li>CAA will provide a total of \$</li></ul>  | to the Applicate Housing Author                             | ant/Grantee from the Lead Program(s)<br>rity as follows (Grant Amount):                            |
| В.                | The Applicant/Grantee will provide a tota referenced Property (Owner Contribution  |   | _ to the Lead project for the above  |
| C                 | Total Project Funds in the amount of \$<br>with the Construction Escrow Agreement  |   |  |
| C<br>ir<br>C<br>a | <b>ISE OF FUNDS:</b> The Grant Funds will be used<br>Contract executed by the Owner and contractor and the Construction Contract requires a written Clack. The Applicant acknowledges that the Grant batement/remediation work and that these funds elated repair. | and approved by C<br>nange Order appro<br>t Funds are to be | AA. Any change to the work outlined oved by the contractor, the Owner, and used for necessary lead |
|                   | <b>DISBURSEMENTS:</b> CAA will hold the Grant Fur ayments to the contractor in accordance with the   |   |  |
|                   | <b>COOPERATION:</b> The Owner agrees to allow co erform the work.  | ntractor and CAA  | reasonable access to the home to   |
| APPLIC            | ANT:   | CAA:  |  |
| Applicant         | Signature  | CAA Representat   | ive Signature  |
| Co-Applica        | ant Signature  | CAA Representat   | ive Name   |
| Date              |  | Date  |  |

#### CONSTRUCTION CONTRACT

|   | State Lead (Z267)  | NSTRUCTION CONTRACT   |   |
|---|--|---|---|
| Project Funding:  | ☐ State Lead (N261) ☐ Fede   | eral Lead □ Healthy Homes DHHS  |   |
| Escrow Agent  |  | CAA Rep Name  |   |
| (CAA):  |  | CAA Rep Title:  |   |
| Project Type:   | ☐ Single-Family ☐ Multi-Family   | CAA Rep Phone   | :   |
|   |  | CAA Rep Email:  |   |
| Applicant:  |  | Co-Applicant:   |   |
| Address:  |  | A dalaa a a a   |   |
| Property:   |  | Contractor:   |   |
| -   |  | Address:  |   |
|   |  |   |   |
|   |  | Contract Amount:  | \$  |
|   |  | Contract Date:  |   |
|   |  |   |   |
| certain right herein, in coowner. Ow  2. PRO The Owner Program ("Foollectively home/apartiremediation | s under this Contract as Escrophnection with the Project, and ner and Contractor (collectively DGRAM)  has been selected to receive fixederal Lead" Program) and/or referred to as the "Lead Programent(s), and as a result, the Orat the above address (the "Program of the selected to the selected Program of the selected to the selected to the selected Program of the selected to the s | Maine Lead Paint Hazard Abatemer<br>am," to remediate lead-based paint h<br>wner and the Contractor are entering  | also the Consultant, as defined the Contract by Contractor and ows:  Housing Lead Hazard Reduction Grant It Program ("State Lead" Program), azards in the Owner's |
| 3. WO   |  |   |   |
| Documents' Conditions,  | ), which are incorporated here a copy of which is provided to  | ped in, and in accordance with, the for<br>in by reference (the "Work"): (1) Lead<br>the Owner and Contractor; and (2) L<br>hazard design consultant ("Consulta | d Contractor Standards and<br>ead Design Plan Specifications  |
| 4. WO   | RK COMMENCEMENT/COMI   | PLETION   |   |
| a.  | Interior Start Date: Contra<br>of the Project on   | actor shall commence the portion of t   | he Work involving interior portions   |
| b.  | Interior End Date: Contra  | ctor shall complete the portion of the  | Work involving interior portions  |

Prepared by MaineHousing Page 21 of 104 Construction Contract 01/01/2025

C.

d.

portions of the Project on

the Project on

Exterior Start Date: Contractor shall commence the portion of the Work involving exterior

Exterior End Date: Contractor shall complete the portion of the Work involving exterior portions of

#### COSTS

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

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

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

#### 6. PAYMENTS

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

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

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

Prepared by MaineHousing Page 22 of 104 Construction Contract 01/01/2025

#### 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

Prepared by MaineHousing Page 23 of 104 Construction Contract 01/01/2024

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)

Prepared by MaineHousing Page 25 of 104 Construction Contract 01/01/2025

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                                     | the Maine Uniform Arbitrat   | ion Act with the p | parties agreeing to accept | as      |
|------|---|------------------------------|--------------------|----------------------------|---------|
| fina | al the arbitrator's decision.   | If selected: Client initials |                    | Contractor initials        | _       |
|      | non-binding arbitration, with the parough other means, including a laws |                              |                    |                            |         |
|      | mediation, with the parties agreeir empt to resolve their differences.  |                              |                    |                            | rder 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: <a href="http://www.maine.gov/ag/consumer/housing/home\_construction.shtml">http://www.maine.gov/ag/consumer/housing/home\_construction.shtml</a> 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

Prepared by MaineHousing Page 27 of 104 Construction Contract 01/01/2025

#### **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: <a href="http://www.maine.gov/pfr/index.shtml">http://www.maine.gov/pfr/index.shtml</a>

#### **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 <a href="http://www.maine.gov/ag/consumer/law guide article.shtml?id=27938">http://www.maine.gov/ag/consumer/law guide article.shtml?id=27938</a>

#### **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: <a href="http://www.maine.gov/ag/consumer/housing/home\_construction.shtml">http://www.maine.gov/ag/consumer/housing/home\_construction.shtml</a>
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 <a href="https://www.bosbbb.org">www.bosbbb.org</a> 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 <a href="http://www.maine.gov/ag/consumer/law\_guide\_article.shtml?id=27938">http://www.maine.gov/ag/consumer/law\_guide\_article.shtml?id=27938</a>

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.

Prepared by MaineHousing Page 28 of 104 Construction Contract 01/01/2025

#### State Lead (Z267) CONSTRUCTION ESCROW AGREEMENT

| Project Funding:                             | ☐ State Lead(N261) ☐ Federal Lead | ☐ Healthy Homes DHHS |
|--|-----------------------------------|----------------------|
| Escrow Agent (CAA):                          |                                   | CAA Rep Name:        |
| (OAA).                                       |                                   | CAA Pop Title:       |
| Duciant Tyme: D S                            | ingle Femily                      | CAA Rep Phone:       |
| Project Type: ☐ Single-Family ☐ Multi-Family |                                   | CAA Rep Email:       |
| Applicant:                                   |                                   | Co-Applicant:        |
| Address:                                     |                                   | Address:             |
| Property:                                    |                                   | Contractor:          |
|  |                                   | Address:             |
|  |                                   |                      |
|  |                                   | Contract Amount: \$  |
|  |                                   | Contract 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 Funding: Agency (CAA): | ☐ Federal Lead ☐ Healthy He   | omes                | Project Type:  CAA Rep Name:  CAA Rep Title:  CAA Rep Phone:  CAA Rep Email: | ☐ Single-Family   | -          |
|--------------------------------|---|---------------------|--|-------------------|------------|
| Applicant:                     |   | Co                  | -Applicant:  |                   |            |
| Property:                      |   | Co                  | ntractor:  |                   |            |
| Contract Date                  | ə:<br>  | He:                 | althy Homes Amount:  | <b>3</b>          |            |
| I have been info               | rmed of the Healthy Homes Ass   | sessment and Inte   | rvention Program.  |                   |            |
| □ і снооѕ                      | SE NOT TO PARTICIPATE.  |                     |  |                   |            |
| Signature of A                 | pplicant  | Date                | Signature of Co-Applicant  |                   | Date       |
|                                |   |                     |  |                   |            |
|                                | SE TO PARTICIPATE.  |                     |  |                   |            |
| By choosing                    | g to participate in the Healthy Ho  | omes Assessmen      | t and Intervention Program   | m, I agree to the | following: |
| 1. 1                           | The CAA will conduct a Healthy  | Homes Assessme      | ent.   |                   |            |
| t                              | understand that this work will b<br>he lead paint abatement work th<br>be provided to me from the CAA | nat will be perform |  |                   |            |
|                                | further understand that the Hea<br>Healthy Homes grant, separate t                                    |                     |  |                   | plemental  |
| le                             | agree it is my responsibility to rocation that may need to be clear<br>work.                          |                     |  |                   |            |
| Signature of A                 | pplicant  | Date                | Signature of Co-Applicant  |                   | Date       |

#### State Lead (Z267) BID TABULATION SHEET

| Project Funding:             | State Lead (N261) Federal Lead | Healthy Homes DHHS                      |
|------------------------------|--------------------------------|---|
| Agency (CAA):                |                                | CAA Rep Name:                           |
| <b>.</b> ,                   |                                | CAA Rep Name:  CAA Rep Title:           |
| Project Type:                |                                | CAA Rep Phone:                          |
| Troject Type. 🖂 Siligle-Fa   | апшу 🗀 миш-ғапшу               | CAA Rep Email:                          |
|                              |                                |   |
| Applicant:                   |                                | Co-Applicant:                           |
| Property:                    |                                |   |
| rroperty.                    |                                |   |
|                              |                                |   |
|                              | BID                            | 1                                       |
| Contractor Name              | <u> </u>                       | □ Not on Debarment List                 |
| Date Bid Submitted           |                                | ☐ Current Insurance Certificates        |
| Bid Amount                   | \$                             | ☐ Available / Can meet project timeline |
|                              | ,                              |   |
| Comments:                    |                                |   |
|                              |                                |   |
|                              | DID                            |   |
| O a matura ant a m Ni a ma a | BID                            | I                                       |
| Contractor Name              |                                | □ Not on Debarment List                 |
| Date Bid Submitted           |                                | ☐ Current Insurance Certificates        |
| Bid Amount                   | \$                             | ☐ Available / Can meet project timeline |
| Comments:                    |                                |   |
|                              |                                |   |
|                              |                                |   |
|                              | BID                            | 3                                       |
| Contractor Name              |                                | ☐ Not on Debarment List                 |
| Date Bid Submitted           |                                | ☐ Current Insurance Certificates        |
| Bid Amount                   | \$                             | ☐ Available / Can meet project timeline |
|                              |                                |   |
| Comments:                    |                                |   |
|                              |                                |   |
| AWARDED TO:                  |                                |   |
|                              |                                |   |
| Comments:                    |                                |   |
|                              |                                |   |
| CAA Representative Signatu   | ıre                            | Date                                    |
| CAA Representative Name      |                                |   |
| CAA Kepresentative Name      |                                |   |

CAA Representative Name

#### CONTRACTOR DECLARATION OF REFUSAL TO BID FORM

| ect Funding:      | State Lead (Z267)  | State Lead (N261) | Federal Lead | Healthy Homes  | DHHS                 |
|-------------------|--------------------|-------------------|--------------|----------------|----------------------|
| ency (CAA):       |                    |                   |              | CAA Rep Name:  |                      |
|                   |                    |                   |              | CAA Rep Title: |                      |
| Project Type:     | ☐ Single-Family    | ☐ Multi-Family    |              | CAA Rep Phone: |                      |
|                   | □ Single-i aniliy  | □ Multi-i airiliy |              | CAA Rep Email: |                      |
| Applicant:        |                    |                   | Co-          | Applicant:     |                      |
| Property: _       |                    |                   |              |                |                      |
| ı                 | (Contractor        |                   | of           | (0.1           | actor Business Name) |
|                   | (Contractor        | Name)             |              | (Contra        | actor Business Name) |
| Reason of Re      | fusal:             |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
|                   |                    |                   |              |                |                      |
| Contractor Repres | entative Signature |                   |              |                | Date                 |
| Contractor Repres | entative Name      |                   |              | _              |                      |

#### PRE-CONSTRUCTION CONFERENCE REPORT

| ncy (CAA):  |  | State Lead (N261)  | Federal Lead   | Healthy Home CAA Rep Name:   |  |
|---|--|--|--|--|--|
|   |  |  |  | CAA Rep Title:   |  |
| <b>5</b> <del>-</del>   |  |  |  | CAA Rep Phone  | :  |
| Project Type:   | ☐ Single-Family  | ☐ Multi-Family   |  | CAA Rep Email:   |  |
| Applicant (Owne   | er):   |  | Co-A   | pplicant:  |  |
| Property:   |  |  | Cont   | ractor:  |  |
|   |  |  | Cont   | ract Amount:   | \$   |
|   |  |  | Cont   | ract Date:   |  |
| the Contract,<br>role of the C/<br>explanations<br>the Lead Haz<br>Program (Sta<br>assumes no   | the project designed, and our responsions, and contents our questions, and Reduction Grate Lead"), staff a responsibilities for a second of the second of th | In specifications exponsibilities during to if any, and are awarant Program ("Fes requested. I (Worthe work perform further certify that   | xplaining the so<br>he construction<br>ware that assist<br>deral Lead") ar<br>e) further under<br>ned and does n | cope work to be phase. I (we) ance will be produced with the maine retand and acknot warrant any en made aware | that I (we) understand the terms of performed by the Contractor, the have been given adequate ovided by the CAA, administrator of Lead Paint Hazard Abatement nowledge that the Program work performed.  of the dangers of lead based pair mphlet. I (we) understand that we |
| will be require   | ed to be relocated   |  | omplete and du   |  | nces are achieved. I (we)  |
| will be require   | ed to be relocated<br>hat we may not re  | d until all work is c  | omplete and du   | notified by the (  | nces are achieved. I (we)  |
| will be requir<br>understand t  | ed to be relocated<br>hat we may not re  | d until all work is c  | omplete and du   | notified by the (  | nces are achieved. I (we)<br>CAA.  |
| will be requirunderstand the Signature of O Signature of C Building Perr  | ed to be relocated<br>hat we may not re<br>dwner   | d until all work is center the verter or enter the verter or enter the verter the verter of the ver  | omplete and du   | notified by the (  | nces are achieved. I (we) CAA.  Date   |
| Signature of C  Signature of C  Building Perryou know that I, the undersign homeowner(s standards regions)                              | ed to be relocated hat we may not re hat a permit is not re  | d until all work is certain or enter the vertical three vertical t | omplete and du<br>work area until<br>If yes copy of<br>truction confere<br>understand and<br>ovironmental Pro    | must be placed  muse was held or agree that the votection and the  | Date  Date  In project file. If No, explain how this date between the work performed must meet the Federal Lead and/or State Lead  |
| Signature of C  Signature of C  Building Perryou know that I, the undersign homeowner(s standards regions)                              | ed to be relocated hat we may not re hat we may not re hat we may not re hat a permit is not re gned, hereby certification,) CAA, Contracto quired by the Maintestablished by the  | d until all work is certurn or enter the verturn or enter the verturn of | omplete and du<br>work area until<br>If yes copy of<br>truction confere<br>understand and<br>ovironmental Pro    | must be placed  muse was held or agree that the votection and the  | Date  Date  In this date between the work performed must meet the Federal Lead and/or State Lead ntract.   |
| Signature of C  Signature of C  Building Perryou know that  I, the undersign homeowner (signature of C)  Signature of C  Signature of C | ed to be relocated hat we may not re hat we may not re hat we may not re hat a permit is not re gned, hereby certification,) CAA, Contracto quired by the Maintestablished by the  | d until all work is certurn or enter the verturn or enter the verturn of | omplete and du<br>work area until<br>If yes copy of<br>truction confere<br>understand and<br>ovironmental Pro    | must be placed must be placed agree that the votection and the Construction Co                                 | Date  Date  In this date between the vork performed must meet the Federal Lead and/or State Lead ntract.   |
| Signature of C  Building Perryou know that  I, the undersignature of C  In the undersignature of C  Signature of C  Contractor Rep      | ed to be relocated hat we may not re hat a permit is not re  | d until all work is certurn or enter the verturn or enter the verturn of | omplete and du<br>work area until  | must be placed  must be placed agree that the wotection and the Construction Co                                | Date  Date  In this date between the work performed must meet the Federal Lead and/or State Lead ntract.   |

| UNIT # |      |       |  |
|--------|------|-------|--|
|        | IIN  | IIT # |  |
|        | 1117 |       |  |

| AMI for this tenant: |  |
|----------------------|--|
|----------------------|--|

#### **TENANT APPLICATION**

| Community Action Ag                                  | ency (CAA          | <b>\)</b> :   |                        |        | Questions sho       | uld be directed to:             |                        |             |
|--|--------------------|---------------|------------------------|--------|---------------------|---------------------------------|------------------------|-------------|
| Name   |                    | _             | CAA Rep Name           | :      |                     |                                 |                        |             |
| Address  |                    |               | CAA Rep Title:         |        |                     |                                 |                        |             |
|  |                    |               |                        |        | CAA Rep Phone       | e:                              |                        |             |
|  |                    |               |                        |        | CAA Rep Email       | :                               |                        |             |
| INSTRUCTIONS: Retu                                   | rn complete        | ed and sign   | ed Application and Ap  | plica  | nt Information Fo   | orm to the above-named          | CAA.                   |             |
| Date   |                    |               | Project                | -      |                     |                                 | Multi-Family           |             |
|  |                    |               | I. PROPEI              | RTY    | 'INFORMATI          | ON                              |                        |             |
| Address:   |                    |               |                        | Ar     | partment #          |                                 |                        |             |
|  |                    |               | -                      | -      | Bedrooms:           | _                               |                        |             |
|  |                    |               |                        | Re     | ent Amount:         |                                 |                        |             |
|  |                    |               |                        |        |                     |                                 |                        | <del></del> |
|  |                    |               | II. HOUSEH             | OL     | D INFORMAT          | ION                             |                        |             |
| Tenant Name:   |                    |               |                        | Co     | -Tenant Name:       |                                 |                        |             |
| Fi   | rst l              | MI            | Last                   |        |                     | First MI                        | Last                   |             |
| Tenant Age   |                    |               |                        | Co     | o-Tenant Age        |                                 |                        |             |
| Telephone:   |                    |               |                        | Τe     | elephone:           |                                 |                        |             |
| Total number in house (                              | including y        | ou)           | □ No depe              | ende   | nt children under   | six years of age reside         | in the home.           |             |
| Name(s) of Ch  | <b>ild</b> (age 18 | or younger)   | Full time stude        | ent?   | Age                 | Blood Lead Levels<br>VEBL ug/dl | Covered b<br>MaineCare |             |
|  |                    |               | Yes                    | No     |                     |                                 | Yes                    | No          |
|  |                    |               | Yes                    | No     |                     |                                 | Yes                    | No          |
|  |                    |               | Yes                    | No     |                     |                                 | Yes                    | No          |
|  |                    |               | Yes                    | No     |                     |                                 | Yes                    | No          |
| Does your home serve of age spend at least the home? | ree hours p        | er day, on    | two separate days per  | wee    | k (at least 60 hou  | irs or more per year) in        | s                      | □ No        |
| If yes, have any of the c                            | hildren who        | received s    | services been determir | ned t  | o have lead poiso   | oning?                          | □ 163                  |             |
|  |                    |               |                        |        |                     |                                 |                        |             |
|  |                    | III.          | HOUSEHOLI              | ) IN   | COME AND A          | ASSETS                          |                        |             |
| Occupants must provide                               | e the emplo        | yment info    | rmation requested belo | ow to  | be considered fo    | or enrollment in the Prog       | ıram.                  |             |
| Tenant Employment                                    | :                  |               |                        |        |                     |                                 |                        |             |
| Self-Employed:                                       | ☐ Yes              | □ No          | If yes, provide 2 yea  | rs ta. | x returns, includir | ng <b>all</b> Schedules.        |                        |             |
| Employer Name  |                    |               |                        |        | Employer Teleph     | one                             |                        |             |
| Employer Address                                     |                    | 04            | Otata Zin              |        | Position            | -                               |                        |             |
|  |                    | Street, City, | State /in              |        | No. of Years        |                                 |                        |             |

| UNIT #  | _   |                           |                   |                                   |   |
|---|---|---------------------------|-------------------|-----------------------------------|---|
| Co-Tenant Employ  | ment:   |                           |                   |                                   |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, Cit   | If yes, provide 2 yea     |                   |                                   |   |
| Head of Household   | Employment:   |                           |                   |                                   |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, Cit.  | If yes, provide 2 yea     |                   |                                   |   |
| Occupants must provid   | le gross income informa   | ation and verification to | o be consider     | red for enrollment in the Pro     | gram.   |
| a. Wages (grown b. Additional Months of the following states of the following | GROSS AMOUNT as monthly) from Employment as me Employment as administration Compatal Income aployment* assistance (TANF/WIC/ Becurity Benefits a syment Compensation athly Income (Total A, E) b Multiplied by 12) sehold Income (Total 6) se provide most recent 2 y | ### TEN                   | A NANT            | B<br>CO-TENANT                    | C) Head of Household                            |
| verify. I further certif  |   | ovided on this form       | is <b>TRUE</b> an | AND ASSETS d CORRECT and I acknow | owledge the CAAs right to tion contained in the |
|   | hat I/we have receive<br>From Lead in Your H  |                           |                   |                                   | Agency pamphlet entitled                        |
| Signed by all Tenants   | of the property   |                           |                   |                                   |   |
|   |   |                           |                   | 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) 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 | enant Application has been | verified by the CAA to be: | \$ |  |  |  |  |
| Maximum Eligible Income for this Tenant/ is:       | MI:                        |                            |    |  |  |  |  |
| CAA Representative Signature                       | Date                       | CAA Representative Name    |    |  |  |  |  |

