PHASE 1- MULTI-FAMILY DOCUMENT CHECKLIST

Applicant (Owner)			CAA		
Property Address			Date Submitted		
Program Type(s):	☐ Federal Lead	State Lead (Z267)	Healthy Homes	Healthy Homes Production	DHHS
		Ctate Load (NOC1)	Intervention		

State Lead (N261)	Intervention	,		Dillo
	Document Reference	FEDERAL LEAD	STATE LEAD	DHHS
FILE SECTION 1 (Owner)				
Owner Application	Appendix A	Х	Х	Х
Authorization to Release Information (Owner)	Appendix E	Х	Х	Х
Proof of Ownership (Property Deed and/or tax bill)	Owner	Х	Х	Х
Proof of Insurance (homeowners insurance information)	Owner	Х	Х	Х
Income Self-Certification	Owner Occupant		Х	Х
Merchants Report	CAA	Х	Х	Х
Notice of Preliminary Grant Approval	Appendix LD-1	Х	Х	Х
Grant Agreement	Appendix LD-2	Х	Х	Х
Declaration of Covenants and Restrictions (signed)	Appendix H	Х	Х	Х
FILE SECTION 2 (Invoices, Checklists, Waivers, Tenant)				
Project Summary Sheet	Appendix 1	Х	Х	X
Phase 1 Billing Invoice	Appendix 1A	X	Х	Х
Phase 1 Multi-Family Document Checklist	Appendix 1B-MF1	Х	Х	Х
Waivers (if applicable)	Appendix K	Х	Х	Х
Tenant Application	Appendix B	Х	Х	Х
Income Eligibility Documents (State Lead and DHHS may self-certify)	Owner Occupant /Tenants	X		
Tenant Blood Testing Release Form (children only)	Appendix D	Х	Х	Х
MaineCare Eligibility Letter(s) (children only) (if applicable)	As of Nov 2022			Х
Children Under 6 Years Old Visiting Certification	Appendix G	Х	Х	X
Relocation Assistance Acknowledgement	Appendix LD-C	Х	Х	Х
FILE SECTION 3 (Contractor)				
Construction Contract	Appendix C-A	Х	Х	Х
Healthy Homes Compliance Agreement (If applicable)	Appendix HH6	Х		
Construction Escrow Agreement	Appendix C-B	Х	Х	Х
Lead Design Plan Specifications	Exhibit C	Х	Х	Х
Healthy Homes Design Plan (If applicable)	CAA	Х		
Pre-Construction Report	Appendix M	Х	Х	Х
FILE SECTION 4 (Reports, Designs & Plans)				
Lead Paint Inspection and Risk Assessment Report	CAA	Х	Х	Х
Bid Package (including Refusal to Bid, if any)	Appendix Y/ CAA	Х	Х	Х
Bid Tabulation Sheet	Appendix J	Х	Х	Х
Asbestos inspection documentation (if applicable)	CAA	Х	Х	Х
FILE SECTION 5 (Federal and State Compliance, Healthy Homes)				
SHPO	CAA	Х	Х	Х
BABA small or large project form	CAA	Х		
Post-Mitigation Radon Test Results	CAA	Х		
Radon Contractor Payment Request	CAA	Х		
FILE SECTION 6 (Photos, Correspondence)				
Colored Photo(s) of pre-project	CAA	Х	Х	Х
Correspondence	CAA/MaineHousing	Х	Х	Х

CAA Representative Signature	Date
CAA Representative Name	-
Prepared by MaineHousing	MF Phase 1 Document Checklist Lead 07/09/2025

CAA certifies that the originals of all documents listed are retained with the project file located at the CAA office. CAA further certifies that documents not included on this Document Checklist, but required by program regulations as referenced in MaineHousing's the *Lead Program Guidance and Procedures*, are maintained in the Applicant(s) project

file at the CAA's office. These documents are subject to periodic inspection by MaineHousing.

