

Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

APPLICATION FOR RENTAL PROPERTY

Return completed signed Application and required documentation to:

Maine State Housing Authority
Attn: EHS – Arsenic Abatement
353 Water Street
Augusta, ME 04330-4633

Questions may be referred to:

Megan McDonough at
mmcdonough@mainehousing.org or
207-626-4602.

I. PROPERTY OWNER INFORMATION

List all owners of the property.

OWNER

First Name MI Last Name

Company Name

Mailing Address

City State Zip

Daytime Telephone: _____

Evening Telephone _____

CO-OWNER

First Name MI Last Name

Company Name

Mailing Address

City State Zip

Daytime Telephone: _____

Evening Telephone: _____

II. RENTAL PROPERTY INFORMATION

Property Street Property City Property State Property Zip

Single Family Rental Home: Yes No Year Built _____
Year Purchased _____

Multifamily Rental Home Yes No Number of Units _____
Is this an owner occupied multifamily rental? Yes No Year Built _____
Year Purchased _____

Is this a mobile home? Yes No Model and Year _____
Do you own the land? Yes No Year 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 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 does not need to complete income/asset information. However, if owner needs assistance above the \$10,000 per unit program limit and owner claims he/she cannot afford to pay the difference between the unit subsidy and total project cost, then owner will be required to provide supporting documentation to demonstrate financial hardship.

Owner Occupant must complete the section below if owner's unit is to be enrolled into the program.

Owner Employment

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

Employer Name _____
Employer Address _____

Employer Telephone _____
Position _____
No. of Years _____

Co-Owner Employment

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

Employer Name _____
Employer Address _____

Employer Telephone _____
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
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. 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 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 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
 - 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
 - Other asset documentation for items identified in Section IV above
4. STATEMENT OF RELEASE
5. AFFIDAVIT OF RENTAL PROPERTY 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) _____

- 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

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino:

Physically Disabled Head of Household Yes No

Displaced Homemaker* Yes No

*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 arsenic levels at the home to ensure potable drinking water for the household use.
6. 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.
7. I understand that any misrepresentation or misstatement in this affidavit or any other document executed in connection with my grant will entitle MaineHousing 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.
8. 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.
9. 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.
10. In the case of Co-Owners, statements made throughout this Affidavit in the singular include the plural.

Signature of Owner

Witness

Date

Date

Signature of Co-Owner

Witness

Date

Date

Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

STATEMENT OF RELEASE
Rental Property Owner

OWNER

CO-OWNER

First Name MI Last Name

Company

Mailing Address

City State Zip

Daytime Phone _____

Evening Phone _____

Email Address _____

First Name MI Last Name

Company

Mailing Address

City State Zip

Daytime Phone _____

Evening Phone _____

Email Address _____

PROPERTY

AGENCY

Property Street

Property City Property State Property Zip

Maine State Housing Authority (MaineHousing)
Agency Name

353 Water Street
Mailing Address

Augusta ME 04330-4633
City State Zip

Agency Contact/Representative:

Name _____ Megan McDonough

Phone _____ 207-624-4602

Fax _____ 207-624-5780

Email _____ mmcdonough@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 Owner

Date

Signature of Co-Owner

Date

Witness

Date

Witness

Date