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

| 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

#### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

|  | State Lead (Z267)  | State Lead (N261)  | Federal Lead   | Healthy Homes   | DHHS  |
|--|--|--|--|---|---|
| gency (CAA):   |  |  |  | CAA Rep Name:   |   |
|  |  |  |  | CAA Rep Title:  |   |
| Project Type:  | ☐ Single-Family ☐  | Multi-Family   |  |   |   |
| i roject rype.   | Li Single-Family L   | ı Mulli-Family   |  |   |   |
| Applicant (Own   | er):   |  | Co-App   | licant:   |   |
|  |  |  |  |   |   |
| Property:  |  |  | Tenant:  |   |   |
|  |  |  | Apt#:  |   |   |
| in your home.<br>child's primary                                   |  | not received a bloc<br>r or the local health   | od test in the pa<br>department to a   | st <b>three (3) mont</b><br>arrange for a test.                       | ested prior to hazard control work<br><b>ths</b> , you should contact your                    |
| NA la il ala   | d <del></del> l l-   |  |  | th - 11 - 1 Abrus - (22   | ) months Disease identific  |
| My childr  |  |  |  |   | ) months. Please identify   |
| Provider Nam   | e  authorize the provide   |  |  | Date of Te  | •   |
| Provider Nam  I hereby a Grant Pro                                 | e<br>authorize the provide<br>ogram.   | er to release the res  | sults of this (the   | Date of Tease) blood test (s)   | st  |
| Provider Nam  I hereby a Grant Pro  My childr them test            | eauthorize the providence of t | er to release the res  | sults of this (the   | Date of Tease) blood test (s)   | st to the Lead Hazard Reduction   |
| Provider Nam  I hereby a Grant Pro  My childr them test  For Relig | eauthorize the providence of t | er to release the resort had their blood leads or personal reasons ormation. I/We unde | sults of this (the<br>ead levels teste<br>, I choose <b>not t</b><br>erstand that disc | Date of Tease) blood test (s)  d in the past three  o have my child ( | to the Lead Hazard Reduction e (3) months and I agree to have                                 |
| Provider Nam  I hereby a Grant Pro  My childr them test  For Relig | eauthorize the providence of t | er to release the resort had their blood leads or personal reasons ormation. I/We unde | sults of this (the<br>ead levels teste<br>, I choose <b>not t</b><br>erstand that disc | Date of Tease) blood test (s)  d in the past three  o have my child ( | to the Lead Hazard Reduction  e (3) months and I agree to have  (children's) tested for lead. |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| Project Funding:   | State Lead | (Z267) State    | Lead (N261)     | Federal Lea     | d Healthy Hom      | es DHHS        |               |          |
|--|------------|-----------------|-----------------|-----------------|--------------------|----------------|---------------|----------|
| (0, 2, 4,  | -          |                 |                 |                 | CAA Rep Name:      | -              |               |          |
|  |            |                 |                 |                 | CAA Rep Title:     |                |               |          |
| Project Type:  | Single-Fa  | mily 🗖 Multi-l  | Family          |                 | CAA Rep Phone:     |                |               |          |
|  | 9          | ,               | ,               |                 | CAA Rep Email:     |                |               |          |
| Applicant (Owner)  | :          |                 |                 | Co-             | Applicant:         |                |               |          |
| Property:  |            |                 |                 | Ter             | ant:               |                |               |          |
| ,,,,,  | -          |                 |                 | Apt             | ·                  |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
| INSTRUCTIONS: F  | Return coi | mpleted and sig | ned Certificati | ion to the abov | re-named CAA.      |                |               |          |
| Date   |            |                 |                 |                 |                    |                |               |          |
| On your <i>Application</i> age spends a "sighthours a day on two | nificant a | amount of time  | " visiting you  | ır home. A "s   | ignificant amour   |                |               |          |
| Please fill in the ta  | able belo  | w, showing the  | e number of     | hours per da    | y a child under s  | ix years old v | isits your ho | me:      |
|  |            | Sunday          | Monday          | Tuesday         | Wednesday          | Thursday       | Friday        | Saturday |
| # of hours per day   | ,          |                 |                 |                 |                    |                |               |          |
| If the number of h   | ours vari  | es from week    | to week, ple    | ase explain:    |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
|  |            |                 |                 |                 |                    |                |               |          |
| By signing below,  | you are    | certifying that | this stateme    | ent and inform  | nation is true and | I correct.     |               |          |
| Date:  |            |                 | Owner/∩         | ccupant Sigr    | nature:            |                |               |          |
|  |            |                 |                 | ccupant Nan     |                    |                |               |          |
|  |            |                 | Owner/O         | ocupant Nan     |                    |                |               |          |
| Date:  |            |                 | Co-Owne         | er/Occupant     | Signature:         |                |               |          |
|  |            |                 | Co-Owne         | er/Occupant     |                    |                |               |          |

## **RELOCATION ASSISTANCE ACKNOWLEDGEMENT**

| ce to help cover the costs of temporary sur/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work. |
|--|
| ce to help cover the costs of temporary ur/my home located at the above nt, we must provide receipts to the nts which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of spedite the work.     |
| ce to help cover the costs of temporary ur/my home located at the above nt, we must provide receipts to the nts which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of spedite the work.     |
| ce to help cover the costs of temporary our/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work. |
| ur/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work.  |
| ur/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work.  |
| ur/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work.  |
| ur/my home located at the above int, we must provide receipts to the ints which may be required by the CAA, inderstand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work.  |
|  |
| and monthly rent for apartment units; ocation to another dwelling; and (vi) istance I/we receive is spent on items quest additional money for actual no obligation to reimburse for unverified   |
| d all policies set forth by the relocation sible for damages to the relocated ociated with said damages. Any ociate with damages determined my/our   |
| location reimbursements and that   |
| the maximum amounts of money to be   |
|  |
| ment work is being carried out. If you   |
|  |
|  |
|  |
| Date   |
| Date   |
| Date   |
|  |
| Date   |
|  |

| <b>UNIT#</b> |  |
|--------------|--|
|--------------|--|

| AMI for this tenant: |  |
|----------------------|--|
|----------------------|--|

### **TENANT APPLICATION**

| Community Action Agency (CAA):   | Que                                      | estions sh                       | ould be directed to:                         |                      |          |  |  |
|--|--|----------------------------------|--|----------------------|----------|--|--|
| Name   | CA                                       | A Rep Nam                        | ne:  |                      |          |  |  |
| Address  |  | A Rep Title                      | :  |                      |          |  |  |
|  | CAA Rep Phone:                           |                                  |  |                      |          |  |  |
|  |  | A Rep Ema                        |  |                      |          |  |  |
|  |  | •                                |  |                      |          |  |  |
| INSTRUCTIONS: Return completed and signed Application a  | nd Applicant In                          | formation F                      | Form to the above-named (                    | CAA.                 |          |  |  |
| Date Pr  | oject Type                               | ☐ Sing                           | le-Family Rental 🔲 🛭                         | /lulti-Family        |          |  |  |
| I. PRO   | OPERTY IN                                | FORMAT                           | ION  |                      |          |  |  |
| Address:   | Apartm                                   | ent#                             |  |                      |          |  |  |
|  | #Bedro                                   | oms:                             |  |                      |          |  |  |
|  | Rent A                                   | mount:                           |  |                      |          |  |  |
|  |  |                                  |  |                      |          |  |  |
| II. HOU  | SEHOLD IN                                | IFORMA                           | TION   |                      |          |  |  |
|  |  |                                  |  |                      |          |  |  |
| Tenant Name:   | Co-Ter                                   | ant Name:                        |  |                      |          |  |  |
| First MI Last  |  |                                  | First MI                                     | Last                 |          |  |  |
| Tenant Age:  | Co-Te                                    | nant Age:                        |  |                      |          |  |  |
| Telephone:   | Teleph                                   | one:                             |  |                      |          |  |  |
| Total number in house (including you)  | o dependent ch                           | ildren unde                      | er six years of age reside ir                | the home.            |          |  |  |
|  |  |                                  | Blood Lead Levels                            | Covered I            | ΟV       |  |  |
| Name(s) of Child (age 18 or younger) Full time   | student?                                 | Age                              | VEBL ug/dl                                   | MaineCar             |          |  |  |
| Yes  | No                                       |                                  |  | Yes                  | No       |  |  |
|  |  |                                  |  |                      |          |  |  |
| Yes  | No                                       |                                  |  | Yes                  | No       |  |  |
| Yes Yes  | No<br>No                                 |                                  |  |                      | No<br>No |  |  |
|  |  |                                  |  | Yes<br>Yes           | No       |  |  |
| Yes  | No                                       |                                  |  | Yes                  |          |  |  |
| Yes Yes  Does your home serve as a child care location? Meaning, does  | No No                                    |                                  |  | Yes<br>Yes<br>Yes    | No<br>No |  |  |
| Yes Yes  | No No                                    |                                  |  | Yes<br>Yes<br>Yes    | No       |  |  |
| Yes  Yes  Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day   | No No se a child other ye per week (at   | least 60 ho                      | ours or more per year) in                    | Yes<br>Yes<br>Yes    | No<br>No |  |  |
| Yes  Yes  Yes  Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home?  | No No se a child other ye per week (at   | least 60 ho                      | ours or more per year) in                    | Yes Yes Yes  Yes     | No<br>No |  |  |
| Yes  Yes  Yes  Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home?  If yes, have any of the children who received services been defined the services been defined as the services as the services been defined as the services been defined as the services as the services as the services been defined as the services as the services as the services been defined as the services as  | No No se a child other ye per week (at   | least 60 ho                      | ours or more per year) in soning?            | Yes Yes Yes  Yes     | No<br>No |  |  |
| Yes Yes  Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home?  If yes, have any of the children who received services been de  | No N | least 60 ho                      | ours or more per year) in soning?  ASSETS    | Yes Yes Yes Yes  Yes | No<br>No |  |  |
| Yes Yes  Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home?  If yes, have any of the children who received services been de  | No N | least 60 ho                      | ours or more per year) in soning?  ASSETS    | Yes Yes Yes Yes  Yes | No<br>No |  |  |
| Does your home serve as a child care location? Meaning, does of age spend at least three hours per day, on two separate day the home?  If yes, have any of the children who received services been described by the companion of the children who received services been described by the children who received services by the children who received by the children who receive | No N | ve lead pois  ME AND  considered | ours or more per year) in soning?  ASSETS    | Yes Yes Yes Yes  Yes | No<br>No |  |  |
| Does your home serve as a child care location? Meaning, does of age spend at least three hours per day, on two separate day the home?  If yes, have any of the children who received services been described by the companion of the children who received services been described by the children who received services by the children who received by the children who receive | No N | ve lead pois  ME AND  considered | soning?  ASSETS for enrollment in the Progra | Yes Yes Yes Yes  Yes | No<br>No |  |  |

No. of Years

Street, City, State, Zip

| UNIT | # |  |  |  |  |
|------|---|--|--|--|--|
|      |   |  |  |  |  |
|      |   |  |  |  |  |

| Co-Tenant Emplo  | yment:  |   |  |   |                        |                          |
|--|---|---|--|---|------------------------|--------------------------|
| Self-Employed:   |   | If yes, provi   | ide 2 years tax returns, including <b>all</b> Employer Telephone Position No. of Years |   |                        |                          |
| Head of Househo  | ld Employn  | nent:   |  |   |                        |                          |
| Self-Employed:<br>Employer Name<br>Employer Address  | ☐ Yes<br>————   | □ No  | If yes, provi  | ide 2 years tax returns, including <b>all</b> Employer Telephone Position No. of Years      |                        |                          |
| Occupants must pro   | /ide gross inc  | ome inform  | ation and veri   | fication to be considered for enrollm   | ent in the Pro         | ogram.                   |
| b. Additional 1. Overt 2. Part- 3. Pensi 4. Veter 5. Net R 6. Self E 7. Child 8. Public 9. Social 10. Unem c. Other** d. Gross Mole e. Total (Lin *If self-employer, ple | Fime Employmons an's Administration and Income Employment* Support C Assistance (* I Security Beneficial Income apployment Correction and Income and Multiplied cusehold Income | from Emplome From: ment ration Comp TANF/WIC efits mpensation e (Total A, iby 12) ome (Total ost recent 2 | pensation  | TENANT CO-TE  | BENANT  trusts, income | C) Head of Household     |
|  |   |   | rovided on th  | SEHOLD INCOME AND ASSI<br>his form is TRUE and CORRECT<br>and agree to the responsibilities | 「and I ackno           |                          |
| Tenant Information   |   | . 5 1000170   | a a copy of c  | and agree to the responsibilities   | and informa            | as. Johanna III III      |
|  |   |   |  | the United States Environmenta<br>nection with our apartment unit.                          | I Protection           | Agency pamphlet entitled |
| Signed by all Tenar  | nts of the pro  | perty   |  |   |                        |                          |
| Signature of Tenan   | t (Occupant)  |   |  | Da  | nte                    |                          |
| Signature of Co-Te   | nant (Co-Occup  | ant)  |  | Da  | nte                    |                          |

CAA Representative Signature

|   |   |                          | Applic                                   | ant Demographic Profile  |  |  |       |
|---|---|--------------------------|--|--|--|--|-------|
| lender's compliance with e encouraged to do so. The choose to furnish it. Howe  | qual credit<br>law provide<br>ver, if you o | opportunites that a lead | ty and fair<br>ender may<br>ot to furnis | ernment for certain types of loans related housing laws. You are not required to a neither discriminate on the basis of the the information, under federal regulation or surname. If you do not wish to furn | o furnish th<br>his informa<br>ations the le | nis information, but are<br>ation, nor on whether you<br>ender is required to note rac | ce or |
| I do not wish to furnish t  |   |                          | ☐ Yes                                    | s □ No<br>all that apply)  |  |  |       |
| Sex of Head of Household Single Married Elderly Single Parent with Childrer Two Parents with Childrer Other (specify) | □ Male                                      | ☐ Female                 | `<br>} ;                                 | # of Household Members Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander   |  |  |       |
| Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head Household                              | of  | □<br>□<br>□ Yes          | □No                                      | American Indian/Alaskan Native & Whi<br>Asian & White  Black/African American & White  | _  |  |       |
| Displaced Homemaker*  *A displaced homemaker mea  |   |                          |  | Other Multi-Racial<br>ot worked full-time, full-years in the labor fo<br>nily and is employed or under employed ar   |  |  | uch   |
|   |   |                          |  |  |  |  |       |
|   |   |                          |  | Office Use Only  |  |  |       |
| The Gross Income as calculat  | ed pursuant                                 | to this Ten              | ant Applica                              | tion has been verified by the CAA to be:   |  | \$   |       |
| Maximum Eligible Income for   | this Tenant/                                | s:                       | \$                                       | Perce  | entage of AM                                 | Л:   |       |

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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

#### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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 (Z267)                               | State Lead (N261)                           | Federal Lead       | Healthy Homes              | DHHS  |
|-------------------------|---|---|--------------------|----------------------------|---|
| Agency (CAA):           |   |   | CA                 | AA Rep Name:               |   |
|                         |   |   | C/                 | AA Rep Title:              |   |
| Project Type:           | ☐ Single-Family ☐                               | Multi-Family                                | CA                 | AA Rep Phone:              |   |
|                         |   | ·   | CA                 | AA Rep Email:              |   |
| Applicant (Own          | er):  |   | Co-Appli           | cant:                      |   |
| Property:               |   |   | Tenant:            |                            |   |
| Troporty.               |   |   | Apt#:              | -                          |   |
|                         |   |   | Αрι#.              |                            |   |
|                         |   |   |                    |                            |   |
| INSTRUCTIONS            | : Return completed ar                           | nd signed Blood Testin                      | g Release to the   | above-named CAA            | <b>l.</b>   |
| Date                    |   |   |                    |                            |   |
|                         |   |   |                    |                            |   |
| in your home. I         | f your children have                            |   | test in the past   | three (3) month            | ted prior to hazard control work <b>s</b> , you should contact your |
| Please check            | one of the following                            | g- the one which be                         | est describes v    | our children:              |   |
| rioudd diiddii          |   |   | .o. uooo/1200 y    | our ormarom.               |   |
| My childre              | en under six <b>have</b> ha                     | d their blood lead le                       | vels tested in th  | ne past <b>three (3)</b> i | months. Please identify   |
|                         |   |   |                    |                            | ·   |
| Provider Name           | ·   |   |                    | Date of Test               | <u> </u>  |
| I hereby a<br>Grant Pro |   | r to release the resul                      | Its of this (these | e) blood test (s) to       | the Lead Hazard Reduction   |
| 1 1 -                   | en under six <b>have no</b><br>ed at this time. | ot had their blood lea                      | d levels tested    | in the past three          | (3) months and I agree to have                                      |
| For Religi              | ous purposes and/o                              | personal reasons, I                         | choose not to      | have my child (c           | hildren's) tested for lead.   |
|                         |   | rmation. I/We unders<br>Reduction Grant Pro |                    | osure of this infor        | mation is not required for  |
| Parent or Guardian      | Signature                                       |   |                    | Date                       |   |
|                         | Name  |   |                    |                            |   |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| oject Funding: State Lead (Z  | 267) State Lead                  | d (N261)                    | Federal Lead                   | Healthy Homes                    | S DHHS            |                |               |
|---|----------------------------------|-----------------------------|--------------------------------|----------------------------------|-------------------|----------------|---------------|
|   |                                  |                             |                                | CAA Rep Title:                   |                   |                |               |
| Project Type: Single-F  | amily 🗖 Multi-F                  | amily                       |                                | CAA Rep Phone:<br>CAA Rep Email: |                   |                |               |
| Applicant (Owner):  |                                  |                             | Co-                            | Applicant:                       |                   |                |               |
| Property:   |                                  |                             | Ten<br>Apt                     | ·                                |                   |                |               |
| INSTRUCTIONS: Return co   | mpleted and signe                | ed 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 below | amount of time" vate days a week | visiting you<br>and a total | ur home. A "s<br>I of 60 hours | ignificant amour<br>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 var  | ies from week to                 | week, plea                  | ase explain:                   |                                  |                   |                |               |
|   |                                  |                             |                                |                                  |                   |                |               |
|   |                                  |                             |                                |                                  |                   |                |               |
|   |                                  |                             |                                |                                  |                   |                |               |
|   |                                  |                             |                                |                                  |                   |                |               |
|   |                                  |                             |                                |                                  |                   |                |               |
| By signing below, you are   | certifying that th               | is stateme                  | ent and inform                 | ation is true and                | l correct         |                |               |
| by digiting below, you are  | oor ary mg and ar                | io otatomo                  | in and intern                  |                                  | . 0011001.        |                |               |
| Date:   |                                  | Owner/O                     | ccupant Sigr                   | ature:                           |                   |                |               |
|   |                                  | Owner/O                     | ccupant Nan                    | ne:                              |                   |                |               |
| Date:   |                                  | Co-Owne                     | er/Occupant S                  | Signature:                       |                   |                |               |
|   | _                                | Co-Owne                     | er/Occupant I                  |                                  |                   |                |               |

## RELOCATION ASSISTANCE ACKNOWLEDGEMENT

| -   | t Funding:<br>cy (CAA):   | State Lead (Z267)  | State Lead (N261)  | Federal Lead   | Healthy Homes   | DHHS  |
|-----|---|--|--|--|---|---|
|     |   |  |  |  | Rep Name:   |   |
|     |   | -  |  | <del></del>  | Rep Title:  |   |
| Р   | roject Type:  | ☐ Single-Family  | ■ Multi-Family   |  | Rep Phone:  Rep Email:  |   |
|     |   |  |  | CAF  | . Кер Еттап.  |   |
| Арр | licant (Own   | ner):  |  | Со-Арр   | licant:   |   |
| Pro | perty:  |  |  |  |   |   |
| Con | tractor:  |  |  |  |   |   |
|     | relocation or referenced above-refe to verify ex such relocations.    | expenses associated Property. I/We ure renced Community openses incurred a lation assistance, the to prepare the Property in t | ed with lead paint handerstand that in ord<br>y Action Agency ("C,<br>s a result of tempora<br>that I/we have a response | azard abatement<br>er to receive rein<br>AA"), and/or othe<br>ary relocation. I/\<br>onsibility to coop<br>d abatement/rem | work in our/my hon<br>hoursement, we man<br>r documents whice<br>We also understant<br>erate with the CAA<br>ediation work, inc | o cover the costs of temporary ome located at the above nust provide receipts to the h may be required by the CAA, d that in the event I/we receive A and the above referenced luding moving furniture out of the work. |
|     | following:<br>(iv) laundry<br>rental fees<br>other than<br>relocation | (i) moving expense<br>y; (v) extra gasolin<br>for other alternative<br>relocation, I/we ur<br>expenses. Furthe   | es; (ii) hotel/motel co<br>e/transportation cost<br>ve housing arrangen<br>nderstand that this d                         | ests; (iii) security<br>ts due to the tem<br>nents. If the relo<br>oes not entitle mand that the CAA                       | deposits and mon-<br>porary relocation to<br>cation assistance<br>e/us to request ad<br>to is under no obliga-                  | out are not limited to, the thly rent for apartment units; o another dwelling; and (vi) l/we receive is spent on items ditional money for actual ation to reimburse for unverified                                      |
|     | property ov<br>property du  | wner/representative<br>uring my/our reloca<br>reimbursement l/w  | e. I/We, understand<br>ation, I/we may be re   | if I/we are deeme<br>sponsible for the   | ed responsible for cost associated w  | cies set forth by the relocation damages to the relocated with said damages. Any the damages determined my/our  |
| 4.  | By signing  | this agreement, I/   | We acknowledge the   | e conditions of re   | ceiving relocation  | reimbursements and that   |
|     | \$1,450 for   | federally-funded p   | rojects or \$1,250 for   | state-funded pro   | jects are the max   | imum amounts of money to be   |
|     | received fo   | or temporary reloca  | ition expenses.  |  |   |   |
|     | Signature   | of occupant of h   | ome or rental unit   | where lead haza  | ard abatement wo  | ork is being carried out. If you  |
|     | do not un   | derstand this agr  | eement, do not sig   | n it.  |   |   |
|     | Occupant Sig  |  | ,  |  |   |   |
| _   | Occupant Na   | me   |  | Apartment  | Unit #  | Date  |
| _   | Co-Occupant   | Signature  |  |  |   |   |
| _   | Co-Occupant   | Name   |  |  |   | Date  |
| _   |   | g below, the CAA<br>er(s) or renter(s).  | acknowledges rec   | eipt of this doc   | ument signed by   | the above   |
|     |   | entative Signature   |  |  |   | Date  |
| _   | CAA Darras  | entative Name  |  |  |   |   |
|     | CAA Keprese   | ептануе гуагле   |  |  |   |   |

| ι | J١ | 11 | Т | # |  |
|---|----|----|---|---|--|
|---|----|----|---|---|--|

| AMI | for | this | tenant: |  |  |  |
|-----|-----|------|---------|--|--|--|
| AMI | tor | this | tenant: |  |  |  |

