ı	ΙN	IT	#
ı	JИ		#

AMI for this tenant_____

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

TENANT APPLICATION

Community Action Ag	ency (CAA):		C	uestions sh	nould be directed to:		
Name			c	AA Rep Nar	ne:		
Address				AA Rep Title			
				AA Rep Pho			
			С	AA Rep Ema	ail:		
INSTRUCTIONS: Retu	rn completed and sigr	ned Application and	Applicant	Information	Form to the above-named C	AA.	
Date		Proje	ect Type	☐ Sing	gle-Family Rental	ulti-Family	
		I. PROP	ERTY II	NFORMA	ΓΙΟΝ		
Address:			Apar	tment #			
			#Bed	drooms:			
			Rent	: Amount:			
		II. HOUSE	HOLD	INFORMA	TION		
Tenant Name:			Co-T	enant Name	:		
Fii	rst MI	Last			First MI	Last	
Date of Birth:			Date	of Birth:			
Telephone:			Tele	phone:			
Total number in house (-					
Total Hullibel III House (including you)	∐ No de	ependent	children und	er six years of age reside in	the home.	
rotal number in nouse (including you)	LI No de	ependent	children und			
	hild (age 18 or young			children und Age	er six years of age reside in Blood Lead Levels VEBL ug/dl	Covered by MaineCare	
					Blood Lead Levels	Covered by	
		er) Full time stu	ident?		Blood Lead Levels	Covered by MaineCare	?
		er) Full time stu	ndent?		Blood Lead Levels	Covered by MaineCare	No No
		er) Full time stu Yes Yes Yes	No No No		Blood Lead Levels	Covered by MaineCare Yes Yes Yes	No No No
		er) Full time stu Yes Yes	No No		Blood Lead Levels	Covered by MaineCare Yes Yes	No No
Name(s) of C	hild (age 18 or young	Yes	No No No child other	Age er than your	Blood Lead Levels VEBL ug/dl dependent, under six years	Covered by MaineCare Yes Yes Yes	No No No
Name(s) of C Does your home serve a of age spend at least thi	hild (age 18 or young	Yes	No No No child other	Age er than your	Blood Lead Levels VEBL ug/dl	Covered by MaineCare Yes Yes Yes	No No No
Name(s) of C Does your home serve a of age spend at least this the home?	hild (age 18 or young	Yes	No No No No child other week (Age er than your at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Covered by MaineCare Yes Yes Yes Yes Yes	No No No No
Name(s) of C Does your home serve a of age spend at least thi	hild (age 18 or young	Yes	No No No No child other week (Age er than your at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Yes Yes Yes Yes Yes Yes	No No No No No
Name(s) of C Does your home serve a of age spend at least this the home?	hild (age 18 or young	Yes Yes Yes Yes Yes Yes Yes Yes Yes Another Meaning, does a two separate days preservices been determined.	No No No Child other week (er than your (at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning?	Yes Yes Yes Yes Yes Yes	No No No No No
Name(s) of C Does your home serve a of age spend at least this the home? If yes, have any of the c	hild (age 18 or young	Yes Yes Yes Yes Yes Yes Yes Yes No Meaning, does a two separate days periods been determined.	No No No Child other week (er than your (at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning?	Covered by MaineCare Yes Yes Yes Yes Yes U Yes U Yes	No No No No No
Name(s) of C Does your home serve a of age spend at least this the home? If yes, have any of the co Occupants must provide	hild (age 18 or young as a child care location ree hours per day, on hildren who received:	Yes Yes Yes Yes Yes Yes Yes Yes No Meaning, does a two separate days periods been determined.	No No No Child other week (er than your (at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning?	Covered by MaineCare Yes Yes Yes Yes Yes U Yes U Yes	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 young as a child care location ree hours per day, on children who received:	Yes Yes Yes Yes Yes Yes Yes No Meaning, does a two separate days preservices been determined by the services by the services by the services been determined by the services by the services b	No No No No No Child other week (mined to help to be below to be	er than your at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning? ASSETS for enrollment in the Progra	Covered by MaineCare Yes Yes Yes Yes Yes U Yes U Yes	No No No No No
Name(s) of C Does your home serve a of age spend at least this the home? If yes, have any of the co Occupants must provided Tenant Employment Self-Employed:	hild (age 18 or young as a child care location ree hours per day, on hildren who received:	Yes Yes Yes Yes Yes Yes Yes No Meaning, does a two separate days preservices been determined by the services by the services by the services been determined by the services by the services b	No No No No No Child other week (mined to hele week to be learned to be	er than your (at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning? ASSETS for enrollment in the Prograding all Schedules.	Covered by MaineCare Yes Yes Yes Yes Yes Yes Yes MaineCare Yes Yes Yes MaineCare Yes	No No No No No
Does your home serve a of age spend at least thit the home? If yes, have any of the concept of	hild (age 18 or young as a child care location ree hours per day, on children who received:	Yes Yes Yes Yes Yes Yes Yes No Meaning, does a two separate days preservices been determined by the services by the services by the services been determined by the services by the services b	No N	er than your at least 60 h	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning? ASSETS for enrollment in the Progra	Covered by MaineCare Yes Yes Yes Yes Yes Yes Yes MaineCare Yes Yes Yes MaineCare Yes	No No No No No

