

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

HEALTHY HOMES ASSESSMENT AND INTERVENTION COMPLIANCE AGREEMENT

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

Agency (CAA): _____ **Technician Name:** _____
_____ **Technician Phone:** _____
_____ **Technician Email:** _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____
_____	Healthy Homes Amount: \$ _____
	Contract Date: _____

I have been informed of the Healthy Homes Assessment and Intervention Program.

<input type="checkbox"/> I CHOOSE NOT TO PARTICIPATE.			
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Co-Applicant	Date

<input type="checkbox"/> I CHOOSE TO PARTICIPATE.			
By choosing to participate in the Healthy Homes Assessment and Intervention Program, I agree to the following:			
1. The CAA will conduct a Healthy Homes Assessment.			
2. I understand that this work will be bid upon and completed by licensed contractors, in conjunction with the lead paint abatement work that will be performed on my property. A list of certified contractors will be provided to me from the CAA.			
3. I further understand that the Healthy Homes Intervention work will be paid for under the supplemental Healthy Homes grant, separate from the Lead Hazard Reduction Grant Program.			
4. I agree it is my responsibility to remove any and all items in the basement, outdoor area, or any other location that may need to be cleared in order to accommodate for the Healthy Homes Intervention work.			
_____	_____	_____	_____
Signature of Applicant	Date	Signature of Co-Applicant	Date