## **TENANT APPLICATION**

| Community Action Ag  | ency (CAA):   |  | Questions sh                                    | nould be directed to:   |  |                      |
|--|---|--|---|---|--|----------------------|
| Name   |   |  | CAA Rep Nan                                     | me:   |  |                      |
| Address  |   |  | CAA Rep Title                                   | e:  |  |                      |
|  |   |  | CAA Rep Pho                                     | one:  |  |                      |
|  |   |  | CAA Rep Ema                                     | ail:  |  |                      |
| INSTRUCTIONS: Retu   | rn completed and sigr   | ned Application and Applic   | ant Information                                 | Form to the above-named C   | AA.                                      |                      |
| Date   |   | Project Ty   | <b>rpe</b> □ Sing                               | gle-Family Rental 🔲 M   | ulti-Family                              |                      |
|  |   | I. PROPERT   | Y INFORMAT                                      | TION  |  |                      |
| Address:   |   |  | partment #                                      |   |  |                      |
|  |   | #  | Bedrooms:                                       |   |  |                      |
|  |   | F  | ent Amount:                                     |   |  |                      |
|  |   |  |   |   |  |                      |
|  |   | II. HOUSEHOL   | .D INFORMA                                      | ATION   |  |                      |
| Tenant Name:   |   |  | o-Tenant Name                                   |   |  |                      |
|  | rst MI  | Last   |   | First MI  | Last                                     |                      |
| Tenant Age:  |   |  | o-Tenant Age:                                   |   |  |                      |
| Telephone:   |   | Т  | elephone:                                       |   |  |                      |
| Total number in house (  |   | <u></u>  |   |   |  |                      |
|  | including you)  | ☐ No depend  | ent children und                                | ler six years of age reside in  | the home.                                |                      |
|  | including you)  |  | ent children und                                | ler six years of age reside in  |  |                      |
|  | including you)  hild (age 18 or younger   |  |   | er six years of age reside in  Blood Lead Levels  VEBL ug/dl  | Covered MaineCar                         |                      |
|  |   |  | ? Age   | Blood Lead Levels   | Covered                                  |                      |
|  |   | ) Full time student  | ? Age   | Blood Lead Levels   | Covered  <br>MaineCar                    | e?                   |
|  |   | Full time student Yes No   | Age   | Blood Lead Levels   | Covered MaineCar                         | e?<br>No             |
|  |   | Yes No   | Age   | Blood Lead Levels   | Covered MaineCar<br>Yes<br>Yes<br>Yes    | No No No             |
|  |   | Yes No   | Age   | Blood Lead Levels   | Covered  <br>MaineCar<br>Yes             | No No                |
| Name(s) of C   | hild (age 18 or younger   | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  | Covered MaineCar<br>Yes<br>Yes<br>Yes    | No No No             |
| Name(s) of C   | hild (age 18 or younger   | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  | Covered MaineCar<br>Yes<br>Yes<br>Yes    | No No No             |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger   | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  dependent, under six years yours or more per year) in   | Covered   MaineCar                       | No<br>No<br>No<br>No |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger   | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  dependent, under six years yours or more per year) in   | Covered MaineCar Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger<br>as a child care location<br>ree hours per day, on<br>children who received                       | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in isoning?   | Covered MaineCar Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the or   | hild (age 18 or younger<br>as a child care location<br>ree hours per day, on<br>hildren who received                        | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  dependent, under six years rours or more per year) in isoning?  | Covered MaineCar                         | No No No No No No    |
| Does your home serve of age spend at least the the home?  If yes, have any of the concept of the | hild (age 18 or younger as a child care location ree hours per day, on hildren who received  III.                           | Yes No Ye | Age  Age  O  O  O  O  O  O  O  O  O  O  O  O  O | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in isoning?   | Covered MaineCar                         | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the concept of t | hild (age 18 or younger as a child care location ree hours per day, on children who received  III.  the the employment info | Yes No Ye | Age  O  O  O  O  O  O  O  O  O  O  O  O  O      | Blood Lead Levels VEBL ug/dl  dependent, under six years rours or more per year) in isoning?  DASSETS If for enrollment in the Progra | Covered MaineCar                         | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the concept of t | hild (age 18 or younger as a child care location ree hours per day, on hildren who received  III.                           | Yes No Ye | Age  O  O  O  O  O  O  O  O  O  O  O  O  O      | Blood Lead Levels VEBL ug/dl  dependent, under six years rours or more per year) in isoning?  DASSETS If for enrollment in the Progra | Covered MaineCar                         | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the concept of t | hild (age 18 or younger as a child care location ree hours per day, on children who received  III.  the the employment info | Yes No Ye | Age  O  O  O  O  O  O  O  O  O  O  O  O  O      | Blood Lead Levels VEBL ug/dl  dependent, under six years rours or more per year) in isoning?  DASSETS If for enrollment in the Progra | Covered MaineCar                         | No No No No No No    |

| UNIT | # |  |  |  |  |  |
|------|---|--|--|--|--|--|
|      |   |  |  |  |  |  |

| Co-Tenant Employm  | ent:         |             |                  |                        |  |   |
|--|--------------|-------------|------------------|------------------------|--|---|
| Self-Employed:   | ☐ Yes        | □ No        | If yes, provid   | de 2 years tax returns | s, including <b>all</b> Schedules.               |   |
| Employer Name  |              |             |                  | Employe                | er Telephone                                     |   |
| Employer Address   |              |             |                  | Position               | <del></del>                                      |   |
|  |              | Street, Cit | y, State, Zip    | No. of Y               | ears   |   |
| Head of Household  | Employm      | ent:        |                  |                        |  |   |
| Self-Employed:   | ☐ Yes        | □ No        | If yes, provid   | de 2 years tax returns | s, including <b>all</b> Schedules.               |   |
| Employer Name  |              |             |                  | Employe                | er Telephone                                     |   |
| Employer Address   |              |             |                  | Position               |  |   |
|  |              | Street, Ci  | ty, State, Zip   | No. of Y               | ears   |   |
| Occupants must provide   | gross inco   | me informa  | ation and verifi | ication to be conside  | red for enrollment in the Pro                    | ogram.  |
|  | GROSS AN     | IOUNT       |                  | A<br>TENANT            | B<br>CO-TENANT                                   | C) Head of<br>Household                         |
| <b>a.</b> Wages (gross   |              |             | vment            | ILIVANI                | OO-ILIANI  | Household                                       |
| <b>b.</b> Additional Mo  | - /          | -           |                  |                        |  |   |
| 1. Overtime  | -            |             |                  | ·                      |  |   |
| 2. Part-Time   | e Employme   | ent         |                  |                        |  |   |
| 3. Pensions  | ;            |             |                  |                        |  |   |
| 4. Veteran's   | s Administra | ition Comp  | ensation         |                        |  |   |
| 5. Net Rent  | al Income    |             |                  |                        |  |   |
| 6. Self Emp  | loyment*     |             |                  |                        |  |   |
| 7. Child Sup   | oport        |             |                  |                        |  |   |
|  | ssistance (T |             | GA)              |                        |  |   |
|  | curity Bene  |             |                  |                        |  |   |
| 10. Unemplo  | yment Com    | pensation   |                  |                        |  |   |
| c. Other**   |              |             |                  |                        |  |   |
| d. Gross Month   | -            | -           | 3 & C)           |                        |  |   |
| e. Total (Line D   | Multiplied b | y 12)       | _                |                        |  |   |
| f. Gross House   | ehold Incon  | ne (Total e | e(A)+e(B)+e(C    | ;):                    |  |   |
| *If self-employer, please<br>** Includes bonuses, div<br>or investments. |              |             |                  |                        | Schedule C.<br>nt, income from trusts, income    | from business activities                        |
|  |              | IV.         | HOUS             | EHOLD INCOME           | AND ASSETS                                       |   |
|  |              |             |                  |                        |  |   |
|  |              |             |                  |                        | id CORRECT and I ackn sponsibilities and informa | owledge the CAAs right to tion contained in the |
| I/We, acknowledge the<br>Protect Your Family F                           |              |             |                  |                        |  | Agency pamphlet entitled                        |
| Signed by all Tenants  | of the prop  | erty        |                  |                        |  |   |
|  |              |             |                  |                        | Date   |   |
| Signature of Tenant (Od  | ccupant)     |             |                  |                        |  |   |
| Signature of Co-Tenant   | (Co-Occupa   | nt)         |                  |                        | Date   |   |

CAA Representative Signature

|  |  | Appli                                | cant Demographic Profile  |   |
|--|--|--------------------------------------|---|---|
| lender's compliance with equal encouraged to do so. The law p choose to furnish it. However, i | credit opportuni<br>provides that a l<br>f you choose no | ty and fa<br>ender ma<br>ot to furni | vernment for certain types of loans related to<br>ir housing laws. You are not required to fur<br>ay neither discriminate on the basis of this in<br>sh the information, under federal regulation<br>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 ir   | nformation   | □Ye                                  | es □ No   |   |
| He   | ad of Househo  |                                      |   |   |
| Sex of Head of Household   | ale □ Femal  | е                                    | # of Household Members  Race:  White  |   |
| Elderly<br>Single Parent with Children<br>Two Parents with Children                            |  |                                      | Black/African American<br>American Indian/Alaska Native<br>Asian  |   |
| Other (specify)  |  |                                      | Native Hawaiian/Other   |   |
| Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head of              |  |                                      | Pacific Islander<br>American Indian/Alaskan Native & White<br>Asian & White   |   |
| Household  | ☐ Yes  | □ No                                 | Black/African American & White  |   |
|  |  |                                      | Other Multi-Racial<br>not worked full-time, full-years in the labor force f<br>amily and is employed or under employed and is   |   |
|  |  |                                      |   |   |
|  |  |                                      | Office Use Only   |   |
| The Gross Income as calculated pu  | rsuant to this Ten                                       | ant Applic                           | eation has been verified by the CAA to be:  | \$  |
| Maximum Eligible Income for this To  | enant/ is:   | \$                                   | Percentaç   | ge of AMI:  |

Date

CAA Representative Name

Prepared by MaineHousing page 51 of 104 Tenant Application Lead 01/01/2025

| 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.

#### 1. HOW THE PROGRAM WORKS

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

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

#### 2. TEMPORARY RELOCATION

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

#### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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 (Z267)                              | State Lead (N261)                           | Federal Lead           | Healthy Homes            | DHHS  |
|--------------------|--|---|------------------------|--------------------------|---|
| Agency (CAA):      |  |   | C                      | CAA Rep Name:            |   |
|                    |  |   |                        | CAA Rep Title:           |   |
| Project Type:      | ☐ Single-Family ☐                              | Multi-Family                                |                        | CAA Rep Phone:           |   |
|                    | ☐ Single-Family L                              | J Multi-Family                              | C                      | CAA Rep Email:           |   |
| Applicant (Own     | er):   |   | Co-Appl                | icant:                   |   |
| Property:          |  |   | Tenant:                |                          |   |
|                    |  |   | Apt#:                  |                          |   |
|                    |  |   |                        |                          |   |
| INSTRUCTIONS       | 3: Return completed                            | and signed Blood Testi                      | ng Release to the      | e above-named CA         | <b>A</b> .  |
| Date               |  |   |                        |                          |   |
|                    |  |   |                        |                          |   |
| in your home. I    | f your children have                           |   | d test in the pas      | t three (3) montl        | sted prior to hazard control worns, you should contact your |
| D/                 |  |   |                        |                          |   |
| Please check       | one of the following                           | ng- the one which b                         | est describes          | your chilaren:           |   |
|                    |  |   |                        |                          |   |
| My childre         | en under six <b>have</b> h                     | ad their blood lead le                      | evels tested in t      | he past <b>three (3)</b> | months. Please identify                                     |
| Provider Nam       | e  |   |                        | Date of Tes              | t   |
| I hereby a         |  | er to release the resu                      | ults of this (thes     | e) blood test (s) t      | o the Lead Hazard Reduction                                 |
|                    | en under six <b>have</b> n<br>ed at this time. | oot had their blood le                      | ad levels tested       | I in the past three      | (3) months and I agree to have                              |
| For Relig          | ious purposes and/o                            | or personal reasons,                        | I choose <b>not to</b> | have my child (c         | children's) tested for lead.                                |
|                    |  | ormation. I/We unde<br>I Reduction Grant Pr |                        | losure of this info      | rmation is not required for                                 |
|                    |  |   |                        |                          |   |
| Parent or Guardian | n Signature                                    |   |                        | Date                     |   |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| Project Funding:                         | State Lead                            | (Z267) Sta       | ate Lead (N261)  | Federal Lea     | ad Healthy Ho      | mes DHHS          | 3             |               |
|--|---------------------------------------|------------------|------------------|-----------------|--------------------|-------------------|---------------|---------------|
| Agency (CAA):                            | <u></u>                               |                  |                  |                 | CAA Rep Name:      |                   |               |               |
|  |                                       |                  |                  |                 | CAA Rep Title:     |                   |               |               |
| Project Type: [                          | 7 Single-Es                           | amily $\Box$ Mul | lti-Family       |                 | CAA Rep Phone:     |                   |               |               |
|  | ⊒ omgic-i e                           |                  | id-i airilly     |                 | CAA Rep Email:     |                   |               |               |
| Applicant (Owner                         | ·):                                   |                  |                  | Co-             | Applicant:         |                   |               |               |
| Property:                                |                                       |                  |                  | Ter             | nant:              |                   |               |               |
| . roporty.                               |                                       |                  |                  | Apt             |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
| INSTRUCTIONS:                            | Return co                             | mpleted and s    | igned Certificat | ion to the abov | e-named CAA.       |                   |               |               |
| Date                                     |                                       |                  |                  |                 |                    |                   |               |               |
| O  | · · · · · · · · · · · · · · · · · · · |                  | NA - 5 1 1 5-    |                 |                    |                   | 9.1           |               |
| On your <i>Applicat</i> age spends a "si |                                       |                  |                  |                 |                    |                   |               |               |
| hours a day on to                        |                                       |                  |                  |                 |                    | it of tille visit | ing is define | su as, tillee |
| ,  | •                                     | ,                |                  |                 | , ,                |                   |               |               |
| Please fill in the                       | table belo                            | w, showing t     | he number of     | hours per da    | y a child under s  | six years old v   | isits your ho | ome:          |
|  |                                       | Sunday           | Monday           | Tuesday         | Wednesday          | Thursday          | Friday        | Saturday      |
| # of hours per da                        | ay                                    |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
| If the number of                         | hours vari                            | ies from wee     | k to week, ple   | ase explain:    |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
| By signing below                         | , you are                             | certifying tha   | nt this stateme  | ent and inform  | nation is true and | d correct.        |               |               |
| , , ,                                    |                                       | , 0              |                  |                 |                    |                   |               |               |
| Date:                                    |                                       |                  | Owner/C          | ccupant Sigr    | nature:            |                   |               |               |
|  |                                       |                  |                  |                 |                    |                   |               |               |
|  |                                       |                  | Owner/C          | occupant Nan    | ne:                |                   |               |               |
| Date:                                    |                                       |                  | Co-Owne          | er/Occupant     | Signature:         |                   |               |               |
|  |                                       |                  |                  | er/Occupant     |                    |                   |               |               |

### RELOCATION ASSISTANCE ACKNOWLEDGEMENT

|    | unding:<br>(CAA):  | State Lead (Z267)  | State Lead (N261)   |   | Healthy Homes  AA Rep Name:  _ AA Rep Title: _  | DHHS   |
|----|--|--|---|---|---|--|
|    | Project Type:  | ☐ Single-Family  | ☐ Multi-Family  |   | AA Rep Phone:  _ AA Rep Email: _  |  |
|    | plicant (Own   | er):   |   | Co-A  | oplicant:   |  |
| Со | ntractor:  |  |   |   |   |  |
| 1. | relocation e<br>referenced<br>above-refer<br>to verify exp<br>such relocations<br>Contractor | expenses associated Property. I/We use renced Commun penses incurred attion assistance, to prepare the P                     | ated with lead paint hunderstand that in ordity Action Agency ("Cas a result of tempore that I/we have a resp | hazard abatemer der to receive recay (CAA"), and/or ot rary relocation. ponsibility to coord abatement/re | nt work in our/my<br>eimbursement, we<br>her documents wh<br>I/We also underst<br>operate with the C<br>emediation work, in | help cover the costs of temporary home located at the above must provide receipts to the hich may be required by the CAA, and that in the event I/we receive AA and the above referenced including moving furniture out of e the work. |
| 2. | following: ( (iv) laundry rental fees other than relocation e                                | <ul><li>(i) moving expen-<br/>y; (v) extra gasoli<br/>for other alterna<br/>relocation, I/we α<br/>expenses. Furth</li></ul> | ses; (ii) hotel/motel coine/transportation costive housing arrange understand that this contents.             | costs; (iii) securit<br>sts due to the te<br>ements. If the re<br>does not entitle<br>stand that the CA   | y deposits and momporary relocation location assistance me/us to request and his under no ob-                               | e, but are not limited to, the conthly rent for apartment units; in to another dwelling; and (vi) se I/we receive is spent on items additional money for actual ligation to reimburse for unverified                                   |
| 3. | property ow<br>property du   | vner/representati<br>ıring my/our reloo<br>eimbursement I/   | ive. I/We, understand cation, I/we may be re  | d if I/we are deer<br>responsible for the   | med responsible for<br>ne cost associated   | olicies set forth by the relocation<br>or damages to the relocated<br>d with said damages. Any<br>with damages determined my/our   |
| 4. | By signing   | this agreement,  | I/We acknowledge th   | ne conditions of  | receiving relocation  | on reimbursements and that   |
|    | \$1,450 for 1  | federally-funded   | projects or \$1,250 fc  | or state-funded   | orojects are the m  | aximum amounts of money to be  |
|    |  |  |   |   |   |  |
|    | received fo  | r temporary reloc  | cation expenses.  |   |   |  |
|    |  |  | •   | t where lead ha   | zard abatement v  | work is being carried out. If yo   |
|    | Signature  | of occupant of   | home or rental unit   |   | zard abatement  | work is being carried out. If yo   |
|    | Signature  | of occupant of derstand this ag  | •   |   | zard abatement v  | work is being carried out. If yo   |
|    | Signature  | of occupant of derstand this ag  | home or rental unit   | <u>gn i</u> t.  | zard abatement v  | work is being carried out. If you  |
|    | Signature do not uno Occupant Sign   | of occupant of derstand this agnature  | home or rental unit   | <u>gn i</u> t.  |   |  |
|    | Signature do not uno Occupant Sign Occupant Nar  | of occupant of derstand this agnature  me  Signature   | home or rental unit   | <u>gn i</u> t.  |   | Date   |
|    | Signature do not und Occupant Sign Occupant Nar Co-Occupant Co-Occupant                      | of occupant of derstand this agnature  me Signature  Name  | home or rental unit<br>greement, do not sign<br>A acknowledges re   | <b>gn_it.</b> Apartme   | ent/Unit #  | Date   |
|    | Signature do not und Occupant Sign Occupant Nar Co-Occupant Co-Occupant By signing homeowne  | of occupant of derstand this agnature  me  Signature  Name   | home or rental unit<br>greement, do not sign<br>A acknowledges re   | <b>gn_it.</b> Apartme   | ent/Unit #  | Date   |

| ι | J١ | l۱ | Т | # |  |
|---|----|----|---|---|--|
|---|----|----|---|---|--|

| AMI for ti | his tenant: |  |
|------------|-------------|--|
|------------|-------------|--|

### **TENANT APPLICATION**

| Community Action Ag  | ency (CAA    | A):             |                 | Q             | uestions sh         | nould be directed to:      |                 |      |
|--|--------------|-----------------|-----------------|---------------|---------------------|----------------------------|-----------------|------|
| Name   |              |                 |                 | C/            | AA Rep Nar          | me:                        |                 |      |
| Address  |              |                 |                 | C             | AA Rep Title        | e:                         |                 |      |
|  |              |                 |                 |               | AA Rep Pho          | ·                          |                 |      |
|  |              |                 |                 | C             | AA Rep Ema          | ail:                       |                 |      |
| INSTRUCTIONS: Retu   | rn complet   | ed and signed   | Application and | d Applicant l | nformation          | Form to the above-nam      | ed CAA.         |      |
| Date   |              |                 | Pro             | ject Type     | ☐ Sing              | gle-Family Rental          | ☐ Multi-Family  |      |
|  |              |                 | I. PRO          | PERTY IN      | IFORMA              | TION                       |                 |      |
| Address:   |              |                 |                 | Apart         | ment #              |                            |                 |      |
|  |              |                 |                 | #Bed          | rooms:              |                            |                 |      |
|  |              |                 |                 | Rent          | Amount:             |                            |                 |      |
|  |              |                 |                 |               |                     |                            |                 |      |
|  |              | li i            | ПОП             | SEHOLD I      | NEODMA              | TION                       |                 |      |
|  |              | ''              | . 11000         | JEHOLD I      | INI OINIA           | ATTON                      |                 |      |
| Tenant Name:   | rst M        | MI              | Last            | Co-Te         | enant Name          | e:                         | Last            |      |
|  | St r         | VII             | Lasi            | Co T          | onant Agai          | FIFST IVII                 | Last            |      |
| Tenant Age: Telephone:   |              |                 |                 |               | enant Age:<br>hone: |                            |                 |      |
| releptione.  |              |                 |                 | _ reiep       | mone.               | _                          |                 |      |
| Total number in house (  | including y  | ou)             | D No            | dependent of  | children und        | ler six years of age resid | de in the home. |      |
|  |              |                 | Full time st    | tudent?       | A                   | Blood Lead Levels          | Covered I       | by   |
| Name(s) of C   | hild (age 18 | 8 or younger)   |                 | ladonii       | Age                 | VEBL ug/dl                 | MaineCar        | e?   |
|  |              |                 | Yes             | No            |                     |                            | Yes             | No   |
|  |              |                 | Yes             | No            |                     |                            | Yes             | No   |
|  |              |                 | Yes             | No            |                     |                            | Yes             | No   |
|  |              |                 | Yes             | No            |                     |                            | Yes             | No   |
|  |              |                 |                 | 121.0         |                     |                            |                 |      |
| Does your home serve a<br>of age spend at least the<br>the home? |              |                 |                 |               |                     |                            |                 | □ No |
| If yes, have any of the o  | hildren who  | o received serv | vices been dete | ermined to h  | ave lead po         | isoning?                   | ☐ Yes           | □ No |
|  |              |                 |                 |               |                     |                            |                 |      |
|  | -            | III.            | HOUSEH          | OLD INC       | OME AND             | ASSETS                     |                 | -    |
| Occupants must provide   | the emplo    | yment informa   | ition requested | below to be   | considerea          | for enrollment in the Pi   | rogram.         |      |
| Tenant Employment  | :            |                 |                 |               |                     |                            |                 |      |
| Self-Employed:   | ☐ Yes        | □ No If         | yes, provide 2  | years tax re  | eturns, inclu       | ding <b>all</b> Schedules. |                 |      |
| Employer Name  |              |                 |                 | Em            | ployer Telep        | phone                      |                 |      |
| Employer Address   |              |                 |                 | Pos           | sition              |                            |                 |      |

