Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

APPLICATION FOR NON-RENTAL PROPERTY

The Owner Application is valid for 60 days from the date the owner signs the Application. Return completed signed Application and required documentation to:

Maine State Housing Authority
Attn: EHS – Arsenic Abatement
26 Edison Drive
Augusta, ME 04330-6046

Questions may be referred to:
Jessica Rowe at
EHSHousing@mainehousing.org or
207-624-5744

I. PROPERTY OWNER INFORMATION

List all owners of the property.

APPLICANT/OWNER	CO-APPLICANT/OWNER
First Name MI Last Name	First Name MI Last Name
Mailing Address	Mailing Address
City State Zip	City State Zip
Date of Birth	Date of Birth
Current Age	Current Age
Daytime Telephone:	Daytime Telephone:
Evening Telephone	Evening Telephone:
Email	Email

II. PROPERTY INFORMATION

Property Street Property City Property State Property Zip

Is this a mobile home? ☐ Yes ☐ No Model and Year _____

Do you own the land? ☐ Yes ☐ No

In what year was this property constructed? _____

How many bedrooms are in this dwelling? _____

In what year was the property purchased? _____

Is the dwelling's water supported by a private well source? ☐ Yes ☐ No

When was the most recent water test conducted? _____

Who conducted the water test? _____

Have you received any assistance from MaineHousing programs in the past? ☐ Yes ☐ No

If you answered "Yes", please state name of program(s) and years:

Year _____ Program _____

Year _____ Program _____

Year _____ Program _____

List all people in the Household, their age and full-time student status.

	First Name	Last Name	Age	Full-time Student (Y/N)	Veteran (Y/N)
1					
2					
3					
4					
5					
6					
7					

III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application**.**

List the gross monthly income under the contributing household member(s).

Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	$	$	$	$
Overtime/Commissions	$	$	$	$
VA Benefits	$	$	$	$
Pensions	$	$	$	$
Annuities	$	$	$	$
Social Security	$	$	$	$
Disability Benefits	$	$	$	$
TANF/General Assistance/Other	$	$	$	$
Unemployment Benefits	$	$	$	$
Child Support/Alimony	$	$	$	$
Other (specify)	$	$	$	$
Total Monthly Income	$	$	$	$

IV. ASSETS

List cash, checking, savings, CD & money market accounts as of the date of this Application.			
Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance
			$
			$
			$
			$

List all stocks, bonds & mutual funds as of the date of this Application.			
Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
			$
			$
			$
			$
			$

List All Real Estate as of the date of this Application (including property jointly owned).			
Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount
			$
			$
			$
			$

V. ACKNOWLEDGEMENTS / CERTIFICATIONS

Acknowledgement: I specifically acknowledge and agree that: (1) the property will not be used for any illegal or prohibited purpose or use; (2) all statements made in this Application are made for the purpose of obtaining the grant provided by the Program; (3) occupation of the property will be as a primary residence only; (4) verification or re-verification of any information contained in this Application may be made at any time by the Program from any source named in this Application, and the original copy of this Application will be retained by the Program; (5) the Program will rely on the information contained in this Application; and (6) I have a continuing obligation to amend and/or supplement the information provided in this Application, if any, of the material facts which I have represented in this Application should change prior to closing.

Notice of Intent to Occupy: I certify that I do not intend to sell, transfer, rent or otherwise vacate the residence listed in this application.

Certification: I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.

Statement of Release: I authorize the MaineHousing, on behalf of the Arsenic Abatement Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property.

Signature of Applicant/Owner _____ Date _____

Signature of Co-Applicant/Owner _____ Date _____

VI. DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

1. **COPY OF YOUR DEED and BILL OF SALE FOR MOBILE HOMES**
2. **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS**
   - **Three (3) months most recent, consecutive paystubs, Social Security and/or Disability benefit award letters, or other proof of income for items identified in Section III above**
   - **Income Tax Returns from last 2 years of income**
3. **PROOF OF LIQUID ASSETS FOR ALL HOUSEHOLD MEMBERS**
   - **Bank statements for past three (3) consecutive months for each account**
   - **Other asset documentation for items identified in Section IV above**
4. **STATEMENT OF RELEASE**
5. **AFFIDAVIT OF NON-RENTAL PROPERTY APPLICANT/OWNER**
6. **COPY OF WATER TEST**

