

UNIT # _____

AMI for this tenant _____

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

TENANT APPLICATION

Community Action Agency (CAA):

Questions should be directed to:

Name _____

CAA Rep Name: _____

Address _____

CAA Rep Title: _____

CAA Rep Phone: _____

CAA Rep Email: _____

INSTRUCTIONS: Return completed and signed Application and Applicant Information Form to the above-named CAA.

Date _____

Project Type

Single-Family Rental

Multi-Family

I. PROPERTY INFORMATION

Address: _____

Apartment # _____

#Bedrooms: _____

Rent Amount: _____

II. HOUSEHOLD INFORMATION

Tenant Name: _____
First MI Last

Co-Tenant Name: _____
First MI Last

Date of Birth: _____

Date of Birth: _____

Telephone: _____

Telephone: _____

Total number in house (including you) _____ No dependent children under six years of age reside in the home.

Name(s) of Child (age 18 or younger)	Full time student?		Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare?	
	Yes	No			Yes	No
	Yes	No			Yes	No
	Yes	No			Yes	No
	Yes	No			Yes	No
	Yes	No			Yes	No

Does your home serve as a child care location? Meaning, does a child other than your dependent, under six years of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home? Yes No

If yes, have any of the children who received services been determined to have lead poisoning? Yes No

III. HOUSEHOLD INCOME AND ASSETS

Occupants must provide the employment information requested below to be considered for enrollment in the Program.

Tenant Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*

Employer Name _____

Employer Telephone _____

Employer Address _____

Position _____

Street, City, State, Zip

No. of Years _____

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Co-Tenant Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*

Employer Name _____ Employer Telephone _____

Employer Address _____ Position _____

Street, City, State, Zip _____ No. of Years _____

Head of Household Employment:

Self-Employed: Yes No *If yes, provide 2 years tax returns, including all Schedules.*

Employer Name _____ Employer Telephone _____

Employer Address _____ Position _____

Street, City, State, Zip _____ No. of Years _____

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	A TENANT	B CO-TENANT	C) Head of Household
GROSS AMOUNT			
a. Wages (gross monthly) from Employment	_____	_____	_____
b. Additional Monthly Income From:	_____	_____	_____
1. Overtime	_____	_____	_____
2. Part-Time Employment	_____	_____	_____
3. Pensions	_____	_____	_____
4. Veteran's Administration Compensation	_____	_____	_____
5. Net Rental Income	_____	_____	_____
6. Self Employment*	_____	_____	_____
7. Child Support	_____	_____	_____
8. Public Assistance (TANF/WIC/GA)	_____	_____	_____
9. Social Security Benefits	_____	_____	_____
10. Unemployment Compensation	_____	_____	_____
c. Other**	_____	_____	_____
d. Gross Monthly Income (Total A, B & C)	_____	_____	_____
e. Total (Line D Multiplied by 12)	_____	_____	_____
f. Gross Household Income (Total e(A)+e(B)+e(C):			_____

*If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.

** Includes bonuses, dividends, interest, royalties, alimony, sick pay, disability, retirement, income from trusts, income from business activities or investments.

IV. HOUSEHOLD INCOME AND ASSETS

I certify that ALL the information I have provided on this form is **TRUE** and **CORRECT** and I acknowledge the CAAs right to verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the *Tenant Information*.

I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled *Protect Your Family From Lead in Your Home* in connection with our apartment unit.

Signed by all Tenants of the property

Signature of Tenant (Occupant) _____ Date _____

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

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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	<input type="checkbox"/> Male	<input type="checkbox"/> Female	# of Household Members _____
Single		<input type="checkbox"/>	Race:
Married		<input type="checkbox"/>	White <input type="checkbox"/>
Elderly		<input type="checkbox"/>	Black/African American <input type="checkbox"/>
Single Parent with Children		<input type="checkbox"/>	American Indian/Alaska Native <input type="checkbox"/>
Two Parents with Children		<input type="checkbox"/>	Asian <input type="checkbox"/>
Other (specify) _____		<input type="checkbox"/>	Native Hawaiian/Other <input type="checkbox"/>
Ethnicity:			Pacific Islander <input type="checkbox"/>
Hispanic or Latino		<input type="checkbox"/>	American Indian/Alaskan Native & White <input type="checkbox"/>
Not Hispanic or Latino:		<input type="checkbox"/>	Asian & White <input type="checkbox"/>
Physically Disabled Head of Household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Black/African American & White <input type="checkbox"/>
Displaced Homemaker*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Multi-Racial <input type="checkbox"/>

*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: _____

CAA Representative Signature Date CAA Representative Name

