

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

INCOME RECERTIFICATION

Project Funding: State Lead Federal Lead Healthy Homes **Project Type:** Single-Family Multi-Family

Agency (CAA): _____ **Intake Staff Name** _____
 _____ **Intake Staff Phone:** _____
 _____ **Intake Staff Email** _____

Applicant (Owner): _____ Property: _____ _____ _____	Co-Applicant: _____ Tenant: _____ Co-Tenant: _____ Unit#: _____
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Date: _____

INSTRUCTIONS: To be completed only if the Grant does not close within four (4) months of the Application date. Return completed and signed Income Recertification to the above-named CAA.

1. Income Recertification must be provided for the following period: From _____ To _____

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

	GROSS AMOUNT	(A) Owner	(B) Co-Owner	(C) Tenant
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 (Total A, B & C)			
e.	Total (Line D Multiplied by 12)			
f.	Gross Household Income (Total e(A)+e(B)+e(C):			

*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.

3. I certify that all the information provided on this form is true and correct and I acknowledge the CAAs right to verify.

Date: _____	Owner Signature: _____
Date: _____	Co-Owner Signature: _____
Date: _____	Tenant Signature: _____
Date: _____	Co-Tenant Signature: _____