No. of Years

Street, City, State, Zip

| UNIT | #_ |  |  |  |  |
|------|----|--|--|--|--|
|      | _  |  |  |  |  |

| Co-Tena             | ant Employn                                       | nent:                         |                                |                                 |  |  |   |
|---------------------|---|-------------------------------|--------------------------------|---------------------------------|--|--|---|
| Self-Emp<br>Employe | -   | ☐ Yes                         | □ No                           | If yes, pro                     | ovide 2 years tax returns, in<br>Employer T                            |  |   |
| Employe             | r Address   |                               |                                |                                 | Position   |  |   |
|                     |   |                               |                                |                                 | No. of Year  | s                                      |   |
| Head of             | Household   | Employm                       | nent:                          |                                 |  |  |   |
| Self-Emp            | oloved:   | ☐ Yes                         | □ No                           | If ves. pro                     | ovide 2 years tax returns, in  | cludina <b>all</b> Schedules.          |   |
| Employe             | -   |                               |                                | , , , ,                         | Employer T   |  |   |
|                     | r Address   |                               |                                |                                 | Position   | •                                      |   |
|                     |   |                               |                                |                                 | No. of Year  | s                                      |   |
| Occupan             | ts must provid                                    | e gross inco                  | ome inform                     | ation and ve                    | erification to be considered   | for enrollment in the Pr               | ogram.  |
|                     |   | GROSS AI                      | MOUNT                          |                                 | A<br>TENANT  | B<br>CO-TENANT                         | C) Head of<br>Household                           |
| a.                  | Wages (gros                                       |                               |                                | ovment                          | IENANI   | CO-TENANT                              | nousellolu  |
| b.                  | Additional M                                      |                               | =                              | oyinon.                         |  |  |   |
|                     | Overtime  | -                             |                                |                                 |  |  |   |
|                     | 2. Part-Tim                                       | ie Employm                    | ent                            |                                 |  |  |   |
|                     | 3. Pension  |                               |                                |                                 |  |  |   |
|                     | 4. Veteran'                                       | s Administr                   | ation Com                      | pensation                       |  |  |   |
|                     | 5. Net Ren  | tal Income                    |                                |                                 |  |  |   |
|                     | 6. Self Em  | oloyment*                     |                                |                                 |  |  |   |
|                     | 7. Child Su                                       | pport                         |                                |                                 |  |  |   |
|                     | 8. Public A                                       | ssistance (                   | TANF/WIC                       | /GA)                            | <u> </u>   |  |   |
|                     | 9. Social S                                       | ecurity Ben                   | efits                          |                                 |  |  |   |
|                     | 10. Unemplo                                       | yment Con                     | npensatior                     | 1                               |  |  |   |
| C.                  | Other**   |                               |                                |                                 |  |  |   |
| d.                  | <b>Gross Mont</b>                                 | hly Income                    | (Total A,                      | B & C)                          |  |  |   |
| e.                  | Total (Line L                                     | Multiplied 1                  | by 12)                         |                                 |  |  |   |
| f.                  | Gross Hous  | ehold Inco                    | me (Total                      | e(A)+e(B)+e                     | e(C):  |  |   |
| ** Inclu            | -employer, pleas<br>udes bonuses, di<br>estments. | e provide mo<br>vidends, inte | ost recent 2<br>rest, royaltio | years of comp<br>es, alimony, s | pleted tax returns including Scl<br>ick pay, disability, retirement, i | nedule C.<br>ncome from trusts, income | e from business activities                        |
|                     |   |                               |                                |                                 |  |  |   |
|                     |   |                               | IV                             | . HOU                           | ISEHOLD INCOME A   | ND ASSETS                              |   |
| verify. I           |   |                               |                                |                                 | this form is <b>TRUE</b> and <b>C</b> f and agree to the respon        |  | nowledge the CAAs right to ation contained in the |
|                     |   |                               |                                |                                 | of the United States Envi<br>nnection with our apartm                  |  | Agency pamphlet entitled                          |
| Signed b            | y all Tenants                                     | of the prop                   | perty                          |                                 |  |  |   |
|                     |   |                               |                                |                                 |  | Date                                   |   |
| Signat              | ure of Tenant (C                                  | occupant)                     |                                |                                 |  |  |   |
|                     |   |                               |                                |                                 |  | Date                                   |   |
| Signat              | ure of Co-Tenan                                   | t (Co-Occupa                  | ant)                           |                                 |  |  |   |

| UNIT # |
|--------|
|--------|

|  |   |                          | Applic                                    | ant Demograpi   | hic Profile  |  |   |
|--|---|--------------------------|---|---|--|--|---|
| The following information is lender's compliance with edencouraged to do so. The lendose to furnish it. However, national origin and sex on the sex of the following the f | qual credit<br>law provide<br>ver, if you o | opportunites that a lead | ty and fair<br>ender may<br>ot to furnish | housing laws. You<br>neither discrimina<br>the information, u                           | i are not required to furn<br>te on the basis of this in<br>nder federal regulations | ish this inf<br>formation,<br>the lender | formation, but are<br>nor on whether you<br>r is required to note race or |
| I do not wish to furnish th  | is informa                                  | ation                    | □ Yes                                     | □ No  |  |  |   |
|  | Head of                                     | Househo                  |   | all that apply)   |  |  |   |
| Sex of Head of<br>Household<br>Single<br>Married<br>Elderly<br>Single Parent with Childrer<br>Two Parents with Children  | ☐ Male                                      | ☐ Female                 |   | f of Household Memb<br>Race:<br>White<br>Black/African Ame<br>American Indian/<br>Asian | erican   |  |   |
| Other  |   |                          |   | Native Hawaiian/0   | Other  |  |   |
| (specify)  Ethnicity:  Hispanic or Latino  Not Hispanic or Latino:  Physically Disabled Head of  | nf  |                          |   | Asian & White   | Alaskan Native & White   |  |   |
| Household Displaced Homemaker* *A displaced homemaker mea years, worked primarily without upgrading employment.  | ns an adult                                 |                          |   |   | l<br>I-years in the labor force fo   |  |   |
|  |   |                          |   | Office Use On   | lv   |  |   |
| The Creek Income as a selection  | -d  | 4 - 4hi - Tau            | A Ii                                      |   | -  |  | \$  |
| The Gross Income as calculate<br>Maximum Eligible Income for the   |   |                          | апт Аррііса<br>\$                         | uon nas been venned   | Percentage   | e of AMI:                                | Φ   |
| CAA Representative Signa   | ture  |                          |   | Date  | CAA Representative Nam   | е  |   |

Prepared by MaineHousing page 58 of 104 Tenant Application Lead 01/01/2025

| U | NI | Τ | # |  |  |  |  |  |
|---|----|---|---|--|--|--|--|--|
|   |    |   |   |  |  |  |  |  |

#### 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

#### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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.

07/17/24

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 (Z267)                              | State Lead (N261)                           | Federal Lead            | Healthy Homes         | DHHS                            |
|---------------------------|--|---|-------------------------|-----------------------|---------------------------------|
| Agency (CAA):             |  |   |                         | CAA Rep Name:         |                                 |
|                           |  |   |                         | CAA Rep Title:        |                                 |
| Project Type:             | ☐ Single-Family ☐                              | Multi-Family                                |                         |                       |                                 |
| , ,,                      |  | . Maid I dillily                            |                         |                       |                                 |
| Applicant (Own            | er):   |   | Со-Арр                  | olicant:              |                                 |
| Property:                 |  |   | Tenant                  | :                     |                                 |
|                           |  |   | Apt#:                   |                       |                                 |
|                           |  |   |                         |                       |                                 |
| INSTRUCTIONS              | : Return completed                             | and signed Blood Test                       | ting Release to th      | ne above-named CAA    | ١.                              |
| Date                      | •  | •   |                         |                       |                                 |
| Date                      |  |   |                         |                       |                                 |
| _                         |  | ng- the one which I                         |                         |                       | <b>months</b> . Please identify |
| Provider Nam              | e  |   |                         | Date of Tes           | t                               |
| ☐ I hereby a<br>Grant Pro | authorize the provic                           |   |                         |                       | o the Lead Hazard Reduction     |
| 1 1 7                     | en under six <b>have</b> i<br>ed at this time. | <b>not</b> had their blood lo               | ead levels teste        | d in the past three   | (3) months and I agree to have  |
| For Relig                 | ious purposes and/                             | or personal reasons                         | , I choose <b>not t</b> | o have my child (c    | hildren's) tested for lead.     |
|                           |  |   |                         |                       |                                 |
|                           |  | formation. I/We unde<br>d Reduction Grant P |                         | closure of this infor | mation is not required for      |
|                           | in the Lead Hazar                              |   |                         | closure of this infor | mation is not required for      |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

|                              | ad (Z267)     | State Lead   | (N261)         | Federal Lead                  | Healthy Homes  | DHHS           |               |          |
|------------------------------|---------------|--------------|----------------|-------------------------------|--|----------------|---------------|----------|
| cy (CAA):  Project Type: ☐ S |               |              | -<br>amily     |                               | CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email: |                |               |          |
| Applicant (Owner):           |               |              |                | Co                            |  |                |               |          |
| Property:                    |               |              |                |                               | nant:  |                |               |          |
| INSTRUCTIONS: Re             | turn complet  | ed and sign  | ned Certificat | tion to the abo               | ve-named CAA.  |                |               |          |
| Date                         |               |              |                |                               |  |                |               |          |
| hours a day on two           | e below, sh   |              |                |                               |  | ix years old v | isits your ho | ome:     |
| # of hours per day           | 3             | unuay        | Worlday        | Tuesday                       | wednesday  | Thursday       | Filliay       | Saturday |
| If the number of hou         | ırs varies fr | om week t    | o week, ple    | ease explain:                 |  |                |               |          |
| By signing below, yo         | ou are certi  | fying that t |                |                               |  | correct.       |               |          |
| Date:                        |               |              |                | Dccupant Sigi<br>Dccupant Nar |  |                |               |          |
|                              |               |              | Owner/C        | occupant Nai                  |  |                |               |          |
| Date:                        |               |              | Co-Own         | er/Occupant                   | Signature:   |                |               |          |
|                              |               |              | Co Own         | er/Occupant                   | Nama.  |                |               |          |

## RELOCATION ASSISTANCE ACKNOWLEDGEMENT

|               | ding:<br>AA):   | State Lead (Z267)  | State Lead (N261)  | Federal Lead Healthy Hom  CAA Rep Name:  | es DHHS   |
|---------------|---|--|--|--|---|
|               |   |  |  | CAA Rep Name.  CAA Rep Title:  |   |
|               | Drainet Tymes   |  | П  | CAA Rep Phone:   |   |
| Project Type: |   | ☐ Single-Family  | ☐ Multi-Family   | CAA Rep Email:   |   |
|               | olicant (Owne   | er):   |  | Co-Applicant:  |   |
| Cor           | ntractor:   |  |  |  |   |
| 1.            | relocation e<br>referenced<br>above-refer<br>to verify exp<br>such reloca<br>Contractor | expenses associal Property. I/We usenced Communition on the control of the contro | ted with lead paint han nderstand that in order ty Action Agency ("CA as a result of tempora that I/we have a respondently for lead hazard                 | zard abatement work in our/or to receive reimbursement, A"), and/or other documents ry relocation. I/We also undepossibility to cooperate with the   | to help cover the costs of temp<br>my home located at the above<br>we must provide receipts to the<br>which may be required by the<br>erstand that in the event I/we re<br>the CAA and the above reference<br>k, including moving furniture of<br>edite the work. |
| 2.            | I/We, the u following: (iv) laundry rental fees other than relocation e                 | ndersigned, under<br>i) moving expens<br>; (v) extra gasolir<br>for other alternat<br>relocation, I/we u<br>expenses. Furthe   | erstand that reimbursa<br>ses; (ii) hotel/motel cos-<br>ne/transportation cost-<br>ive housing arrangem<br>nderstand that this do<br>ermore, I/We understa | able relocation expenses inclusts; (iii) security deposits and as due to the temporary relocation assistates not entitle me/us to reque  | ude, but are not limited to, the monthly rent for apartment unation to another dwelling; and (vance I/we receive is spent on it est additional money for actual obligation to reimburse for unv   |
| 3.            | property ow<br>property du  | ner/representativ<br>ring my/our reloc<br>eimbursement l/v   | ve. I/We, understand i ation, I/we may be res  | f I/we are deemed responsible for the cost associated a | Il policies set forth by the relocated le for damages to the relocated ated with said damages. Any late with damages determined r   |
| 4.            | By signing  | this agreement, I  | /We acknowledge the  | conditions of receiving reloc  | ation reimbursements and that   |
|               | \$1,450 for f   | ederally-funded  | projects or \$1,250 for  | state-funded projects are the  | e maximum amounts of money  |
|               | received for  | temporary reloc  | ation expenses.  |  | ·   |
|               |   |  | •  | vhere lead hazard abateme  | nt work is being carried out.   |
|               | _   | <del>-</del>   | reement, do not sigr   |  | <b>g</b>  |
|               | Occupant Sign   |  |  | <del></del> .  |   |
| -             | Occupant Nan  | ne   |  | Apartment/Unit #   | Date  |
| -             | Co-Occupant   | Signature  |  | <u> </u>   |   |
| =             | Co-Occupant   | Name   |  | _  | Date  |
| =             |   | below, the CAA   |  | eipt of this document signe  | ed by the above   |
|               |   | ntative Signature  | •  |  | Date  |
|               | CAA Represei  |  |  | <u></u>  |   |

| UNI | т# |  |
|-----|----|--|
|     |    |  |

| AMI | for | this | tenant: |  |  |  |  |
|-----|-----|------|---------|--|--|--|--|
|     |     |      |         |  |  |  |  |

## **TENANT APPLICATION**

| Community Action Ag  | ency (CAA):   | 1  | Questions sh  | ould be directed to:   |                      |          |
|--|---|--|---|--|----------------------|----------|
| Name   |   |  | CAA Rep Nam   | ne:  |                      |          |
| Address  |   | ł  | CAA Rep Title:  | ·  |                      |          |
|  |   | 1  | CAA Rep Phor  | ne:  |                      |          |
|  |   |  | CAA Rep Ema   | il:  |                      |          |
| INSTRUCTIONS: Retu   | ırn completed and signed A  | application and Applican   | t Information F   | Form to the above-named 0  | CAA.                 |          |
| Date   |   | Project Type   | e ☐ Sing  | le-Family Rental 🔲 N   | Iulti-Family         |          |
|  | I.  | PROPERTY   | INFORMAT  | ION  |                      |          |
| Address:   |   | Apa  | ertment #   |  |                      |          |
|  |   | #Be  | edrooms:  |  |                      |          |
|  |   | Rer  | nt Amount:  |  |                      |          |
|  |   |  |   |  |                      |          |
|  | II.   | HOUSEHOLD  | INFORMA   | TION   |                      |          |
| Tenant Name:   |   | Co-  | Tenant Name:  |  |                      |          |
| Fi   | irst MI La  | ast  |   | First MI   | Last                 |          |
| Tenant Age:  |   | Co-  | Tenant Age:   |  |                      |          |
| Telephone:   |   | Tel  | ephone:   |  |                      |          |
| Total number in house (  | (including you)   | ☐ No dependen  | t children unde   | er six years of age reside ir  | the home.            |          |
| rotal Hambel III Hodeo (   | inicidanily you)  |  |   |  |                      |          |
| Name(s) of C   | child (age 18 or younger)   | Full time student?   | Age   | Blood Lead Levels<br>VEBL ug/dl  | Covered by MaineCare |          |
|  |   | Yes No   |   |  | Yes                  | No       |
|  |   | Yes No   |   |  | Yes                  | No       |
|  |   | Yes No   |   |  |                      |          |
|  |   | 163 110  |   |  | Yes                  | No       |
|  |   | Yes No   |   |  | Yes<br>Yes           | No<br>No |
| of age spend at least th the home?   | as a child care location? M<br>ree hours per day, on two s<br>children who received servio  | Yes No  Meaning, does a child other separate days per week   | (at least 60 ho   | ours or more per year) in  | Yes                  |          |
| of age spend at least th the home?   | ree hours per day, on two s   | Yes No Meaning, does a child other separate days per week ces been determined to   | (at least 60 ho   | ours or more per year) in soning?                                      | Yes                  | No No    |
| of age spend at least th<br>the home?<br>If yes, have any of the o   | ree hours per day, on two schildren who received service.                                   | Yes No Meaning, does a child other separate days per week ces been determined to   | (at least 60 ho   | soning?  ASSETS  | Yes  Yes  Yes        | No No    |
| of age spend at least the the home?  If yes, have any of the concept of the conce | ree hours per day, on two schildren who received service.  III.  e the employment informati | Yes No Meaning, does a child other separate days per week ces been determined to   | (at least 60 ho   | soning?  ASSETS  | Yes  Yes  Yes        | No No    |
| of age spend at least the the home?  If yes, have any of the concept of the conce | children who received service  III.  e the employment information                           | Yes No  Meaning, does a child other separate days per week ces been determined to  HOUSEHOLD INC   | have lead pois COME AND De considered                     | soning?  ASSETS  for enrollment in the Progra                          | Yes  Yes  Yes        | No No    |
| of age spend at least the the home?  If yes, have any of the concept of the conce | children who received service  III.  e the employment information                           | Yes No  Meaning, does a child other separate days per week ces been determined to  HOUSEHOLD INC ion requested below to be wes, provide 2 years tax  | have lead pois  COME AND  De considered  returns, include | ours or more per year) in soning?  ASSETS for enrollment in the Progra | Yes  Yes  Yes        | No No    |
| of age spend at least the the home?  If yes, have any of the concept of the conce | children who received service  III.  e the employment information                           | Yes No  Meaning, does a child other separate days per week ces been determined to the separate days per week ces been determined to the separate days per week ces, provide 2 years tax  E   | come and poise considered returns, include mployer Telep  | ours or more per year) in soning?  ASSETS for enrollment in the Progra | Yes  Yes  Yes        | No No    |
| of age spend at least the the home?  If yes, have any of the concept of the conce | children who received service  III.  e the employment information                           | Yes No  Meaning, does a child other separate days per week ces been determined to  HOUSEHOLD INC from requested below to be the separate determined to the s | have lead pois  COME AND  De considered  returns, include | ours or more per year) in soning?  ASSETS for enrollment in the Progra | Yes  Yes  Yes        | No No    |

| UNIT #  | _   |  |                    |  |   |
|---|---|--|--------------------|--|---|
| Co-Tenant Employm   | nent:   |  |                    |  |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, C   | If yes, provide 2 yea  |                    |  |   |
| Head of Household   | Employment:   |  | 140. 01 100        |  |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  | If yes, provide 2 yea  |                    |  |   |
| Occupants must provide  | e gross income inform   | ation and verification to  | be considere       | d for enrollment in the Pro  | gram.   |
| 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 S Administration Completed Income ployment* pport ssistance (TANF/WIC ecurity Benefits pyment Compensation  hly Income (Total A, 1) Multiplied by 12) ehold Income (Total e provide most recent 2 | pensation  /GA)  B & C)  e(A)+e(B)+e(C):  years of completed tax ref |                    | B CO-TENANT  | C) Head of Household                            |
|   |   | rovided on this form   | is <b>TRUE</b> and | AND ASSETS  CORRECT and I acknown and informations and informations. | owledge the CAAs right to tion contained in the |
| I/We, acknowledge the<br>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 

Black/African American & White

Asian & White

|  | Office L                 | lse Only                     |    |
|--|--------------------------|------------------------------|----|
| The Gross Income as calculated pursuant to this Tena | ant 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

#### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

| ct Funding:  | State Lead (Z267)  | State Lead (N261)   | Federal Lead  | Healthy Homes  | DHHS   |                           |
|--|--|---|---|--|--|---------------------------|
| cy (CAA):  |  |   |   | CAA Rep Name:  |  |                           |
|  |  |   |   | CAA Rep Title:   |  |                           |
| Project Type:  | ☐ Single-Family  | ☐ Multi-Family  |   | CAA Rep Phone:   |  |                           |
| r roject rype.   | ☐ Single-Family  | □ Multi-Family  |   | CAA Rep Email  |  |                           |
| Applicant (Owr   | er):   |   | Co-A  | pplicant:  |  |                           |
| Property:  |  |   | Tena  | nt:  |  |                           |
|  |  |   | Apt#:   |  |  |                           |
|  |  |   |   |  |  |                           |
| INSTRUCTIONS   | 3: Return complete   | ed and signed Blood Te  | esting Release to   | the above-named (  | CAA.   |                           |
| Date   |  |   |   |  |  |                           |
|  |  |   |   |  |  |                           |
|  | f your children ha   | ave not received a blue der or the local healt  |   | o arrange for a tes  |  | ,                         |
| in your home. child's primary  | If your children ha<br>health care provi   | der or the local healt  | th department t   | es your children:  | st.  |                           |
| in your home. child's primary  | If your children hat health care proving one of the follower and under six have  | der or the local healt wing- the one which had their blood lea  | th department to<br>the best described<br>d levels tested   | es your children:<br>in the past three (   | st.<br>3) months. Please identi  |                           |
| in your home. child's primary  Please check  My childr  Provider Name  | If your children hat health care provious one of the follower en under six have en under the provious the provious the provious forms of the provious the provious the provious forms of the provious  | der or the local healt wing- the one which he had their blood lea   | th department to<br>the best described<br>d levels tested   | es your children: in the past three ( Date of T  | st.<br>3) months. Please identi  | fy                        |
| in your home. child's primary  Please check  My childr  Provider Nam  I hereby Grant Pro  My childr                          | If your children hat health care provious one of the follower and the foll | der or the local healt wing- the one which had their blood lea wider to release the re                                      | th department to  the best describe  d levels tested  esults of this (the   | es your children: in the past three ( Date of T nese) blood test (s                        | st.<br>3) months. Please identi  | ify                       |
| in your home. child's primary  Please check  My childr  Provider Nam  I hereby Grant Pro  My childr  them tes                | If your children hat health care provious one of the follower and the follower authorize the provious manner six have been under six have the defendent this time.   | der or the local healt wing- the one which had their blood lea wider to release the re not had their blood                  | th department to the best described | es your children: in the past three (  Date of T  nese) blood test (s                      | st.  3) months. Please identi est  ) to the Lead Hazard Red                          | fy<br>duction<br>ee to ha |
| in your home. child's primary  Please check  My childre  Provider Nam  I hereby Grant Pro  My childre them tess  I for Relig | one of the followen under six have en under six  | der or the local healt wing- the one which had their blood lea wider to release the re had their blood d/or personal reasor | th department to the best describe d levels tested esults of this (the d lead levels tested as, I choose no   | in the past three (  Date of T  nese) blood test (seted in the past three to have my child | st.  3) months. Please identi est  ) to the Lead Hazard Red ee (3) months and I agre | duction ee to ha          |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| t Funding:           | State Lead (Z         | 267) State            | e Lead (N261)      | Federal Lead                    | Healthy Homes  | DHHS                                  |               |        |
|----------------------|-----------------------|-----------------------|--------------------|---------------------------------|--|---------------------------------------|---------------|--------|
| cy (CAA): Project Ty | <b>De:</b> ☐ Single-F |                       | Multi-Family       |                                 | CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email: |                                       |               |        |
| Applicant (O         | wner):                |                       |                    | Co-                             | -Applicant:  |                                       |               |        |
| Property:            | ·                     |                       |                    | Ter                             | nant:  |                                       |               |        |
| INSTRUCTIO           | NS: Return co         | ompleted and          | d signed Certifica | ation to the abov               | ve-named CAA.  |                                       |               |        |
| Date                 |                       |                       | _                  |                                 |  |                                       |               |        |
| Please fill in       | the table belo        | ow, showing<br>Sunday |                    | 1                               | y a child under s<br>Wednesday                             | ix years old v                        | isits your ho | ome:   |
| # of hours p         | er dav                | - Januar,             | monuay             | laccaay                         | Trouncouu,   | · · · · · · · · · · · · · · · · · · · | rnaay         | Juliuu |
| If the number        | er of hours val       | ries from we          | eek to week, pl    | ease explain:                   |  |                                       |               |        |
| By signing b         | elow, you are         | certifying t          |                    | ent and inforn<br>Occupant Sigr | nation is true and<br>nature:                              | correct.                              |               |        |
|                      |                       |                       |                    | Occupant Nar                    |  |                                       |               |        |
| Date:                |                       |                       | _                  | ner/Occupant                    |  |                                       |               |        |
|                      |                       |                       | Co-Owr             | ner/Occupant                    | Name <sup>.</sup>  |                                       |               |        |

