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.

PROF	PERTY Does Owner reside at the property? Yes No				
Multi-Family (and Single Family Rentals) # Units	Does Owner reside at the property?				
	Are children under 6 at the property?				
Property Address:					
	Is property under abatement order? \Box Yes \Box No				
Applicant (Owner)	Co-Applicant (Co-Owner)				
Entity or Owner First Name MI Last Name	Co-Entity or Co-Owner First Name MI Last Name				
Mailing Address:	Mailing Address:				
Street, City, State, Zip	Street, City, State, Zip				
Home Phone	Home Phone				
Work Phone	Work Phone				
Email	Email				
COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)	LEAD REDUCTION/ABATEMENT CONTRACTOR				
CAA Name	Company Name				
Mailing Address	Mailing Address				
Street, City, State, Zip	Street, City, State, Zip				
CAA Rep Name	Phone				
CAA Rep Phone	Rep Name				
CAA Rep Email	Rep Phone				
CAA Rep Title	Rep Email				
Lead Designer Name					
Lead Designer Phone					
Lead Designer Fax	NOTES/COMMENTS				
Lead Designer Email					

TENANT INFORMATION

		UNIT 1					UNIT 2		
Tenant Name First MI Last		Tenant Name First, MI Last							
	ISLIVIL	-851			Co Topont Namo	FIISI, IVII	Lasi		
Co-Tenant Name First MI Last			First MI L	First MI Last					
Apt/Unit #					Apt/Unit #				
Mailing Address		Street (ity State Zin		Mailing Address		Street	City State Zin	
Home Phone	Home Phone Street, City, State, Zip		Llaws Dhana	Street, City, State, Zip					
Email		Home Phone Email	Email						
Are children under 6 in the unit?						□ No			
Are the children covered by MaineCare? 🛛 Yes 🗌 No		Are the children covered by MaineCare?			🗆 No				
Household Size: AMI:		Are the children covered by MaineCare? Household Size: AMI:							
Maximum Eligible Inco	me:	\$			Maximum Eligible In	icome:	\$		
Funding		Interior	Exterior	Total	Funding		Interior	Exterior	Total
Federal Lead Grant					Federal Lead Grant				
Healthy Homes Grant					Healthy Homes Gra				
Federal Lead Owner					Federal Lead Owner Obligation	r			
Obligation Federal Lead Total					Federal Lead Total				
State Lead Grant					State Lead Grant				
State Lead Owner Mat	tch				State Lead Owner M	latch			
State Lead Owner Obl					State Lead Owner C				
DHHS	igation				DHHS	bligation			
State Lead Total		F			State Lead Total				
Leveraged Funds					Leveraged Funds				
UNIT TOTAL					UNIT TOTAL				
UNIT 3						UNIT 4			
Tenant Name					Tenant Name				
Fi	irst MI L	ast				First, MI	Last		
Co-Tenant Name					Co-Tenant Name				
	irst MI L	ast			Apt/Lipit #	First MI I	_ast		
Apt/Unit #					Apt/Unit # Mailing Address				
Mailing Address			Mailing Address Street, City, State, Zip						
Home Phone		011001,			Home Phone		0001,	o,, otato, <u>-</u> .p	
Email					Email				
Are children under 6	a in the	unit?	Vaa	□ No		S in the l	unit?	□ Yes	🗆 No
Are the children cov			Yes ? Yes				□ Yes		
Household Size:		AMI:	162		Household Size:	relea by	AMI:	L Yes	
Maximum Eligible In	come:	\$ AIVII.			Maximum Eligible Ir	come.	\$		
Funding		Interior	Exterior	Total		icome.		Exterior	Total
Federal Lead Grant					Funding Federal Lead Grant		Interior	Exterior	Total
Healthy Homes Grant					Healthy Homes Gra	nt			
Federal Lead Owner Obligation					Federal Lead Owner Obligation				
Federal Lead Total					Federal Lead Total				
State Lead Grant					State Lead Grant				
State Lead Owner Mat	tch				State Lead Owner M	latch			
State Lead Owner Obl					State Lead Owner C				
DHHS					DHHS	Jongation			
State Lead Total					State Lead Total				
Leveraged Funds					Leveraged Funds				
UNIT TOTAL					UNIT TOTAL				

Project Funding		Agreement/Constructions Contract			
E Federal Lead Grant	\$	Grant Amount	\$		
Healthy Homes Grant		Contract Amount	\$		
		Contract/Agreement Date			
Federal Owner Obligation	\$	Interior Start Date			
Federal Lead Total	\$	Interior End Date			
□ State Lead Grant	\$	Exterior Start Date			
State Lead Owner Match \$		Exterior End Date			
State Lead Owner Obligation	\$				
DHHS	\$	Change Orders			
State Lead Total	\$	Federal Lead Change Order #1	\$		
Leveraged Funds \$		Federal Lead Change Order #2	\$		
		State Lead Change Order #1	\$		
State Lead Match Criteria		State Lead Change Order #2	\$		
□ 10% Non-Abatement	25% Abatement Waived	Final Contract Amount	\$		
Total Owner Obligation	\$	PROJECT TOTAL	\$		

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

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	\$	\$	\$