

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

**RELOCATION ASSISTANCE ACKNOWLEDGEMENT**

**Project Funding:**  State Lead  Federal Lead  Healthy Homes

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

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

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

**Applicant (Owner):** \_\_\_\_\_  
**Property:** \_\_\_\_\_  
\_\_\_\_\_  
**Contractor:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_  
**Tenant:** \_\_\_\_\_  
**Unit#:** \_\_\_\_\_

1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that \$1,250 is the maximum amount of money to be received for temporary relocation expenses.

**Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you do not understand this agreement, do not sign it.**

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupant Name

\_\_\_\_\_  
Co-Occupant Signature

\_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Occupant Name

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

\_\_\_\_\_  
CAA Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Representative Name