## RELOCATION ASSISTANCE ACKNOWLEDGEMENT

| ct Funding:<br>ncy (CAA):  | State Lead (Z267)   | State Lead (N261)  | Federal Lead Healthy Hom   | nes DHHS  |
|--|---|--|--|---|
|  |   |  | CAA Rep Name:  |   |
|  |   |  | CAA Rep Title:   |   |
| Project Type: Single-Fa  |   | ☐ Multi-Family   | CAA Rep Phone:<br>CAA Rep Email:   |   |
|  |   |  | CAA Nep Elliali.   |   |
| Applicant (C<br>Property:  | wner):  |  | Co-Applicant:  |   |
| Contractor:  |   |  |  |   |
| relocation reference above-reference to verify such reference contract | on expenses associated Property. I/We eferenced Commur expenses incurred ocation assistance, tor to prepare the F | iated with lead paint ha<br>understand that in ord-<br>nity Action Agency ("CA<br>I as a result of tempora<br>, that I/we have a respo<br>Property for lead hazard | azard abatement work in our/ler to receive reimbursement, AA"), and/or other documents ary relocation. I/We also undebonsibility to cooperate with the | o help cover the costs of tempormy home located at the above we must provide receipts to the which may be required by the Cerstand that in the event I/we receipt CAA and the above reference k, including moving furniture outdite the work. |
| followin<br>(iv) laur<br>rental fo<br>other th<br>relocati             | g: (i) moving exper<br>ndry; (v) extra gaso<br>ees for other alterna<br>an relocation, I/we<br>on expenses. Furtl | nses; (ii) hotel/motel co<br>line/transportation cost<br>ative housing arrangen<br>understand that this do<br>hermore, I/We understa                               | sts; (iii) security deposits and<br>s due to the temporary relocation assistates<br>nents. If the relocation assistates not entitle me/us to reque     | ude, but are not limited to, the monthly rent for apartment unitation to another dwelling; and (viance I/we receive is spent on ite est additional money for actual obligation to reimburse for unverse.                                      |
| property<br>property   | owner/representate<br>during my/our relo<br>on reimbursement I  | tive. I/We, understand in<br>ocation, I/we may be re-  | if I/we are deemed responsible sponsible for the cost associates.  | I policies set forth by the relocated le for damages to the relocated ated with said damages. Any ate with damages determined m   |
| 4. By sign   | ing this agreement,   | , I/We acknowledge the   | e conditions of receiving reloc  | ation reimbursements and that   |
| \$1,450  | for federally-funded  | d projects or \$1,250 for  | state-funded projects are the  | e maximum amounts of money t  |
| receive  | d for temporary relo  | cation expenses.   |  |   |
| Signatu  | re of occupant of   | home or rental unit v  | where lead hazard abateme  | nt work is being carried out.   |
| _  | _   | greement, do not sig   |  | •   |
|  | Signature   |  | _  |   |
| Occupant   | Name  |  | Apartment/Unit #   | Date  |
| Co-Occup   | pant Signature  |  | <u> </u>   |   |
| Co-Occup   | pant Name   |  | <u> </u>   | Date  |
|  | ing below, the CA   |  | <br>eipt of this document signe  | ed by the above   |
|  | resentative Signature   | <i>3</i> j.  |  | Date  |
|  |   |  |  |   |

| UNI | т# |  |
|-----|----|--|
|     |    |  |

## AMI for this tenant:\_\_\_\_\_

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

### **TENANT APPLICATION**

|  | (CAA):                                  | Q  | uestions sh  | ould be directed to:   |   |                      |
|--|---|--|--|--|---|----------------------|
| Name   |   | C  | AA Rep Nam   | e:   |   |                      |
| Address  | CAA Rep Title:                          |  |  |  |   |                      |
|  |   | С  | AA Rep Phor  | ne:  |   |                      |
|  |   | С  | AA Rep Ema   | il:  |   |                      |
| INSTRUCTIONS: Return com   | npleted and signed                      | Application and Applicant  | Information F  | form to the above-named  | CAA.  |                      |
| Date   |   | Project Type   | ☐ Sing   | le-Family Rental 🔲 I   | Multi-Family                                    |                      |
|  |   | I. PROPERTY II   | NFORMAT  | ION  |   |                      |
| Address:   |   | Apar   | tment #  |  |   |                      |
|  |   | #Bed   | Irooms:  |  |   |                      |
|  |   | Rent   | Amount:  |  |   |                      |
|  |   |  |  |  |   |                      |
|  | ı                                       | I. HOUSEHOLD   | INFORMA  | TION   |   |                      |
| Tenant Name:   |   |  | enant Name:  |  |   |                      |
| First  | MI                                      | Last   |  | First MI   | Last  |                      |
| Tenant Age:  |   | Co-T   | enant Age:   |  |   |                      |
| Telephone:   |   | Telep  | ohone:   | -  |   |                      |
| Total number in house (includi   | ··\                                     | □ No dependent   |  |  |   |                      |
|  | ing you)                                | ino dependent  | cniiaren unae  | er six years of age reside i   | n the home.                                     |                      |
|  | ing you)                                | u No dependent   | children unde  | er six years of age reside i   |   |                      |
| Name(s) of Child (a  |   | Full time student?   | Age  | Blood Lead Levels VEBL ug/dl   | n the home.  Covered b  MaineCare               |                      |
| ,  |   |  |  | Blood Lead Levels  | Covered b                                       |                      |
| ,  |   | Full time student?   |  | Blood Lead Levels  | Covered b<br>MaineCare                          | ?                    |
| ,  |   | Full time student?  Yes No   |  | Blood Lead Levels  | Covered b MaineCare Yes                         | No<br>No             |
|  |   | Full time student?  Yes No  Yes No   |  | Blood Lead Levels  | Covered b MaineCare Yes Yes Yes                 | No<br>No<br>No       |
| ,  |   | Full time student?  Yes No  Yes No  Yes No   |  | Blood Lead Levels  | Covered b<br>MaineCare<br>Yes                   | No<br>No             |
| Name(s) of Child (a  | age 18 or younger)                      | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other  | Age er than your o   | Blood Lead Levels VEBL ug/dl   | Covered b MaineCare Yes Yes Yes Yes Yes         | No<br>No<br>No       |
| Name(s) of Child (a  | age 18 or younger)                      | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other  | Age er than your o   | Blood Lead Levels VEBL ug/dl   | Covered b MaineCare Yes Yes Yes Yes Yes         | No<br>No<br>No       |
| Name(s) of Child (a  Does your home serve as a ch of age spend at least three ho the home?   | nild care location?                     | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other or separate days per week (  | Age<br>er than your c  | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in   | Covered b MaineCare Yes Yes Yes Yes Yes         | No<br>No<br>No<br>No |
| Name(s) of Child (a  | nild care location?                     | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other or separate days per week (  | Age<br>er than your c  | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in   | Covered b MaineCare Yes Yes Yes Yes Yes Yes     | No No No No No No    |
| Name(s) of Child (a  Does your home serve as a ch of age spend at least three ho the home?   | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Weaning, does a child other of separate days per week ( Twices been determined to head to separate to s | er than your cat least 60 ho   | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in soning?   | Covered b MaineCare Yes Yes Yes Yes Yes Yes     | No No No No No No    |
| Name(s) of Child (a  Does your home serve as a ch of age spend at least three ho the home?  If yes, have any of the children   | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Yes No Heaning, does a child other a separate days per week ( Process been determined to head to the separate days per week ( The separ | Age er than your cat least 60 ho                                     | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in soning?  ASSETS   | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve as a ch of age spend at least three ho the home?  If yes, have any of the children occupants must provide the e   | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Yes No Heaning, does a child other a separate days per week ( Process been determined to head to the separate days per week ( The separ | Age er than your cat least 60 ho                                     | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in soning?  ASSETS   | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve as a chof age spend at least three hothe home?  If yes, have any of the children  Occupants must provide the example of the temployment:  | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Yes No Heaning, does a child other a separate days per week ( Process been determined to head to the separate days per week ( The separ | Age er than your cat least 60 ho                                     | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in soning?  ASSETS   | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Name(s) of Child (as Does your home serve as a chof age spend at least three hothe home?  If yes, have any of the children occupants must provide the example of the children occupants and the children occupants of the children occupants occupants of the children occupants occupan | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Yes No Heaning, does a child other beginning and the separate days per week ( Twices been determined to heat the separate days per week ( The separate days per week | Age er than your cat least 60 ho have lead pois OME AND e considered | Blood Lead Levels VEBL ug/dl  dependent, under six years ours or more per year) in soning?  ASSETS for enrollment in the Prograting all Schedules. | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve as a chof age spend at least three hothe home?  If yes, have any of the children  Occupants must provide the eterminate Employment:   | nild care location? urs per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No Heaning, does a child other of separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate days per week ( Provices been determined to heat of the separate d | Age er than your cat 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 Prograting all Schedules. | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |

| UNIT   | #   | _                         |                               |                                   |  |  |   |  |
|--|---|---------------------------|-------------------------------|-----------------------------------|--|--|---|--|
| Co-Ten   | ant Employm   | nent:                     |                               |                                   |  |  |   |  |
| Co-Tenant Employm Self-Employed: Employer Name |   | ☐ Yes                     | □ No                          | If yes, pro                       | -  | s, including <b>all</b> Schedules.<br>er Telephone |   |  |
| Employe  | Employer Address                                    |                           | Street, City, State, Zip      |                                   |  | Position   |   |  |
|  |   |                           | Street, C                     | ity, State, Zip                   | No. of Y   | ears   |   |  |
| Head o   | f Household   | Employn                   | nent:                         |                                   |  |  |   |  |
| Self-Employed:                                 |   | ☐ Yes                     | ☐ No                          | If yes, pro                       | vide 2 years tax returns                                 | s, including <b>all</b> Schedules.                 |   |  |
|  | Employer Name                                       |                           |                               |                                   |  |  |   |  |
| Employe  | Employer Address  Street, City, State, Zip          |                           |                               | Position No. of Y                 |  |  |   |  |
| Occupai  | nts must provide                                    | e aross inc               | ome inform                    | ation and ve                      | rification to be consider                                | red for enrollment in the Pro                      | ogram   |  |
| Сосирия  | no made provide                                     | <i>y y 000 mo</i>         |                               | ation and vo                      | A  | В  | C) Head of                                      |  |
|  |   | GROSS A                   | MOUNT                         |                                   | TENANT   | CO-TENANT  | Household                                       |  |
| a.   | Wages (gros   |                           |                               | oyment                            |  |  |   |  |
| b.   | Additional Mo                                       |                           | me From:                      | =                                 |  |  |   |  |
|  | Overtime     Dort Time                              |                           | aant                          | =                                 |  |  |   |  |
|  | <ol> <li>Part-Tim</li> <li>Pensions</li> </ol>      | e Employn                 | nent                          | -                                 |  |  |   |  |
|  | -   |                           | ration Com                    | neneation -                       |  |  |   |  |
|  |   | tal Income                | auon Com                      | Jensauon _                        |  | -  |   |  |
|  |   | oloyment*                 |                               | =                                 |  |  |   |  |
|  | 7. Child Su   | -                         |                               | -                                 |  |  |   |  |
|  | Public Assistance (TANF/WIC/GA)                     |                           |                               |                                   |  |  |   |  |
|  | Social Security Benefits                            |                           |                               |                                   |  |  |   |  |
|  | 10. Unemplo   | -                         |                               | <del>-</del>                      |  |  |   |  |
| c.   | Other**   | •                         | •                             | <del>-</del>                      |  |  |   |  |
| d.   | Gross Mont  | hly Income                | e (Total A, I                 | B & C)                            |  |  |   |  |
| e.   | Total (Line D                                       | Multiplied                | by 12)                        | -                                 |  |  |   |  |
| f.   | Gross Hous  | ehold Inco                | ome (Total                    | e(A)+e(B)+e                       | (C):   |  |   |  |
| ** Incl  | f-employer, pleas<br>ludes bonuses, di<br>estments. | e provide movidends, inte | ost recent 2 gerest, royaltie | years of comp<br>es, alimony, sid | leted tax returns including ck pay, disability, retireme | Schedule C.<br>nt, income from trusts, income      | from business activities                        |  |
|  |   |                           |                               |                                   |  |  |   |  |
|  |   |                           | IV.                           | . HOU                             | SEHOLD INCOME  | AND ASSETS   |   |  |
| verify.  |   |                           |                               |                                   |  | d CORRECT and I ackn<br>ponsibilities and informa  | owledge the CAAs right to tion contained in the |  |
|  |   |                           |                               |                                   | of the United States E<br>Innection 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 (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:   | \$   | 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

| (CAA)-   |   | State Lead (N261)  | Federal Lead   | Healthy Homes   | DHHS   |
|--|---|--|--|---|--|
| icy (CAA):   |   |  |  | CAA Rep Name:   |  |
|  |   |  |  | CAA Rep Title:  |  |
| Project Type:  | ☐ Single-Family   | ☐ Multi-Family   |  | CAA Rep Phone:  |  |
| 7  |   |  |  | CAA Rep Email   |  |
| Applicant (Owr   | er):  |  | Со-Ар  | olicant:  |  |
| Property:  |   |  | Tenant   | ::  |  |
|  |   |  | Apt#:  |   |  |
|  |   |  |  |   |  |
| INSTRUCTIONS   | 3: Return complete  | d and signed Blood Te  | sting Release to tl  | ne above-named CA                                     | Α.   |
| Date   |   |  |  |   |  |
|  |   | der or the local healt   |  |   | hs, you should contact your                              |
| _  |   | wing- the one which had their blood lead   |  |   | months. Please identify                                  |
| _  | en under six <b>hav</b> e   | e had their blood lead   | l levels tested in   | the past <b>three (3)</b>                             | months. Please identify                                  |
| My childr  | en under six <b>have</b> e  authorize the prov  | a had their blood lead   | l levels tested in   | the past <b>three (3)</b> Date of Tes                 | ·  |
| ☐ My childr  Provider Nam ☐ I hereby a Grant Pro ☐ My childr                 | en under six <b>have</b> e  authorize the provogram.  | e had their blood lead   | d levels tested in   | the past three (3)  Date of Tesese) blood test (s) t  | et   |
| My childr  Provider Nam  I hereby a Grant Pro  My childr them test           | en under six <b>have</b> e  authorize the provogram.  en under six <b>have</b> led at this time.  | had their blood lead<br>vider to release the re  | esults of this (the  | Date of Teseses) blood test (s) ted in the past three | o the Lead Hazard Reduction                              |
| My childr  Provider Nam  I hereby: Grant Pro  My childr them test  For Relig | en under six have  authorize the provogram.  en under six have ed at this time.  ious purposes an | whad their blood lead<br>wider to release the re<br>wider to release the re<br>wider to release the re<br>wider to release the re<br>wider to release the re | esults of this (the lead levels tested in levels tested in lead levels tested in levels teste | Date of Teseses) blood test (s) to have my child (d   | o the Lead Hazard Reduction  (3) months and I agree to h |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| roject Funding:  | State Lead               | I (Z267)              | State Le             | ead (N261)                 | Federal Lea                     | d                | Healthy Home  | es DHHS         |                |               |
|--|--------------------------|-----------------------|----------------------|----------------------------|---------------------------------|------------------|---|-----------------|----------------|---------------|
| gency (CAA): Project Type:   | ☐ Single-F               |                       |                      | amily                      |                                 | CAA I            | Rep Name:<br>Rep Title:<br>Rep Phone:<br>Rep Email: |                 |                |               |
| Applicant (Own   | er):                     |                       |                      |                            | Co-                             | -Appli           | cant:   |                 |                |               |
| Property:  |                          |                       |                      |                            | Ter                             | nant:<br>:#:     |   |                 |                |               |
| INSTRUCTIONS   | : Return c               | ompleted              | and sign             | ed Certificat              | ion to the abov                 | /e-nan           | ned CAA.  |                 |                |               |
| On your Application age spends a "shours a day on Please fill in the | significant<br>two sepai | : amount<br>rate days | of time"<br>s a week | visiting you<br>and a tota | ur home. A "s<br>I of 60 hours  | ignific<br>per y | cant amoun<br>ear."                                 | t of time" visi | ting is define | ed as, "three |
| Ticase illi ili uic  |                          | 1                     | nday                 | Monday                     | Tuesday                         | -<br>            | dnesday   | Thursday        | Friday         | Saturday      |
| # of hours per of  | dav                      |                       | ,                    |                            | 1                               |                  |   |                 |                |               |
| If the number o  | f hours va               | ries from             | n week to            | o week, ple                | ase explain:                    |                  |   |                 |                |               |
| By signing belo  | ow, you are              | e certifyii           | ng that th           |                            | ent and inforn<br>Occupant Sigr |                  |   | correct.        |                |               |
|  |                          |                       |                      | Owner/O                    | ccupant Nan                     | ne:              |   |                 |                | _             |
| Date:  |                          |                       |                      | Co-Owne                    | er/Occupant                     | Signa            | ture:   |                 |                |               |
|  |                          |                       |                      |                            | er/Occupant                     | •                |   |                 |                | -             |

# **RELOCATION ASSISTANCE ACKNOWLEDGEMENT**

| -   | Funding:<br>(CAA):   | State Lead (Z267)  | State Lead (N261)   | Federal Lead   | Healthy Homes  AA Rep Name:   | DHHS  |
|-----|--|--|---|--|---|---|
|     |  |  |   |  | AA Rep Title:   |   |
|     | Project Type:  | ☐ Single-Family  | ☐ Multi-Family  |  | AA Rep Phone:  AA Rep Email:  |   |
|     |  |  |   | O/   | TA Rep Email.   |   |
| Ар  | plicant (Own   | er):   |   | Co-Ap  | pplicant:   |   |
| Pro | perty:   |  |   |  |   |   |
| Co  | ntractor:  |  |   |  |   |   |
|     | I/We, the userelocation of referenced above-refe to verify ex such relocations.      | expenses associa<br>Property. I/We u<br>renced Communit<br>penses incurred a<br>ation assistance, to<br>to prepare the Pre                                   | ted with lead paint he nderstand that in orderstand that in orders Action Agency ("Cas a result of tempora hat I/we have a resp | azard abatementer to receive re AA"), and/or other relocation. It consibility to coord abatement/re    | nt work in our/my himbursement, we her documents who //We also understaperate with the CA mediation work, in    | elp cover the costs of temporary nome located at the above must provide receipts to the ich may be required by the CAA, and that in the event I/we receive AA and the above referenced acluding moving furniture out of the work. |
| 2.  | I/We, the u<br>following:<br>(iv) laundry<br>rental fees<br>other than<br>relocation | indersigned, undersigned, undersigned, undersigned, undersigned, (i) moving expensy; (v) extra gasolir for other alternat relocation, I/we uexpenses. Furthe | erstand that reimburs<br>les; (ii) hotel/motel cone/transportation cos<br>live housing arranger<br>anderstand that this d       | able relocation osts; (iii) security ts due to the tements. If the reloes not entitle read that the CA | expenses include, y deposits and mo mporary relocation ocation assistance me/us to request a A is under no obli | but are not limited to, the onthly rent for apartment units; to another dwelling; and (vi) to live le   |
| 3.  | property ov<br>property du   | vner/representativ<br>Iring my/our reloc<br>eimbursement l/v   | e. I/We, understand ation, I/we may be re   | if I/we are deer<br>esponsible for th  | ned responsible for<br>ne cost associated   | licies set forth by the relocation or damages to the relocated with said damages. Any with damages determined my/our  |
| 4.  | By signing   | this agreement, I  | /We acknowledge th  | e conditions of  | receiving relocatio   | n reimbursements and that   |
|     | \$1,450 for  | federally-funded ր   | projects or \$1,250 fo  | r state-funded p   | orojects are the ma   | aximum amounts of money to be   |
|     | received fo  | r temporary reloc  | ation expenses.   |  |   |   |
|     | Signature  | of occupant of h   | nome or rental unit   | where lead ha  | zard abatement v  | vork is being carried out. If you   |
|     | do not uno   | derstand this ag   | reement, do not sig   | ın it.   |   |   |
|     | Occupant Sig   |  |   |  |   |   |
|     | Occupant Na  | me   |   | <br>Apartme  | nt/Unit #   | Date  |
|     | Co-Occupant  | Signature  |   | <u> </u>   |   |   |
|     |  |  |   |  |   |   |
|     | Co-Occupant  | Name   |   |  |   | Date  |
|     |  |  | A acknowledges red  | eipt of this do  | cument signed b   | y the above   |
|     | homeown  | er(s) or renter(e)   |   |  |   |   |
|     |  | er(s) or renter(s)<br>entative Signature   |   |  |   | Date  |

| UNIT # |        |   |  |
|--------|--------|---|--|
|        | IIT 4  | 4 |  |
|        | II I Z | L |  |

| AMI for this tenant: |  |
|----------------------|--|
|----------------------|--|