UNIT #	#	_					
Co-Ten	ant Employm	nent:					
Self-Emp		☐ Yes	□ No	If yes, pro	vide 2 years tax retur	ns, including all Schedules.	
Employe	-				-	_	
Employe	er Address				Positio		
			Street, C	ity, State, Zip	No. of	Years	
Head of	f Household	Employm	ent:				
Self-Emp	oloyed:	☐ Yes	□ No	If yes, pro	vide 2 years tax retur	ns, including all Schedules.	
Employe	er Name				Employ	yer Telephone	
Employe	er Address				Positio		
			Street, Ci	ty, State, Zip	No. of	Years	
Occupan	nts must provide	e gross inco	me inform	ation and ve	rification to be consid	ered for enrollment in the P	rogram.
		GROSS AN	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gros	s monthly) f	rom Empl	oyment		_	
b.	Additional Mo	onthly Incom	ne From:	_			
	1. Overtime	Э		-		_	
	2. Part-Tim	e Employme	ent	=		_	
	Pensions			-			
	4. Veteran'	s Administra	ation Com	pensation _			
	5. Net Ren	tal Income		-		_	
	-	oloyment*		=		_	
	7. Child Su			-			- <u></u>
		ssistance (T		/GA)		_	
		ecurity Bene		-		_	
	10. Unemplo	oyment Com	pensation) -		_	
C.	Other**			-		_	
d.	Gross Mont	-	-	B & C)		_	
e.	Total (Line D) Multiplied t	oy 12)	=			
f.	Gross Hous	ehold Incor	ne (Total	e(A)+e(B)+e	(C):		
** Inclu	f-employer, pleas udes bonuses, di estments.	e provide mos vidends, inter	st recent 2 est, royaltie	years of comples, alimony, sid	leted tax returns includir ck pay, disability, retirem	ng Schedule C. nent, income from trusts, incom	e from business activities
			IV	. HOU	SEHOLD INCOM	E AND ASSETS	
verify. I			I have p	rovided on t	this form is TRUE a		nowledge the CAAs right to ation contained in the
I/We, ac	cknowledge th				f the United States nection with our ap		n Agency pamphlet entitled
	by all Tenants						
_	- ~	r - F	•			D.4	
Signat	ture of Tenant (O	occupant)				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 Native Hawaiian/Other (specify)

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

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

Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #

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

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

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

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

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for grants of up to \$1,250 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. <u>The cost for the use of these utilities will be at the expense of the owner.</u>
- b. 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.