

ARSENIC ABATEMENT PROGRAM – MAINE STATE HOUSING AUTHORITY (MAINEHOUSING) APPLICATION

Return completed and signed applications with requested documentation to:

Maine State Housing Authority
Attn: EHS – Arsenic Abatement
353 Water Street
Augusta, ME 04330-4633
Phone: 800-452-4668
Fax: 207-624-5780
Maine Relay 711

Questions may be referred to Megan McDonough at mmcdonough@mainehousing.org or at 207-626-4602.

I. PROPERTY INFORMATION

Property Location/Street Address	Property City	Property State	Property Zip
Is this a mobile home: Yes No	If yes, Model and Year? _____		
	If yes, do you own the land?		Yes No
In what year was this property constructed?	_____		
How many bedrooms are in this property?	_____		
In what year did you purchase this property?	_____		
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: _____		
When was that most recent water test conducted?	_____		
Who conducted the water test?	_____		

II. APPLICANT INFORMATION

List all owners of the property.

Applicant	Co-Applicant																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 10%;">MI</td> <td style="width: 57%;">Last Name</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	First Name	MI	Last Name	Mailing Address			City	State	Zip	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 10%;">MI</td> <td style="width: 57%;">Last Name</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	First Name	MI	Last Name	Mailing Address			City	State	Zip
First Name	MI	Last Name																	
Mailing Address																			
City	State	Zip																	
First Name	MI	Last Name																	
Mailing Address																			
City	State	Zip																	
Date of Birth: _____	Date of Birth: _____																		
Current Age: _____	Current Age: _____																		
Daytime Phone: _____	Daytime Phone: _____																		
Evening Phone: _____	Evening Phone: _____																		
Email: _____	Email: _____																		

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

	First Name	Last Name	Age	Full-Time Student: 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
			\$
			\$
			\$
			\$

Assets continued

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
			\$
			\$
			\$
			\$

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

Date

Signature of Co-Applicant

Date

V. 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 pay stubs, 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 if income is variable or from self-employment

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. APPLICANT AFFIDAVIT

VI. 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.

Applicant/Owner	Co-Applicant/Co-Owner
<input type="checkbox"/> I <u>do not</u> wish to furnish this information.	<input type="checkbox"/> I <u>do not</u> wish to furnish this information.
Ethnicity:	Ethnicity:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
Race:	Race:
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Gender:	Gender:
<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Male