## **TENANT APPLICATION**

| Community Action Ag                           | ency (CAA           | <b>\)</b> :   |                       | C        | uestions sho              | uld be directed to:             |                        |          |
|---|---------------------|---------------|-----------------------|----------|---------------------------|---------------------------------|------------------------|----------|
| Name  |                     |               |                       | _ c      | AA Rep Name               | <u> </u>                        |                        |          |
| Address                                       |                     |               |                       | _ c      | AA Rep Title:             |                                 |                        |          |
|   |                     |               |                       | C        | AA Rep Phone              | e:                              |                        |          |
|   |                     |               |                       | C        | AA Rep Email              | :                               |                        |          |
| INSTRUCTIONS: Retu                            | rn complete         | ad and sign   | ad Application and Ar | nlicant  | Information Fo            | orm to the above-named          | САА                    |          |
|   | m complete          | za ana signi  |                       | •        |                           |                                 |                        |          |
| Date  |                     |               | Projec                | t Type   | □ Single                  | e-Family Rental 🔲               | Multi-Family           |          |
|   |                     |               | I. PROPE              | RTY I    | NFORMATI                  | ON                              |                        |          |
| Address:                                      |                     |               |                       | Apaı     | rtment #                  |                                 |                        |          |
|   |                     |               |                       | #Bed     | drooms:                   |                                 |                        |          |
|   |                     |               |                       | Ren      | t Amount:                 |                                 |                        |          |
|   |                     |               |                       |          |                           |                                 |                        |          |
|   |                     |               | II. HOUSEH            | IOLD     | INFORMAT                  | ION                             |                        |          |
| Tenant Name:                                  |                     |               |                       | Co-T     | enant Name:               |                                 |                        |          |
|   | rst N               | ΛI            | Last                  |          |                           | First MI                        | Last                   |          |
| Tenant Age:                                   |                     |               |                       |          | Tenant Age:               |                                 |                        |          |
| Telephone:                                    |                     |               |                       | Tele     | phone:                    |                                 |                        | <u>_</u> |
| Total number in house (                       | including yo        | ou)           | □ No dep              | endent   | children under            | six years of age reside         | in the home.           |          |
| Name(s) of C                                  | <b>hild</b> (age 18 | 3 or younger) | Full time stud        | ent?     | Age                       | Blood Lead Levels<br>VEBL ug/dl | Covered b<br>MaineCare |          |
|   | , 0                 | <u> </u>      | Yes                   | No       |                           | VEDE ug/ui                      |                        |          |
|   |                     |               | Yes                   | No       |                           |                                 |                        |          |
|   |                     |               | Yes                   | No       |                           |                                 |                        |          |
|   |                     |               | Yes                   | No       |                           |                                 |                        |          |
|   |                     |               |                       | ·        | ·                         |                                 |                        |          |
| Does your home serve of age spend at least th |                     |               |                       |          |                           |                                 |                        | _        |
| the home?                                     | ree nours p         | er day, orr t | wo separate days per  | WEEK     | at least oo not           | ars or more per year, in        | ☐ Yes                  | ☐ No     |
| If yes, have any of the o                     | hildren who         | received s    | ervices been determi  | ned to I | nave lead poiso           | oning?                          | ☐ Yes                  | ☐ No     |
|   |                     |               |                       |          |                           |                                 |                        |          |
|   |                     | III.          | HOUSEHOL              | O INC    | OME AND A                 | ASSETS                          |                        |          |
| Occupants must provide                        | e the emplo         | yment infor   | mation requested bel  | ow to b  | e considered fo           | or enrollment in the Prog       | gram.                  |          |
| Tenant Employment                             | ::                  |               |                       |          |                           |                                 |                        |          |
| Self-Employed:                                | ☐ Yes               | □ No          | If yes, provide 2 yea | rs tax r | eturns, includir          | ng <b>all</b> Schedules.        |                        |          |
| Employer Name                                 |                     |               | -                     |          |                           | _                               |                        |          |
|   |                     |               |                       |          | nployer Teleph            | one                             |                        |          |
| Employer Address                              |                     | Street, City, |                       |          | nployer releph<br>esition |                                 |                        |          |

| Employer Name  | Self-Em | nant Employm<br>ployed: | nent:<br>□ Yes                | □ No                             | If yes, prov                   | vide 2 years tax returns                                  | s, including <b>all</b> Schedules.            |                          |
|--|---------|-------------------------|-------------------------------|----------------------------------|--------------------------------|---|---|--------------------------|
| Head of Household Employment:  Self-Employed:  |         | •                       |                               |                                  |                                | -   | _   |                          |
| Head of Household Employment:   Self-Employed:   | Employe | er Address              |                               | Street C                         | ity State 7in                  |   |   |                          |
| Self-Employer Name   |         |                         |                               |                                  | ty, Otato, Zip                 | No. of Y  | ears  |                          |
| Employer Name  |         |                         |                               |                                  |                                |   |   |                          |
| Employer Address  Street. City. State, Zip  No. of Years  Cocupants must provide gross income information and verification to be considered for enrollment in the Program.  A B C) Head of Household  a. Wages (gross monthly) from Employment  b. Additional Monthly Income From:  1. Overtime 2. Part-Time Employment 3. Pensions 4. Veteran's Administration Compensation 5. Net Rental Income 6. Self Employment* 7. Child Support 8. Public Assistance (TANF/WIC/GA) 9. Social Security Benefits 10. Unemployment Compensation  C. Other**  d. Gross Monthly Income (Total A, B & C) e. Total (Line D Multiplied by 12)  f. Gross Household Income (Total e(A)+e(B)+e(C):  *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax return |         | •                       | ⊔ Yes                         | ⊔ No                             | If yes, prov                   | -   |   |                          |
| Occupants must provide gross income information and verification to be considered for enrollment in the Program.    A B C) Head of Household   A CO-TENANT   CO-TENANT   Household   |         |                         |                               |                                  |                                |   | · · · · · · · · · · · · · · · · · · ·         |                          |
| GROSS AMOUNT TENANT CO-TENANT  A B CO-TENANT CO-TENANT  B CO-TENANT CO-TENAN |         |                         |                               | Street, Cit                      | ty, State, Zip                 | No. of Y  | ears  |                          |
| GROSS AMOUNT TENANT CO-TENANT  Household  CO-TENANT  CO | Occupai | nts must provide        | e aross inco                  | ome inform                       | ation and ver                  | rification to be conside                                  | red for enrollment in the Pro                 | ogram                    |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS II certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti   | -       |                         | 9,000,1100                    |                                  |                                |   |   |                          |
| 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.  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 verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entities.   |         |                         | GROSS A                       | MOUNT                            |                                |   |   |                          |
| 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.  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 verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entities.  | a.      |                         |                               |                                  | oyment _                       |   |   |                          |
| 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. *If compensation of the compensation o | b.      |                         | -                             | me From:                         | _                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti   |         |                         |                               |                                  | =                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  |         |                         |                               | ent                              | -                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right perify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entite.  |         | _                       |                               | otion Com                        | -<br>                          |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  |         |                         |                               | ation Com                        | pensauon _                     |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Fenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  |         |                         |                               |                                  | =                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterity. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Fenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti   |         | -                       | -                             |                                  | _                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Fenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  |         |                         |                               | TANF/WIC                         | /GA)                           |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Fenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti   |         |                         | •                             |                                  | _                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterity. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Fenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  |         |                         | -                             |                                  | _                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti  | c.      | •                       |                               |                                  | _                              |   |   |                          |
| 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitle.   | d.      | Gross Montl             | nly Income                    | (Total A, I                      | B & 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.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitle.  | e.      | Total (Line D           | Multiplied                    | by 12)                           | =                              |   |   |                          |
| ** Includes bonuses, dividends, interest, royalties, alimony, sick pay, disability, retirement, income from trusts, income from business activities or investments.  IV. HOUSEHOLD INCOME AND ASSETS  certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information.  We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitlement.  | f.      | Gross House             | ehold Inco                    | me (Total                        | e(A)+e(B)+e(                   | (C):  |   |                          |
| certify that ALL the information I have provided on this form is <b>TRUE</b> and <b>CORRECT</b> and I acknowledge the CAAs right 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 I/we have received a copy of the United States Environmental Protection Agency pamphlet entitle   | ** Incl | ludes bonuses, di       | e provide mo<br>vidends, inte | ost recent 2 y<br>rest, royaltie | years of comples, alimony, sic | eted tax returns including<br>k pay, disability, retireme | Schedule C.<br>nt, income from trusts, income | from business activities |
| I certify that ALL the information I have provided on this form is <b>TRUE</b> and <b>CORRECT</b> and I acknowledge the CAAs right 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 I/we have received a copy of the United States Environmental Protection Agency pamphlet entitles.   |         |                         |                               |                                  |                                |   |   |                          |
| I certify that ALL the information I have provided on this form is <b>TRUE</b> and <b>CORRECT</b> and I acknowledge the CAAs right 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 I/we have received a copy of the United States Environmental Protection Agency pamphlet entitle   |         |                         |                               | IV.                              | HOUS                           | SEHOLD INCOME   | AND ASSETS                                    |                          |
|  | erify.  | I further certify       |                               |                                  | rovided on t                   | his form is <b>TRUE</b> an                                | nd <b>CORRECT</b> and I ackn                  |                          |
|  |         |                         |                               |                                  |                                |   |   | Agency pamphlet entitle  |
|  | igned   | by all Tenants          | of the prop                   | perty                            |                                |   |   |                          |

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 Black/African American Elderly Single Parent with Children American Indian/Alaska Native

Asian

☐ 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 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: Percentage of AMI:

Date

Native Hawaiian/Other

American Indian/Alaskan Native & White

CAA Representative Name

Pacific Islander

Asian & White

Two Parents with Children

Not Hispanic or Latino:

Physically Disabled Head of

CAA Representative Signature

Other

(specify) Ethnicity:

Hispanic or Latino

| 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

| t Funding:   | tate Lead (Z267)  | State Lead (N261)   | Federal Lead   | Healthy Homes   | DHHS   |
|--|---|---|--|---|--|
| cy (CAA):  |   |   |  | CAA Rep Name:   |  |
|  |   |   |  | CAA Rep Title:  |  |
| Project Type:  | ☐ Single-Family   | ☐ Multi-Family  |  |   |  |
|  |   |   |  | CAA Rep Email   |  |
| Applicant (Own   | er):  |   | Co-A   | pplicant:   |  |
| Property:  |   |   | Tena   | nt:   |  |
|  |   |   | Apt#   | <b>.</b>  |  |
|  |   |   |  |   |  |
| INSTRUCTIONS   | : Return complete   | ed and signed Blood   | Testing Release to   | the above-named C   | CAA.   |
|  | •   | -   |  |   | * • · ·  |
| Date   |   |   |  |   |  |
|  | ded that all child  |   |  | + +lauaa /2\  |  |
| in your home. I  | f your children h   | ave not received a ider or the local hea  |  |   |  |
| in your home. I<br>child's primary   | f your children h<br>health care prov   | ave not received a  | alth department t  | o arrange for a tes   | st.  |
| in your home. I child's primary  Please check  | f your children h.<br>health care prov  | ave not received a ider or the local hea  | alth department t<br>ch best describ   | o arrange for a tes<br>es your children:  | st.  |
| in your home. I child's primary  Please check  | f your children he health care proven the folloone of the folloon under six have  | ave not received a ider or the local hea  | alth department t  ch best describ  ead levels tested  | o arrange for a tes es your children: in the past three (                                   | st.<br>(3) months. Please identify   |
| in your home. I child's primary  Please check  My childre  Provider Nam  | f your children health care provone of the folloone of the folloonen under six have   | ave not received a rider or the local her wing- the one whi   | alth department t  ch best describ  ead levels tested  | o arrange for a tes  es your children:  in the past three (  Date of T                      | st.<br>(3) months. Please identify   |
| in your home. I child's primary  Please check  My childre  Provider Nam  I hereby a Grant Pro                                    | f your children he health care provone of the followen under six have equathorize the propgram.   | ave not received a rider or the local her wing- the one whi   | alth department to the ch best describe ead levels tested eresults of this (the characters)  | es your children: in the past three ( Date of T hese) blood test (s                         | st.<br>(3) months. Please identify<br>rest   |
| in your home. I child's primary  Please check  My childre  Provider Nam  I hereby a Grant Pro  My childre them test              | f your children health care provone of the followen under six have authorize the propram.  en under six have authorize the propram.                                 | ave not received a rider or the local her wing- the one while had their blood levider to release the re not had their blood | ch best describe ead levels tested e results of this (the best describe e results of this (the best dead levels tested ed lead levels tested ed lead levels tested ed lead levels tested en levels en leve | es your children: in the past three ( Date of T hese) blood test (s                         | (3) months. Please identify  fest  b) to the Lead Hazard Reduction                                 |
| in your home. I child's primary  Please check  My childre  Provider Nam  I hereby a Grant Pro  My childre them test  I For Relig | f your children health care provone of the followen under six have authorize the propagram.  en under six have at this time.  ious purposes are arily disclose this | ave not received a rider or the local her wing- the one while had their blood level and their blood had or personal reas    | enth department to the ch best describe and levels tested are results of this (the characteristic pod lead levels tested ons, I choose no understand that characteristic podes.  | es your children: in the past three (  Date of T hese) blood test (s sted in the past three | (3) months. Please identify  (est (a) to the Lead Hazard Reduction (b) to months and I agree to ha |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| ct Funding:  | State Lead (Z26         | 7) State         | e Lead (N261)    | Federal Lead                  | Healthy Homes      | DHHS           |               |          |
|--------------|-------------------------|------------------|------------------|-------------------------------|--------------------|----------------|---------------|----------|
| ncy (CAA):   |                         |                  |                  |                               | CAA Rep Name:      |                |               |          |
|              |                         |                  |                  |                               | CAA Rep Title:     |                |               |          |
| Project Ty   | <b>/pe:</b> ☐ Single-Fa | mily $\square$ N | fulti-Family     |                               | CAA Rep Phone:     |                |               |          |
|              | -                       |                  | ·                |                               | CAA Rep Email:     |                |               |          |
| Applicant (C | Owner):                 |                  |                  | Co-                           | Applicant:         |                |               |          |
| Property:    |                         |                  |                  | Ter                           | nant:              |                |               |          |
|              |                         |                  |                  | Apt                           | #:                 |                |               |          |
| INSTRUCTIO   | ONS: Return con         | npleted and      | signed Certifica | ation to the abov             | ve-named CAA.      |                |               |          |
| Date         |                         |                  |                  |                               |                    |                |               |          |
| ·            | on two separat          | •                |                  |                               | y a child under s  | ix years old v | isits your ho | ome:     |
|              |                         | Sunday           | Monday           | Tuesday                       | Wednesday          | Thursday       | Friday        | Saturday |
| # of hours p | er day                  |                  |                  |                               |                    |                |               |          |
|              | er of hours varie       |                  |                  |                               |                    |                |               |          |
| By signing b | oelow, you are o        | certifying th    |                  | ent and inforn  Occupant Sigr | nation is true and | correct.       |               |          |
|              |                         |                  | =                | Occupant Nan                  |                    |                |               |          |
|              |                         |                  |                  |                               |                    |                |               |          |
| Date:        |                         |                  | Co-Owr           | ner/Occupant                  | Signature:         |                |               |          |

## RELOCATION ASSISTANCE ACKNOWLEDGEMENT

|    | nding: g<br>CAA):   | State Lead (Z267)  | State Lead (N261)   | Federal Lead  | Healthy Homes  | DHHS   |
|----|---|--|---|---|--|--|
|    |   |  |   |   | CAA Rep Name:  |  |
|    |   | -  |   |   | CAA Rep Title:  CAA Rep Phone:   |  |
|    | Project Type:   | ☐ Single-Family  | ☐ Multi-Family  |   | CAA Rep Email:   |  |
|    | plicant (Owr  | ner):  |   | Co-   | Applicant:   |  |
| 0  |   |  |   |   |  |  |
|    | ntractor:   | undersigned und  | erstand that I/we may   | v receive fina  | ncial assistance to h  | elp cover the costs of temperature   |
|    | referenced<br>above-refer<br>to verify ex<br>such reloc<br>Contractor | I Property. I/We rerenced Commun<br>expenses incurred<br>ation assistance,<br>to prepare the P       | understand that in ord<br>lity Action Agency ("C<br>as a result of tempor<br>that I/we have a resp    | der to receive (AA"), and/or ary relocation consibility to conditional and abatement.   | reimbursement, we other documents who live also understooperate with the Coremediation work, in                    | home located at the above must provide receipts to the sich may be required by the and that in the event I/we re AA and the above reference occluding moving furniture out the work. |
| 2. | following:<br>(iv) laundr<br>rental fees<br>other than<br>relocation  | (i) moving expen<br>y; (v) extra gasol<br>s for other alterna<br>relocation, I/we<br>expenses. Furth | ses; (ii) hotel/motel or<br>ine/transportation cos<br>tive housing arranger<br>understand that this o | osts; (iii) secu<br>sts due to the<br>ments. If the<br>does not entitl<br>tand that the | rity deposits and mo<br>temporary relocation<br>relocation assistance<br>me/us to request a<br>CAA is under no obl | e, but are not limited to, the onthly rent for apartment uning to another dwelling; and (vie I/we receive is spent on it additional money for actual igation to reimburse for unv    |
| 3. | property of property d  | wner/representati<br>uring my/our reloc<br>reimbursement I/  | ive. I/We, understand<br>cation, I/we may be re   | if I/we are de<br>esponsible fo   | emed responsible for the cost associated   | olicies set forth by the relocated or damages to the relocated with said damages. Any with damages determined n  |
| 4. | By signing  | this agreement,  | I/We acknowledge th   | e conditions  | of receiving relocation  | on reimbursements and that   |
|    | \$1,450 for   | federally-funded   | projects or \$1,250 fo  | r state-funde   | d projects are the m   | aximum amounts of money  |
|    |   | or temporary relo  |   |   | , ,  | ·  |
|    |   |  | ·   | where lead I  | nazard abatement v   | work is being carried out.   |
|    | _   | -  | greement, do not sig  |   |  | <b>g</b>   |
|    | Occupant Sig  |  | ,,  | <u></u> u   |  |  |
|    | Occupant Na   | ame  |   | Apart   | ment/Unit #  | Date   |
| •  | Co-Occupan  | t Signature  |   |   |  |  |
| ,  |   |  |   |   |  |  |
|    | Co-Occupan  | t Name   |   |   |  | Date   |
| •  |   | g below, the CA<br>er(s) or renter(s   | A acknowledges red  | ceipt of this   | document signed I  | by the above   |
|    |   | entative Signature   |   |   |  | Date   |
| •  | CAA Renress   | entative Name  |   |   |  |  |

AMI for this tenant:

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

### **TENANT APPLICATION**

| <b>Community Action Ag</b>   | ency (CAA):   | Qı   | uestions sho                                | ould be directed to:   |   |                      |
|--|---|--|---|--|---|----------------------|
| Name   |   | CA   | AA Rep Name                                 | e:   |   |                      |
| Address  |   | CA   | AA Rep Title:                               |  |   |                      |
|  |   | CA   | AA Rep Phon                                 | e:   |   |                      |
|  |   | CA   | AA Rep Emai                                 | l:   |   |                      |
| INSTRUCTIONS: Retu   | rn completed and signed   | d Application and Applicant I  | nformation Fo                               | orm to the above-named   | CAA.  |                      |
| Date   |   | Project Type   | ☐ Single                                    | e-Family Rental  | Multi-Family  |                      |
|  |   | I. PROPERTY IN   | IFORMATI                                    | ON   |   |                      |
| Address:   |   | Apart  | ment #                                      |  |   |                      |
|  |   | #Bed   | rooms:                                      |  |   |                      |
|  |   | Rent   | Amount:                                     |  |   |                      |
|  |   |  |   |  |   |                      |
|  | ı   | II. HOUSEHOLD I  | NFORMAT                                     | TON  |   |                      |
| Tenant Name:   |   |  | enant Name:                                 |  |   |                      |
|  | rst MI  | Last   |   | First MI   | Last  |                      |
| Tenant Age:  |   |  | enant Age:                                  |  |   |                      |
| Telephone:   |   | Telep  | hone:                                       |  |   |                      |
|  |   |  |   |  |   |                      |
| Total number in house (  | including you)  | ☐ No dependent of  | children under                              | r six years of age reside i  | n the home.   |                      |
| Total number in house (  | including you)  | □ No dependent o   | children unde                               | r six years of age reside i  |   |                      |
|  | including you)  hild (age 18 or younger)                                      | □ No dependent o   | children unde                               | r six years of age reside i  Blood Lead Levels  VEBL ug/dl   | n the home.  Covered b  MaineCare                   |                      |
|  |   |  |   | Blood Lead Levels  | Covered b   |                      |
|  |   | Full time student?   |   | Blood Lead Levels  | Covered b<br>MaineCare                              | ?                    |
|  |   | Full time student?  Yes No   |   | Blood Lead Levels  | Covered b<br>MaineCare<br>Yes                       | No<br>No             |
|  |   | Full time student?  Yes No  Yes No   |   | Blood Lead Levels  | Covered b<br>MaineCare<br>Yes<br>Yes                | No<br>No<br>No       |
|  |   | Full time student?  Yes No  Yes No  Yes No   |   | Blood Lead Levels  | Covered b<br>MaineCare<br>Yes                       | No<br>No             |
| Name(s) of C   | hild (age 18 or younger)  as a child care location?                           | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other  | <b>Age</b><br>r than your do                | Blood Lead Levels VEBL ug/dl   | Covered b MaineCare Yes Yes Yes Yes Yes             | No<br>No<br>No       |
| Name(s) of C  Does your home serve a of age spend at least this  | hild (age 18 or younger)  as a child care location?                           | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No   | <b>Age</b><br>r than your do                | Blood Lead Levels VEBL ug/dl   | Covered b MaineCare Yes Yes Yes Yes Yes             | No<br>No<br>No       |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child othe o separate days per week (a   | Age<br>r than your do                       | Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in  | Covered b MaineCare Yes Yes Yes Yes Yes             | No<br>No<br>No<br>No |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other  | Age<br>r than your do                       | Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in  | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes     | No No No No No No    |
| Name(s) of C  Does your home serve a of age spend at least the the home?   | hild (age 18 or younger) as a child care location? ree hours per day, on two  | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other o separate days per week (and the content of the cont | r than your do at least 60 ho               | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes     | No No No No No No    |
| Name(s) of C  Does your home serve a of age spend at least the the home?  If yes, have any of the c  | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child othe o separate days per week (and the content of the conte | r than your do at least 60 ho               | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  ASSETS  | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Name(s) of C  Does your home serve a of age spend at least the the home?  If yes, have any of the co  Occupants must provide   | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child other o separate days per week (and the content of the cont | r than your do at least 60 ho               | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  ASSETS  | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the concept of t | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No  Yes No  Yes No  Yes No  Yes No  Meaning, does a child othe o separate days per week (a rvices been determined to he retain requested below to be   | r than your do to least 60 house lead pois  | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  ASSETS for enrollment in the Program                | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Name(s) of C  Does your home serve a of age spend at least the the home?  If yes, have any of the co  Occupants must provided Tenant Employment Self-Employed:   | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No  Meaning, does a child othe o separate days per week (a rvices been determined to have attion requested below to be affine the provide 2 years tax recommends.  | r than your do at least 60 ho ave lead pois | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  ASSETS for enrollment in the Program all Schedules. | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |
| Does your home serve a of age spend at least the the home?  If yes, have any of the concept of t | hild (age 18 or younger)  as a child care location? ree hours per day, on two | Full time student?  Yes No Yes No Yes No Yes No Yes No  Meaning, does a child other to separate days per week (and the separat | r than your do to least 60 house lead pois  | Blood Lead Levels VEBL ug/dl  ependent, under six years urs or more per year) in oning?  ASSETS for enrollment in the Program all Schedules. | Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No    |

