

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 DHHS **Project Type:** Single Family Multi-Family

Agency (CAA): _____ **CAA Contact Name:** _____

Agency Address: _____ **CAA Contact Title:** _____

_____ **CAA Contact Phone:** _____

_____ **CAA Contact Email:** _____

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

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: _____	