Maine State Housing Authority (MaineHousing)
WELL WATER ABATEMENT PROGRAM

APPLICATION FOR RENTAL PROPERTY

RESET

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 – Water Abatement
26 Edison Drive
Augusta, ME 04330-6046

Need assistance filling out this form, or have questions? Please contact:
Evelyn Goulette at
EHSHousing@mainehousing.org or
207-816-3550

I. PROPERTY OWNER INFORMATION

List all owners of the property / Co-applicant.

OWNER

First Name MI Last Name

Company Name

Mailing Address

City State Zip

Phone number:

Age:

Email:

CO-OWNER / CO-APPLICANT

First Name MI Last Name

Company Name

Mailing Address

City State Zip

Phone number:

Age:

Email:

II. RENTAL PROPERTY INFORMATION

Property Street Property City Property State Property Zip

Single Family Rental Home ☐ Yes ☐ No

Do you have an existing abatement system (even if currently not working)?
If answered Yes, you are not eligible for this program. Please contact Maine DHHS for resources at 866-292-3474 or 207-287-4311 → ☐ Yes ☐ No

Multifamily Rental Home ☐ Yes ☐ No

Is this an owner occupied multifamily rental? ☐ Yes ☐ No

Number of Units _____

Is this a mobile home? ☐ Yes ☐ No

Do you own the land? ☐ Yes ☐ No

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

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 tenants benefiting from the modifications to the property.

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

III. HOUSEHOLD INCOME

Household Income and Assets:

Owner must complete income/asset information.

Owner Employment

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

Employer Name _____ Employer Telephone _____
Employer Address _____ Position _____
_____ No. of Years _____

Co-Owner / Co-Applicant Employment

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

Employer Name _____ Employer Telephone _____
Employer Address _____ Position _____
_____ No. of Years _____

Household Income and Assets continued:

Gross Income *(Owner must provide verification of all income)***:**

	GROSS AMOUNT	(A) CO-OWNER	(B) CO-OWNER / CO-APPLICANT
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**		
E.	**Total** *(Line D Multiplied by 12)*		

F. Gross Household Income *(Total E(a)+E(b)***):** _____

*****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 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, 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 Well Water 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 Owner	Date
Signature of Co-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 OWNERS**
   - **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 OWNERS**
   - **Bank statements for past three (3) consecutive months for each account (in their entirety)**
   - **Other asset documentation for items identified in Section IV above**
4. **STATEMENT OF RELEASE**
5. **AFFIDAVIT OF RENTAL PROPERTY OWNER**
6. **COPY OF WATER CONTAMINANT TEST (Testing done within the past 12 months)**

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.

AFFIDAVIT OF RENTAL PROPERTY 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, multi-family, or a mobile home/manufactured home owned by me.

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

4. 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.

5. The proceeds of the grant will be used to abate contaminated well water at the home to ensure potable drinking water for the household use.

6. I understand that I am solely responsible for any/all future maintenance/repair(s) of the abatement system installed by this program, and I am solely responsible for any/all replacement filters.

7. 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 contaminated substances 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.

8. 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.

9. 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.

10. 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.

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

_____
Signature of Applicant/Owner

_____
Date

_____
Signature of Co-Owner

_____
Date

Maine State Housing Authority (MaineHousing)
WELL WATER ABATEMENT PROGRAM

STATEMENT OF RELEASE Rental Property Owner

OWNER

First Name MI Last Name

Company

Mailing Address

City State Zip

Daytime Phone

Evening Phone

Email Address

CO-OWNER

First Name MI Last Name

Company

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 Evelyn Goulette

Phone 207-816-3550

Fax 207-626-4678

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 Well Water Abatement Program Application.

Signature of Owner

Date

Signature of Co-Owner

Date

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