| UNIT #    | <u> </u>   | _                             |                                 |                                   |  |   |  |
|-----------|--|-------------------------------|---------------------------------|-----------------------------------|--|---|--|
| Co-Tena   | ant Employm                                      | nent:                         |                                 |                                   |  |   |  |
| Self-Emp  |  | ☐ Yes                         | □ No                            | If ves. pro                       | vide 2 vears tax retui                                   | ns, including <b>all</b> Sched              | dules.   |
| Employe   | -  |                               |                                 | y 00, p.0                         | -  | _   |  |
|           | r Address  |                               |                                 |                                   | Position   | •   |  |
|           |  |                               | Street, C                       | ity, State, Zip                   | No. of   | Years                                       |  |
| Head of   | Household  | Employn                       | nent:                           |                                   |  |   |  |
| Self-Emp  | oloyed:  | ☐ Yes                         | □ No                            | If yes, pro                       | vide 2 years tax retui                                   | rns, including <b>all</b> Sched             | dules.   |
| Employe   |  |                               |                                 | , ,                               | -  | _   |  |
| Employe   | r Address  |                               |                                 |                                   | Position   |   |  |
|           |  |                               | Street, C                       | ity, State, Zip                   | No. of   | Years                                       |  |
|           |  |                               |                                 |                                   |  |   |  |
| Occupan   | ts must provide                                  | e gross inco                  | ome inform                      | nation and ve                     | rification to be consid                                  | dered for enrollment in                     | the Program.   |
|           |  |                               |                                 |                                   | A  | В   | C) Head of   |
|           |  | GROSS A                       |                                 |                                   | TENANT   | CO-TENANT                                   | Γ Household  |
| a.        | Wages (gross                                     |                               |                                 | oyment                            |  | _   |  |
| b.        | Additional Mo                                    |                               | me From:                        | -                                 |  | _   |  |
|           | Overtime   |                               |                                 | -                                 |  | _   |  |
|           |  | e Employm                     | nent                            | -                                 |  |   |  |
|           | <ol><li>Pensions</li></ol>                       |                               |                                 | -                                 |  |   |  |
|           |  | s Administr                   | ation Com                       | pensation                         |  |   |  |
|           |  | tal Income                    |                                 | -                                 |  |   |  |
|           |  | oloyment*                     |                                 | =                                 |  |   |  |
|           | 7. Child Su                                      |                               |                                 | -                                 |  |   |  |
|           |  | ssistance (                   |                                 | :/GA)                             |  |   |  |
|           |  | ecurity Ben                   |                                 | -                                 |  | _   |  |
|           | 10. Unemplo                                      | yment Cor                     | npensatior                      | ١ _                               |  | _   |  |
| C.        | Other**  |                               | (T-1-1 A                        |                                   |  | _   | <del></del>  |
| d.        | Gross Monti                                      | -                             | •                               | B & C)                            |  |   | <del></del>  |
| e.        | Total (Line D                                    | і минтрігеа                   | Dy 12)                          | =                                 |  |   | <del></del>  |
| f.        | <b>Gross House</b>                               | ehold Inco                    | me (Total                       | e(A)+e(B)+e                       | (C):   |   |  |
| ** Inclu  | employer, please<br>des bonuses, div<br>stments. | e provide mo<br>vidends, inte | ost recent 2<br>erest, royaltio | years of comp<br>es, alimony, sid | leted tax returns includi<br>ck pay, disability, retirer | ng Schedule C.<br>nent, income from trusts, | income from business activities                                |
|           |  |                               |                                 |                                   |  |   |  |
|           |  |                               | 11.7                            | НОП                               | SELOI D INCOM  | IE AND ACCETS                               |  |
|           |  |                               | IV                              | . ноо                             | SEHOLD INCOM   | IE AND ASSETS                               |  |
| verify. I |  |                               |                                 |                                   |  |   | I acknowledge the CAAs right to<br>nformation contained in the |
|           |  |                               |                                 |                                   | of the United States<br>nnection with our a              |   | ection Agency pamphlet entitled                                |
| Signed b  | y all Tenants                                    | of the pro                    | perty                           |                                   |  |   |  |
|           | -  | • •                           | -                               |                                   |  | Б.  |  |
| Signat    | ure of Tenant (O                                 | ccupant)                      |                                 |                                   |  | Date  |  |

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below. I do not wish to furnish this information □ Yes □ No Head 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

☐ Yes

□ No

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.

Native Hawaiian/Other

American Indian/Alaskan Native & White

Black/African American & White

Pacific Islander

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:       | Maximum Eligible Income for this Tenant/ is: \$ Percentage of AMI: |                              |    |  |  |  |  |  |
| CAA Representative Signature                       | Date   | CAA Representative Name      |    |  |  |  |  |  |

(specify) 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.

#### HOW THE PROGRAM WORKS

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

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

#### 2. TEMPORARY RELOCATION

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

### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

|  | state Lead (Z267)  | State Lead (N261)  | Federal Lead   | Healthy Homes  | DHHS   |
|--|--|--|--|--|--|
| cy (CAA):  |  |  |  | CAA Rep Name:  |  |
|  |  |  |  | CAA Rep Title:  CAA Rep Phone:   |  |
| Project Type:  | ☐ Single-Family  | ☐ Multi-Family   |  | CAA Rep Email  |  |
| Applicant (Own   | or):   |  | Co-A1  | oplicant:  |  |
|  | eij  |  |  |  |  |
| Property:  |  |  | Tenaı<br>Apt#:   |  |  |
|  |  |  | Αριπ.  |  |  |
|  |  |  |  |  |  |
| INSTRUCTIONS   | : Return complete  | d and signed Blood T   | esting Release to  | the above-named CA   | <b>VA</b> .  |
| Date   |  |  |  |  |  |
|  | health care provide  |  | •  | -  | •  |
| child's primary  | one of the follov  | ving- the one whic   | h best describe  | es your children:  | <b>) months</b> . Please identify  |
| child's primary  | one of the followen under six have   | ving- the one whic   | h best describe  | es your children:  | <b>) months</b> . Please identify  |
| Please check of My children Provider Name  | one of the follower and an area of the follower and a six have be authorize the provention of the prov | ving- the one whice had their blood lea  | h best describe  | es your children: in the past three (3)  | <b>) months</b> . Please identify  |
| Please check of My children  My children  I hereby a Grant Pro  My children  My children   | en under six have  | wing- the one whice had their blood lead   | h best describe  | in the past three (3)  Date of Tea   | ) months. Please identify<br>st  |
| Please check of My children  My children  I hereby a Grant Pro  My children  them teste  | en under six have unthorize the provingram.  en under six have ed at this time.  | wing- the one whice had their blood lead wider to release the report had their blood in the release the results. | h best describe ad levels tested i   | in the past three (3)  Date of Telese) blood test (s)  ted in the past three                     | ) months. Please identify st to the Lead Hazard Reduction                                |
| Child's primary  Please check of the check o | en under six have authorize the proving am.  en under six have a death at this time.  ous purposes and arily disclose this income.   | wing- the one whice had their blood lead wider to release the re had their blood door personal reaso             | h best described and levels tested in the standard levels tested i | in the past three (3)  Date of Tennese) blood test (s)  ted in the past three to have my child ( | ) months. Please identify  st  to the Lead Hazard Reduction  e (3) months and I agree to |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| roject Funding:   | State Lea   | d (Z267)   | State I     | Lead (N261)    | Federal Lead    | Healthy Home                        | es DHHS         |               |          |
|-------------------|-------------|------------|-------------|----------------|-----------------|-------------------------------------|-----------------|---------------|----------|
| agency (CAA):     |             |            |             |                |                 | CAA Rep Name:                       | -               |               |          |
|                   | -           |            |             |                |                 | CAA Rep Title:<br>CAA Rep Phone:    |                 |               |          |
| Project Type:     | ☐ Single    | -Family    | ☐ Multi-F   | amily          |                 | CAA Rep Email:                      |                 |               |          |
|                   |             |            |             |                |                 | On the Email                        |                 |               |          |
| Applicant (Owr    | ner):       |            |             |                | Co-             | Applicant:                          |                 |               |          |
| Property:         |             |            |             |                | Ten             | ant:                                |                 |               |          |
|                   |             |            |             |                | Apt             | #:                                  |                 |               |          |
| INSTRUCTIONS      | S: Return   | complete   | ed and sign | ned Certificat | ion to the abov | e-named CAA                         |                 |               |          |
| Date              |             |            |             |                |                 |                                     |                 |               |          |
|                   | "significar | nt amour   | nt of time' | " visiting yoເ | ur home. A "s   | grams, you indi<br>ignificant amour |                 |               |          |
| riours a day or   | i two sope  | nate da    | ys a weel   | K and a tota   | 10100110013     | per year.                           |                 |               |          |
| Please fill in th | e table be  | elow, sho  | owing the   | number of      | hours per da    | y a child under s                   | six years old v | isits your ho | ome:     |
|                   |             | Su         | ınday       | Monday         | Tuesday         | Wednesday                           | Thursday        | Friday        | Saturday |
| # of hours per    | day         |            |             |                |                 |                                     |                 |               |          |
| If the number of  | of hours v  | aries fro  | m week t    | to week, ple   | ase explain:    |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
| By signing belo   | ow, you a   | re certify | ying that t | his stateme    | ent and inform  | ation is true and                   | d correct.      |               |          |
|                   |             |            |             |                |                 |                                     |                 |               |          |
| Date:             |             |            |             |                | ccupant Sigr    |                                     |                 |               |          |
|                   |             |            |             | Owner/O        | ccupant Nam     | ne:                                 |                 |               |          |
| Date:             |             |            |             | Co-Owne        | er/Occupant s   | Signature:                          |                 |               |          |
|                   |             |            | <del></del> | Co-Owne        | er/Occupant I   |                                     |                 |               |          |

### RELOCATION ASSISTANCE ACKNOWLEDGEMENT

| -  | Funding:<br>(CAA):   | State Lead (Z267)  | State Lead (N261)   |   | Healthy Homes  AA Rep Name:  AA Rep Title:   | DHHS  |
|----|--|--|---|---|--|---|
| I  | Project Type:  | ☐ Single-Family  | ☐ Multi-Family  |   | AA Rep Phone:  AA Rep Email:   |   |
| Ap | plicant (Own   | er):   |   | Co-An   | plicant:   |   |
| _  | pperty:  |  |   |   |  |   |
| Co | ntractor:  |  |   |   |  |   |
| 1. | relocation or referenced above-refe to verify ex such relocations. | expenses associated Property. I/We used Communute Penses incurred ation assistance, to prepare the P   | ated with lead paint hunderstand that in ordity Action Agency ("Cas a result of temporthat I/we have a resp | azard abatemer<br>der to receive re<br>AA"), and/or oth<br>ary relocation. I<br>consibility to coo<br>d abatement/rel | nt work in our/my imbursement, we ler documents who whe also understaperate with the Comediation work, in  | elp cover the costs of temporary home located at the above must provide receipts to the nich may be required by the CAA, and that in the event I/we receive AA and the above referenced including moving furniture out of the the work. |
| 2. | following: (iv) laundry rental fees other than relocation          | (i) moving expen-<br>y; (v) extra gasoli<br>for other alterna<br>relocation, I/we u<br>expenses. Furth | ses; (ii) hotel/motel co<br>ine/transportation cos<br>tive housing arranger<br>understand that this c       | osts; (iii) security<br>its due to the ter<br>ments. If the rel<br>loes not entitle r<br>tand that the CA             | / deposits and momporary relocation<br>ocation assistance<br>ne/us to request and its under the contraction of | e, but are not limited to, the conthly rent for apartment units; on to another dwelling; and (vi) see I/we receive is spent on items additional money for actual ligation to reimburse for unverified                                   |
| 3. | property ov<br>property du   | wner/representati<br>uring my/our reloo<br>reimbursement I/  | ve. I/We, understand cation, I/we may be re   | if I/we are deen<br>esponsible for th   | ned responsible for<br>e cost associated   | olicies set forth by the relocation or damages to the relocated di with said damages. Any with damages determined my/our  |
| 4. | By signing   | this agreement,  | I/We acknowledge th   | e conditions of r   | eceiving relocation  | on reimbursements and that  |
|    | \$1,450 for  | federally-funded   | projects or \$1,250 fo  | r state-funded p  | rojects are the m  | aximum amounts of money to be   |
|    | received fo  | or temporary reloc   | cation expenses.  |   |  |   |
|    | Signature  | of occupant of   | home or rental unit   | where lead haz  | zard abatement v   | work is being carried out. If you   |
|    | do not une   | derstand this ag   | reement, do not sig   | ın it.  |  |   |
|    | Occupant Sig   |  |   |   |  |   |
|    | Occupant Na  | me   |   | <br>Apartmer  | nt/Unit #  | Date  |
|    | Co-Occupant  | Signature  |   |   |  |   |
|    | Co-Occupant  | Name   |   |   |  | Date  |
|    |  | g below, the CA<br>er(s) or renter(s   | A acknowledges red  | <br>ceipt of this do  | cument signed l  | by the above  |
|    |  | en(s) or remer(s<br>entative Signature   | 7)•   |   |  | Date  |
|    | o, a   |  |   |   |  | Date  |

| HIN | T 4    |  |  |
|-----|--------|--|--|
| HIN | I I II |  |  |

| AMI fo | r this | tenant: |  |
|--------|--------|---------|--|
|        |        |         |  |

## **TENANT APPLICATION**

| Community Action A                                  | gency (CAA     | <b>\)</b> :   |                      | Qı         | uestions sh                                   | ould be directed to:            |                        |      |
|---|----------------|---------------|----------------------|------------|---|---------------------------------|------------------------|------|
| Name  |                |               |                      | CA         | AA Rep Nam                                    | ne:                             |                        |      |
| Address   | CAA Rep Title: |               |                      |            |   |                                 |                        |      |
|   |                |               |                      | CA         | AA Rep Phor                                   | ne:                             |                        |      |
|   |                |               |                      | CA         | AA Rep Ema                                    | il:                             |                        |      |
| INSTRUCTIONS: Re                                    | turn complete  | ed and sign   | ed Application and A | pplicant I | nformation F                                  | Form to the above-name          | d CAA.                 |      |
| Date  |                |               | Proje                | ct Type    | ☐ Sing  | le-Family Rental □              | ] Multi-Family         |      |
|   |                |               | I. PROPI             | RTY IN     | IFORMAT                                       | TION                            |                        |      |
| Address:  |                |               |                      | Apart      | ment #  |                                 |                        |      |
|   |                |               |                      | #Bedi      | rooms:  |                                 |                        |      |
|   |                |               |                      | Rent       | Amount:                                       |                                 |                        |      |
|   |                |               |                      |            |   |                                 |                        |      |
| -   |                |               | II. HOUSE            | HOLD I     | NFORMA  | TION                            |                        |      |
| Tenant Name:  |                |               |                      | Co-Te      | enant Name:                                   |                                 |                        |      |
|   | First N        | MI            | Last                 |            |   | First MI                        | Last                   |      |
| Tenant Age:   |                |               |                      | Co-Te      | enant Age:                                    |                                 |                        |      |
| Telephone:  |                |               |                      | Telep      | hone:   |                                 |                        |      |
| Total number in house                               | (including v   | on)           | ∏ No de              | nendent d  | :hildren unde                                 | er six years of age reside      | e in the home          |      |
| rotal Hambel III House                              | , (molading y  | <u> </u>      |                      |            |   |                                 |                        |      |
| Name(s) of  | Child (age 18  | 3 or younger) | Full time stu        | dent?      | Age   | Blood Lead Levels<br>VEBL ug/dl | Covered b<br>MaineCare |      |
|   |                |               | Yes                  | No         |   |                                 | Yes                    | No   |
|   |                |               | Yes                  | No         |   |                                 | Yes                    | No   |
|   |                |               | Yes                  | No         |   |                                 | Yes                    | No   |
|   |                |               | Yes                  | No         |   |                                 | Yes                    | No   |
|   |                |               | ,                    |            |   |                                 |                        |      |
|   |                |               |                      |            |   | dependent, under six yea        |                        |      |
| of age spend at least the home?                     | three hours p  | er day, on t  | wo separate days pe  | er week (a | it least 60 ho                                | ours or more per year) in       | ☐ Yes                  | ☐ No |
| If yes, have any of the                             | children who   | received s    | ervices been determ  | ined to ha | ave lead pois                                 | soning?                         | ☐ Yes                  | ☐ No |
| •   |                |               |                      |            |   |                                 |                        |      |
|   |                | III.          | HOUSEHOL             | D INCC     | ME AND  | ASSETS                          |                        |      |
| Occupants must provi                                | de the emplo   |               |                      |            |   | for enrollment in the Pro       | aram.                  |      |
| Tenant Employme                                     | ·              | ,             | 4                    |            |   |                                 | <b>3</b>               |      |
| a =p.oy.iio   | III.           |               |                      |            |   |                                 |                        |      |
| Self-Employed:                                      |                | □ No          | If ves provide 2 ve  | ars tax re | turns includ                                  | ling <b>all</b> Schedules       |                        |      |
| Self-Employed:<br>Employer Name                     | □ Yes          | □ No          | If yes, provide 2 ye |            |   | _                               |                        |      |
| Self-Employed:<br>Employer Name<br>Employer Address |                | □ No          | If yes, provide 2 ye | Em         | <i>turns, includ</i><br>ployer Telep<br>ition | _                               |                        |      |

| UNIT #  | _  |                           |   |   |   |  |
|---|--|---------------------------|---|---|---|--|
| Co-Tenant Employr   | ment:  |                           |   |   |   |  |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, Cit.   | If yes, provide 2 year    | ears tax returns, including <b>all</b> Schedules.  Employer Telephone Position No. of Years |   |   |  |
| Head of Household   | Employment:  |                           |   |   |   |  |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, City   | If yes, provide 2 year    |   | er Telephone ersears  |   |  |
| Occupants must provid   | le gross income informa  | ntion and verification to | be consider   | red for enrollment in the Pro                                   | gram.   |  |
| b. Additional M 1. Overtim 2. Part-Tin 3. Pension 4. Veteran 5. Net Rer 6. Self Em 7. Child St 8. Public A 9. Social S 10. Unempl c. Other** d. Gross Mont e. Total (Line II f. Gross Hous *If self-employer, pleas | ne Employment is 's Administration Comp ital Income ployment* upport assistance (TANF/WIC/G Security Benefits oyment Compensation thly Income (Total A, B D Multiplied by 12) sehold Income (Total e se provide most recent 2 ye | ### TEN    SA             | A IANT  | Schedule C. nt, income from trusts, income                      | C) Head of Household  from business activities  |  |
|   |  | ovided on this form i     | is <b>TRUE</b> and  | AND ASSETS d CORRECT and I acknot ponsibilities and information | owledge the CAAs right to tion contained in the |  |
|   | nat I/we have receive<br>From Lead in Your He  |                           |   |   | Agency pamphlet entitled                        |  |
| Signed by all Tenants   | of the property  |                           |   |   |   |  |
|   |  |                           |   | 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 Us                 | se 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:            |  |
| 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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 (Z267)           | State Lead (N261)       | Federal Lead        | Healthy Homes             | DHHS  |
|----------------------|-----------------------------|-------------------------|---------------------|---------------------------|---|
| Agency (CAA):        |                             |                         | CA                  | A Rep Name:               |   |
| -                    |                             |                         |                     | A Dan Titler              |   |
| Project Type:        |                             | Multi-Family            |                     |                           |   |
| r roject rype.       | ш Single-Family ш           | і мин-гаппу             |                     |                           |   |
| 1                    |                             |                         | 0 4 4               | •                         |   |
| Applicant (Owner     | r):                         |                         | Co-Applic           | ant:                      |   |
| Property:            |                             |                         | Tenant:             |                           |   |
|                      |                             |                         | Apt#:               |                           |   |
|                      |                             |                         |                     |                           |   |
|                      | 5                           |                         | 5                   |                           |   |
| INSTRUCTIONS:        | Return completed ar         | nd signed Blood Testin  | g Release to the    | above-named CAA           | ۸.  |
| Date                 |                             |                         |                     |                           |   |
|                      |                             |                         |                     |                           |   |
| It is no some and    | - d th - t - II - h:I du- u | under eiv veere ef ee   |                     | مما امريما امريما المما   | tod maios to be soud control                                |
|                      |                             |                         |                     |                           | ted prior to hazard control work s, you should contact your |
|                      |                             | or the local health d   |                     |                           | s, you should contact your                                  |
| orma o primary m     | caitir dare provider        | or the local ficality a | opartment to an     | ange for a test.          |   |
| Plaasa chack a       | ne of the following         | g- the one which be     | et describes v      | our children:             |   |
| riease check of      | ne or the ronowing          | g- the one willon be    | est describes y     | our crinaren.             |   |
|                      |                             |                         |                     |                           |   |
| ☐ My childrer        | n under six <b>have</b> ha  | nd their blood lead le  | vels tested in th   | e nast <b>three (3)</b> : | months. Please identify                                     |
| wiy ormaror          | Tanadi dix <b>navo</b> na   | ia triori bioca icaa ic | voio tootou iii tii | o paot timos (o)          | monario. I lodos lasminy                                    |
| Provider Name        |                             |                         |                     | Date of Test              | <u> </u>  |
|                      |                             |                         |                     |                           |   |
|                      |                             | r to release the resu   | Its of this (these  | ) blood test (s) to       | the Lead Hazard Reduction                                   |
| Grant Prog           | ram.                        |                         |                     |                           |   |
|                      |                             |                         |                     |                           |   |
| 1 1 -                |                             | ot had their blood lea  | ad levels tested    | in the past three         | (3) months and I agree to have                              |
| them tested          | d at this time.             |                         |                     |                           |   |
|                      |                             |                         |                     |                           |   |
| For Religio          | us purposes and/or          | r personal reasons, I   | choose not to       | have my child (c          | hildren's) tested for lead.                                 |
|                      |                             |                         |                     |                           |   |
| I/Ma valuntari       | ilv disclase this info      | rmation IMA under       | stand that disals   | scure of this infor       | mation is not required for                                  |
|                      |                             | Reduction Grant Pro     |                     |                           | mation is not required for                                  |
| partioipation        | 2000 1 102010               | caacaca Orant I IC      | -g. a               |                           |   |
|                      |                             |                         |                     |                           |   |
|                      |                             |                         |                     |                           |   |
| Doront on Consultant | Sign of the                 |                         |                     | Dete                      |   |
| Parent or Guardian S | Signature                   |                         |                     | Date                      |   |
| Parent or Guardian S |                             |                         |                     | Date                      |   |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| ject Funding:    | State Lead (Z2        | 67)                   | State Lead  | (N261)       | Federal Lead     | Healthy Home                        | es DHHS           |                |               |
|------------------|-----------------------|-----------------------|-------------|--------------|------------------|-------------------------------------|-------------------|----------------|---------------|
| ency (CAA):      |                       |                       |             |              |                  | CAA Rep Name:                       |                   |                |               |
|                  |                       |                       |             |              |                  | CAA Rep Title:                      |                   |                |               |
| Project Type     | . По: . г             | .,                    |             |              |                  | CAA Rep Phone:                      |                   |                |               |
| r rojour rype    | <b>9:</b> ☐ Single-Fa | imily                 | ⊔ Multi-Fa  | mily         |                  | CAA Rep Email:                      | -                 |                |               |
| Applicant (Ow    | ner):                 |                       |             |              | Co-              | Applicant:                          |                   |                |               |
| Property:        |                       |                       |             |              | Ter              | ant:                                |                   |                |               |
|                  |                       |                       |             |              | Apt              | ш.                                  |                   |                |               |
|                  |                       |                       |             |              | •                |                                     |                   |                |               |
| INSTRUCTION      | IS: Return cor        | mpleted               | and signe   | d Certificat | tion to the abov | e-named CAA.                        |                   |                |               |
| Date             |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  | . ,.                                |                   |                |               |
|                  |                       |                       |             |              |                  | grams, you indi<br>ignificant amour |                   |                |               |
| hours a day o    |                       |                       |             |              |                  |                                     | it of tillie visi | ung is denin   | eu as, lillee |
| •                | •                     | ,                     |             |              |                  |                                     |                   |                |               |
| Please fill in t | he table belov        | w, shov               | wing the r  | umber of     | hours per da     | y a child under s                   | six years old v   | risits your ho | ome:          |
|                  |                       | Cun                   | dov         | Mondov       | Tuesday          | Wadnaaday                           | Thursday          | Eridov         | Saturday      |
|                  | -                     | Sun                   | day         | Monday       | Tuesday          | Wednesday                           | Thursday          | Friday         | Saturday      |
| # of hours per   | r day                 |                       |             |              |                  |                                     |                   |                |               |
|                  |                       | _                     |             |              |                  |                                     |                   |                |               |
| If the number    | of hours vari         | es from               | week to     | week, ple    | ease explain:    |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
|                  |                       |                       |             |              |                  |                                     |                   |                |               |
| By signing be    | low. vou are          | certifvir             | ng that thi | s stateme    | ent and inform   | ation is true and                   | d correct.        |                |               |
| _,gg             | , <b>,</b>            | · · · · · · · · · · · |             |              |                  |                                     |                   |                |               |
| Date:            |                       |                       |             | Owner/C      | Occupant Sigr    | oturo:                              |                   |                |               |
|                  |                       |                       | <del></del> |              |                  | -                                   |                   |                |               |
|                  |                       |                       |             | Owner/C      | Occupant Nan     | ne:                                 |                   |                |               |
| Date:            |                       |                       |             |              |                  |                                     |                   |                |               |
| Date.            |                       |                       |             | Co-Own       | er/Occupant :    | Signature:                          |                   |                |               |