VII. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling. You are not required to furnish this information, but are encouraged to do so. The law provides that MaineHousing may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations MaineHousing is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information requested below, please check the appropriate box 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 ☐
- Married ☐
- Elderly ☐
- Single Parent with Children ☐
- Two Parents with Children ☐
- Other (specify) _____ ☐

Ethnicity:

- Hispanic or Latino ☐
- Not Hispanic or Latino: ☐

Physically Disabled Head of Household ☐ Yes ☐ No

Displaced Homemaker* ☐ Yes ☐ No

Race:

- White ☐
- Black/African American ☐
- American Indian/Alaska Native ☐
- Asian ☐
- Native Hawaiian/Other ☐
- Pacific Islander ☐
- American Indian/Alaskan Native & White ☐
- Asian & White ☐
- Black/African American & White ☐
- American Indian/Alaskan Native & Black/ African American ☐
- 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.

Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

AFFIDAVIT OF NON-RENTAL PROPERTY APPLICANT/OWNER

Each person signing this Applicant Affidavit affirms the following:

1. The property for which I am requesting a grant is located within the State of Maine at the following address:

   _____ (Street)

   _____ (Town)

2. The property is a single family home or a mobile home/manufactured home owned by me.

3. I occupy the property as my principal residence, *i.e.*, not as a vacation or second home.

4. I do not intend to rent the property.

5. I am not currently considering selling the property, and I am not currently in the process of selling the property.

6. The income information set forth on the Application is true and correct and the information provided represents my total Gross Income, together with the Gross Income of any Co-Applicant and other household member.

7. The proceeds of the grant will be used to abate arsenic levels at the home to ensure potable drinking water for the household use.

8. No proceeds of the grant will be used to compensate me, a Co-Applicant, or any other household member for labor and/or materials. I understand that no proceeds of the grant will be used to pay for the labor of any member of my family in removing arsenic from the water system unless that family member owns and operates a water purification company. I understand that as used in the preceding sentence the term "family" includes my brothers and sisters (whether by the whole or half blood) spouse, ancestors, and lineal descendants.

9. I understand that any misrepresentation or misstatement in this affidavit or any other document executed in connection with my grant will entitle MaineHouing to recoup any and all funds of said grant, and to seek other appropriate proceedings against me. I may be subject to CRIMINAL PENALTIES for any misrepresentation or misstatement.

10. I understand that MaineHousing may wish to investigate or to verify the matters set forth in this Affidavit or in other documents provided in connection with the application for my grant, and I hereby permit such investigation or verification.

11. I understand that upon sufficient notice of such, MaineHousing should have the right of entry to the project and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the project.

12. In the case of Co-Applicants, statements made throughout this Affidavit in the singular include the plural.

Signature of Applicant/Owner	Witness
Date	Date
Signature of Co-Applicant/Co-Owner	Witness
Date	Date

Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

STATEMENT OF RELEASE
Non-Rental Property Owner

APPLICANT/OWNER:

First Name MI Last Name

Mailing Address

City State Zip

Daytime Phone

Evening Phone

Email Address

CO-APPLICANT/CO-OWNER:

First Name MI Last Name

Mailing Address

City State Zip

Daytime Phone

Evening Phone

Email Address

PROPERTY:

Property Street

Property City Property State Property Zip

AGENCY

Maine State Housing Authority (MaineHousing)
Agency Name

26 Edison Drive
Mailing Address

Augusta ME 04330-6046
City State Zip

Agency Contact/Representative:

Name Jessica Rowe

Phone 207-624-5744

Fax 207-624-5780

Email EHSHousing@mainehousing.org

I/We, the undersigned authorize the MaineHousing, the Agency identified above, to contact any employer, town official or other agency deemed necessary and appropriate to obtain information or verifications required to comply with my/our Arsenic Abatement Program Application.

Signature of Applicant/Owner

Date

Signature of Co-Applicant/Owner

Date

Witness

Date

Witness

Date