# **RELOCATION ASSISTANCE ACKNOWLEDGEMENT**

| ct Funding:<br>ncy (CAA):  | State Lead (Z267)  | State Lead (N261)  | Federal Lead   | Healthy Homes  | DHHS   |
|--|--|--|--|--|--|
|  |  |  |  | CAA Rep Name:  CAA Rep Title:  |  |
|  | -  |  |  | CAA Rep Phone:   |  |
| Project Ty   | /pe: Single-Family   | ☐ Multi-Family   |  | CAA Rep Email:   |  |
| Applicant (0   | Owner):  |  | Co-  | Applicant:   |  |
| Property:  |  |  |  |  |  |
| Contractor:  |  |  |  |  |  |
| relocati<br>referen<br>above-<br>to verify<br>such re<br>Contrac   | on expenses associced Property. I/We referenced Commun expenses incurred location assistance,                        | ated with lead paint understand that in c ity Action Agency (" as a result of tempo that I/we have a resroperty for lead haz               | hazard abatem<br>order to receive<br>(CAA"), and/or or<br>orary relocation<br>sponsibility to card abatement | nent work in our/my<br>reimbursement, we<br>other documents what. I/We also underst<br>coperate with the C<br>remediation work, i          | relp cover the costs of tempo<br>home located at the above<br>must provide receipts to the<br>nich may be required by the C<br>and that in the event I/we red<br>AA and the above referenced<br>including moving furniture out |
| 2. I/We, the following (iv) lau rental for the the relocations of the following for the following followin | ne undersigned, und<br>g: (i) moving expen<br>ndry; (v) extra gasol<br>ees for other alterna<br>nan relocation, I/we | erstand that reimbu<br>ses; (ii) hotel/motel<br>ine/transportation co<br>tive housing arrang<br>understand that this<br>ermore, I/We under | irsable relocation costs; (iii) securests due to the ements. If the does not entitle retand that the o       | on expenses include<br>rity deposits and mo<br>temporary relocation<br>relocation assistance<br>e me/us to request a<br>CAA is under no ob | e, but are not limited to, the conthly rent for apartment unit in to another dwelling; and (vice I/we receive is spent on ite additional money for actual ligation to reimburse for unverse.                                   |
| propert<br>propert   | y owner/representati<br>y during my/our relo<br>on reimbursement l/  | ve. I/We, understan<br>cation, I/we may be   | nd if I/we are de<br>responsible for   | emed responsible f<br>the cost associated  | plicies set forth by the relocated or damages to the relocated d with said damages. Any with damages determined m  |
| 4. By sigr   | ning this agreement,   | I/We acknowledge   | the conditions of  | of receiving relocation  | on reimbursements and that   |
| \$1,450  | for federally-funded   | projects or \$1,250  | for state-funded   | d projects are the m   | aximum amounts of money t  |
| roccivo  | d for temporary relo   | cation expenses.   |  |  | ·  |
| receive  | ,  | •  | it where lead b  | nazard ahatement y   | work is being carried out  |
|  | ure of occupant of   |  |  |  |  |
| Signat   | ure of occupant of<br>understand this ac   |  |  | azara abatement  | work is being carried out.   |
| Signat<br><u>do not</u>  | ure of occupant of understand this ago the Signature   |  |  | azara abatement  | work is being carried out.   |
| Signat<br><u>do not</u>  | understand this ag<br>t Signature  |  | ign it.  | nent/Unit #  | Date   |
| Signat do not Occupan  | understand this ag<br>t Signature  |  | ign it.  |  |  |
| Occupan  Occupan   | understand this ag<br>t Signature<br>t Name  |  | ign it.  |  |  |
| Occupan  Co-Occu  By sign  | understand this age t Signature  t Name  pant Signature  pant Name  ning below, the CA                               | greement, do not s   | i <b>ign it.</b> Apartr  | nent/Unit #  | Date   |
| Signat do not Occupan Occupan Co-Occu By sign  | t Signature t Name  pant Signature  pant Name  | greement, do not s   | i <b>ign it.</b> Apartr  | nent/Unit #  | Date   |

| UNIT # |        |   |  |
|--------|--------|---|--|
|        | IIT 4  | 4 |  |
|        | II I Z | L |  |

## **TENANT APPLICATION**

| Community Action Ag                | ency (CAA           | ):           |               |                 | Questions sho        | ould be directed to:            |                     |      |
|------------------------------------|---------------------|--------------|---------------|-----------------|----------------------|---------------------------------|---------------------|------|
| Name                               |                     |              |               |                 | CAA Rep Name         | e:                              |                     |      |
| Address                            |                     |              |               |                 | CAA Rep Title:       |                                 |                     |      |
|                                    |                     |              |               |                 | CAA Rep Phon         | e:                              |                     |      |
|                                    |                     |              |               |                 | CAA Rep Email        | l:                              |                     |      |
| INSTRUCTIONS: Retu                 | rn complete         | ed and sign  | ned Applicati | on and Applic   | ant Information Fo   | orm to the above-named (        | CAA.                |      |
| Date                               |                     |              |               | Project Ty      | r <b>pe</b> ☐ Single | e-Family Rental 🔲 N             | /lulti-Family       |      |
|                                    |                     |              | I.            | PROPERT         | Y INFORMATI          | ON                              |                     |      |
| Address:                           |                     |              |               | А               | partment #           |                                 |                     |      |
|                                    |                     |              |               | #               | Bedrooms:            |                                 |                     |      |
|                                    |                     |              |               | F               | ent Amount:          |                                 |                     |      |
|                                    |                     |              |               |                 |                      |                                 |                     |      |
|                                    |                     |              | II. H         | IOUSEHOL        | .D INFORMAT          | TION                            |                     |      |
| Tenant Name:                       |                     |              |               | C               | o-Tenant Name:       |                                 |                     |      |
|                                    | rst M               | 11           | Last          |                 |                      | First MI                        | Last                |      |
| Tenant Age:                        |                     |              |               |                 | o-Tenant Age:        |                                 |                     |      |
| Telephone:                         |                     |              |               | T               | elephone:            |                                 |                     |      |
| Total number in house (            | including yo        | ou)          | [             | ☐ No depend     | ent children unde    | r six years of age reside ir    | n the home.         |      |
|                                    |                     | , <u> </u>   |               |                 |                      |                                 |                     |      |
| Name(s) of C                       | <b>hild</b> (age 18 | or younger   | Full t        | ime student?    | Age                  | Blood Lead Levels<br>VEBL ug/dl | Covered b MaineCare |      |
|                                    |                     |              | Ye            | es No           | )                    | -                               | Yes                 | No   |
|                                    |                     |              | Y             | es No           | )                    |                                 | Yes                 | No   |
|                                    |                     |              | Y             | es No           | )                    |                                 | Yes                 | No   |
|                                    |                     |              | Y             | es No           |                      |                                 | Yes                 | No   |
|                                    |                     |              |               |                 | 1                    | <u> </u>                        | 100                 | 110  |
|                                    |                     |              |               |                 |                      | ependent, under six years       | i                   |      |
| of age spend at least th the home? | ree hours po        | er day, on   | two separate  | e days per we   | ek (at least 60 ho   | urs or more per year) in        | ☐ Yes               | □ No |
| If yes, have any of the o          | hildren who         | received s   | services hee  | n determined    | to have lead nois    | oning?                          | ☐ Yes               | □ No |
| in yes, have any or the c          | midicii wilo        | - TCOCIVCU ( | 301 11003 200 |                 | to nave lead pols    | Offing:                         |                     |      |
|                                    |                     |              |               | 251101 B III    |                      |                                 |                     |      |
|                                    |                     | III.         |               |                 | NCOME AND A          |                                 |                     |      |
| Occupants must provide             | e the emplo         | yment info   | rmation requ  | ested below t   | o be considered f    | or enrollment in the Progr      | am.                 |      |
| Tenant Employment                  |                     |              |               |                 |                      |                                 |                     |      |
|                                    | ::                  |              |               |                 |                      |                                 |                     |      |
| Self-Employed:                     | ::<br>□ Yes         | □ No         | If yes, pro   | vide 2 years ta | ax returns, includii | ng <b>all</b> Schedules.        |                     |      |
| Self-Employed:<br>Employer Name    |                     | □No          | If yes, pro   | vide 2 years ta | Employer Teleph      | _                               |                     |      |
| Self-Employed:                     | ☐ Yes               |              | If yes, prov  | vide 2 years to |                      |                                 |                     |      |

| UNIT #  | _  |                           |                    |   |   |
|---|--|---------------------------|--------------------|---|---|
| Co-Tenant Employr   | ment:  |                           |                    |   |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, Cit.   | If yes, provide 2 year    |                    | ·   |   |
| Head of Household   | Employment:  |                           |                    |   |   |
| Self-Employed:<br>Employer Name<br>Employer Address   | ☐ Yes ☐ No  Street, City   | If yes, provide 2 year    |                    | er Telephone ersears  |   |
| Occupants must provid   | le gross income informa  | ntion and verification to | be consider        | red for enrollment in the Pro                                   | gram.   |
| b. Additional M 1. Overtim 2. Part-Tin 3. Pension 4. Veteran 5. Net Rer 6. Self Em 7. Child St 8. Public A 9. Social S 10. Unempl c. Other** d. Gross Mont e. Total (Line II f. Gross Hous *If self-employer, pleas | ne Employment is 's Administration Comp ital Income ployment* upport assistance (TANF/WIC/G Security Benefits oyment Compensation thly Income (Total A, B D Multiplied by 12) sehold Income (Total e se provide most recent 2 ye | ### TEN    SA             | A IANT             | Schedule C. nt, income from trusts, income                      | C) Head of Household  from business activities  |
|   |  | ovided on this form i     | is <b>TRUE</b> and | AND ASSETS d CORRECT and I acknot ponsibilities and information | owledge the CAAs right to tion contained in the |
|   | nat I/we have receive<br>From Lead in Your He  |                           |                    |   | Agency pamphlet entitled                        |
| Signed by all Tenants   | of the property  |                           |                    |   |   |
|   |  |                           |                    | Date  |   |

Signature of Co-Tenant (Co-Occupant)

Signature of Tenant (Occupant)

Prepared by MaineHousing

Date

national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below. 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 T | 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    |    |

### 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 federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

### 3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. 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**

| ct Funding:  |   | State Lead (N261)  |  | Healthy Homes   |   |
|--|---|--|--|---|---|
| cy (CAA):  |   |  |  | CAA Rep Name:   |   |
|  |   |  |  | CAA Rep Title:  |   |
| Project Type:  | ☐ Single-Family   | ∏ Multi₋Family   |  | CAA Rep Phone:  |   |
|  | □ Single-Faililly   | inditi-i armiy   |  | CAA Rep Email   |   |
| Applicant (Owr   | ner):   |  | Со-Ар  | plicant:  |   |
| Property:  |   |  | Tenan  | t:  |   |
|  |   |  | Apt#:  |   |   |
|  |   |  |  |   |   |
| INSTRUCTIONS   | S: Return complete  | ed and signed Blood To   | esting Release to t  | he above-named CA   | A.  |
| Date   |   |  |  |   |   |
|  |   |  |  |   |   |
| It is recommer   | nded that all child   | ren under six years o  | of age have their  | blood lead level te   | sted prior to hazard control wo   |
|  |   |  |  |   | <b>hs</b> , you should contact your   |
| in your nome.  |   |  |  | arrange for a test  |   |
|  |   | ider or the local heal   | th department to   | arrange for a test.   |   |
| child's primary  | health care prov  | ider or the local heal<br>wing- the one whic   | ·  | -   |   |
| child's primary  Please check  | one of the follo  | wing- the one whic   | h best describe  | s your children:  | months. Please identify   |
| child's primary  Please check  | one of the follo  | wing- the one whic   | h best describe  | s your children:<br>In the past three (3)   | <b>months</b> . Please identify   |
| Please check  My childr  Provider Name   | one of the followen under six have authorize the province.  | wing- the one which  | h best describe  | s your children:  the past three (3)  Date of Tes   | n <b>months</b> . Please identify<br>st   |
| Please check  My childr  Provider Nam  I hereby Grant Pro  My childr                                       | one of the follower and the provider of the follower and | wing- the one which e had their blood lea vider to release the r                         | h best describe  | s your children:  the past three (3)  Date of Tesese) blood test (s) the  | months. Please identify st to the Lead Hazard Reduction                                   |
| Please check  My childr  Provider Nam  I hereby Grant Pro  My childr  them test                            | one of the follower under six have authorize the propagam.  The under six have been under six have been under six have been under six have ted at this time.  | wing- the one which e had their blood lead vider to release the re e not had their blood | th best describe   | s your children:  the past three (3)  Date of Tesese) blood test (s) the  | <b>months</b> . Please identify   |
| Child's primary  Please check  My childr  Provider Nam  I hereby Grant Pro  My childr them test  For Relig | one of the followen under six have authorize the propagram.  The under six have ted at this time.  This is a six have the propagram arily disclose this   | wing- the one which e had their blood lead vider to release the re e not had their blood | th best describe and levels tested in the results of this (the described lead levels tested in the levels tested in the lead levels tested in the lead levels tested in the levels t | s your children:  the past three (3)  Date of Tesese) blood test (s) the past three din the past three to have my child (a) | months. Please identify  st  to the Lead Hazard Reduction  e (3) months and I agree to ha |

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

| ct Funding:             | State Lead (Z26                       | 7) State                    | Lead (N261)                        | Federal Lead                    | Healthy Homes   | DHHS             |                |               |  |  |
|-------------------------|---------------------------------------|-----------------------------|------------------------------------|---------------------------------|---|------------------|----------------|---------------|--|--|
|                         | ype: ☐ Single-Fa                      |                             | fulti-Family                       |                                 | CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:                |                  |                |               |  |  |
| Applicant (             | Owner):                               |                             |                                    | Co                              | -Applicant:   |                  |                |               |  |  |
| Property:               |                                       |                             |                                    | A 4.44 .                        |   |                  |                |               |  |  |
| INSTRUCT                | IONS: Return con                      | mpleted and                 | signed Certifica                   | tion to the abov                | /e-named CAA.   |                  |                |               |  |  |
| age spend<br>hours a da | s a "significant a<br>y on two separa | amount of ti<br>te days a v | me" visiting yo<br>veek and a tota | ur home. A "s<br>al of 60 hours | ograms, you indio<br>significant amoun<br>per year."<br>y a child under s | t of time" visit | ting is define | ed as, "three |  |  |
| # of hours              |                                       | Sunday                      |                                    |                                 | Wednesday   | Thursday         | Friday         | Saturday      |  |  |
| If the num              | per of hours vari                     | es from we                  | ek to week, ple                    | ease explain:                   |   |                  |                |               |  |  |
| By signing  Date:       | •                                     | certifying th               |                                    | ent and inforn<br>Occupant Sigr | nation is true and  | I correct.       |                |               |  |  |
|                         |                                       |                             | Owner/0                            | Occupant Nar                    | ne:   |                  |                |               |  |  |
| Date: _                 | Date:                                 |                             |                                    | Co-Owner/Occupant Signature:    |   |                  |                |               |  |  |
|                         |                                       |                             |                                    | er/Occupant                     |   |                  |                |               |  |  |

Prepared by MaineHousing

# RELOCATION ASSISTANCE ACKNOWLEDGEMENT

| ct Funding:<br>ncy (CAA):                               | State Lead (Z267)  | State Lead (N261)   | Federal Lead   | Healthy Homes   | DHHS  |  |  |  |  |  |
|---|--|---|--|---|---|--|--|--|--|--|
| ,   |  |   | C  | AA Rep Name:  |   |  |  |  |  |  |
|   |  |   | C  | AA Rep Title:   |   |  |  |  |  |  |
| Project Tv  | <b>pe:</b> ☐ Single-Family   | □ Model Comillo   | C  | AA Rep Phone:   |   |  |  |  |  |  |
| r roject ry   | PG: LI Single-Family   | ☐ Multi-Family  | C  | AA Rep Email:   |   |  |  |  |  |  |
| Applicant (C  | ·  |   |  | oplicant:   |   |  |  |  |  |  |
| 011   |  |   |  |   |   |  |  |  |  |  |
| Contractor:   |  | 1   |  |   | elp cover the costs of tempora  |  |  |  |  |  |
| referend<br>above-i<br>to verify<br>such re<br>Contrac  | ced Property. I/We referenced Commun receptor expenses incurred location assistance, ctor to prepare the P   | understand that in or<br>nity Action Agency ("C<br>as a result of tempor<br>that I/we have a resp   | der to receive re<br>CAA"), and/or oth<br>rary relocation. I<br>consibility to coord<br>abatement/re | eimbursement, we ner documents what I/We also understance with the C/I/mediation work, ir                   | home located at the above must provide receipts to the ich may be required by the Coand that in the event I/we received and the above referenced including moving furniture out to the work.      |  |  |  |  |  |
| followin<br>(iv) lau<br>rental f<br>other th<br>relocat | g: (i) moving expen<br>ndry; (v) extra gasol<br>ees for other alterna<br>nan relocation, I/we<br>on expenses. Furth  | nses; (ii) hotel/motel coline/transportation costive housing arrange understand that this contents. | osts; (iii) security sts due to the telements. If the reledoes not entitle related that the CA       | y deposits and mo<br>mporary relocation<br>location assistance<br>me/us to request a<br>AA is under no obli | , but are not limited to, the onthly rent for apartment units in to another dwelling; and (vi) is I/we receive is spent on iter additional money for actual rigation to reimburse for unvertices. |  |  |  |  |  |
| property<br>property                                    | re undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated of during my/our relocation, I/we may be responsible for the cost associated with said damages. Any on reimbursement I/we request, may be offset to cover the cost associate with damages determined my/sibility. |   |  |   |   |  |  |  |  |  |
| 4. By sign  | By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that   |   |  |   |   |  |  |  |  |  |
| \$1,450   | \$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to   |   |  |   |   |  |  |  |  |  |
|   | received for temporary relocation expenses.  |   |  |   |   |  |  |  |  |  |
|   | Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If   |   |  |   |   |  |  |  |  |  |
| _   | do not understand this agreement, do not sign it.  |   |  |   |   |  |  |  |  |  |
| <u>-</u>  | Signature  | <b></b>   | <del>3</del>   |   |   |  |  |  |  |  |
| Occupan   | t Name   |   | <br>Apartme  | nt/Unit #   | Date  |  |  |  |  |  |
| Co-Occu   | pant Signature   |   |  |   |   |  |  |  |  |  |
| C0-Occu   | Jani Signature   |   |  |   |   |  |  |  |  |  |
| Co-Occu   | pant Name  |   |  |   | Date  |  |  |  |  |  |
|   | By signing below, the CAA acknowledges receipt of this document signed by the above  |   |  |   |   |  |  |  |  |  |
| homeo   | wner(s) or renter(s  | s).   |  |   |   |  |  |  |  |  |
|   |  |   |  |   | Data  |  |  |  |  |  |
| CAA Rep   | resentative Signature  |   |  |   | Date  |  |  |  |  |  |