Appendix 1B-MF1

OWNER APPLICATION

Community	y Action A	Agency (CAA):			Qu	estions sh	nould be directed to:		
CAA Name	:				CAA	Rep Name	e		
CAA Addre	ess:				_	A Rep Title			
		Street, City, State	e, Zip		_	Rep Phor	·		
					CAA	Rep Emai	ii		
INSTRUCTI	IONS: Re	eturn completed and signe	ed Applica	tion to the a	above-na	med CAA.			
		l.	APP	LICANT	(OWNE	R) INFO	RMATION		
1. List all	owners of	the property as reflected	on the pro	perty deed	l.				
Owner Na	ame (as re	flected on property deed)			Co	-Owner N	ame (as reflected on property	deed)	
		Entity or Owner (First MI Las	t)				Entity or Owner (First MI La	ast).	
Mailing Ad		,	-7		Ma	iling Addre	,		
		Street, City, Sta	te, Zip			9		ty, State, Zip	1
Home Pho	one				Но	me Phone	- -		
Work Pho	ne				Wo	rk Phone			
Owner Ag	je				Co	-Owner Aç	ge		
lf O		-4ib.	d 0/ af a	l- i	16.0	- 0		\\ \	
II OWI	ner is an ei	ntity, list member name(s) an		ersnip	II C	o-Owner is	an entity, list member name(s)		wnersnip
			%					%	
			%					%	
			%					%	
comple a. Tot	ete Sectior tal numbe	n II, Property Information. r in house (including you) le in the household, their a		b	. Do chi in the	ldren unde nome?	is not to be enrolled than sk	☐ Yes	□ No
Nar	me(s) of (Child (age 18 or younger)	Full time	student?	Age	Blood L	ead Levels VEBL's ug/dl		Care?
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
dep	pendent, ι	me serve as a child care lo under six years of age spe nours or more per year) in	end at leas	t three hou				☐ Yes	□ No
,		any of the children who re			determir	ed to have	e lead poisoning?	☐ Yes	□ No
			II.	PROPE	RTY IN	FORMA [*]	TION		
1. Addres	ss of Pro	perty to be abated:		-		2.	Dwelling:		
Address	-	•					☐ Single-Family		
	-	Street, City,	State, Zip				_	Units:	
County	•						Outbuildings:	□ No	
·	-					3.	Year Built:	☐ Unkno	wn

Date__

III. INCOME

Owner must provide the Income information if Owner's unit is to be enrolled into the Lead Program.

Owner of Multi-Family units enrolled in the Lead Program do not need to complete income information if the Owner's unit is not enrolled in the Lead Program. However, if the Owner needs assistance above the Lead Program Grant limits and Owner claims he/she cannot afford to pay the difference between the Lead Program Grant amount and total project cost, then Owner will be required to provide supporting documentation to demonstrate financial hardship.

1. O	wner Employr	nent:					
Self-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
Emplo	yer Name					Employer Phone	
Emplo	yer Address					Position	
			Stree	t, City, State, .	Zip	No. of Years	
2. C	o-Owner Emp	loyment:					
Self-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
			Stree	, City, State, .	Zip	No. of Years	
. 01	ther Occupan	t Employm	ent:				
elf-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
			Street	City, State, 2	Zip	No. of Years	
a.	Wages (gros		from Emplo	yment	Owner	Co-Owner	Other Occupant
a.				yment			
b.	Additional Mo	onthly Incor	me From:				
	1. Overtime						<u> </u>
		e Employm	ent				
	3. Pension:	s s Administr	ation				
	5. Net Ren	tal Income					
	6. Self Emp	oloyment*					<u> </u>
	7. Child Su	pport					
		•	TANF/WIC/	GA)			
		ecurity Ben					
	10. Unemplo	oyment Con	npensation				
C.	Other**		(T				
d.	Gross Mont	-		<u> </u>			-
e.	Total (Line D	iviuitiplied by	/ 12)			<u> </u>	
f.	Gross Hous	ehold Inco	me (Total E	(a)+E(b)+E(c)	:		
** Ir	self-employer, ple	ease provide	most recent	2 years of cor	npleted tax returns inc	cluding Schedule C. tirement, income from trusts, incor	me from business activities

IV. ACKNOWLEDGEMENT, CERTIFICATION AND AUTHORIZATION

Acknowledgement:

- (1) I/We specifically acknowledge and agree that MaineHousing has the right to verify any information contained in this Application.
- (2) I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.
- (3) I/We consent to and authorize the CAA and MaineHousing, after giving reasonable notice, to enter the property to determine the scope of work that needs to be done to the property, as well as inspect the work performed at the property. I/we understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the CAA nor MaineHousing guarantees the quality of workmanship performed at the property.
- (4) I/We also understand that the funds provided by the Lead Program may not be sufficient to address all lead hazards in or around the Property and that, I/we will be responsible for providing any additional funds that may be necessary to address all such hazards.
- (5) I/We understand that Healthy Homes Production funds may be used for radon air testing and if applicable, radon air mitigation.
- (6) I/we understand that MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case by case basis.
- (7) I/We understand that this Application shall remain with the CAA to which it is submitted and/or MaineHousing.
- (8) I/We understand that consumer reports (Merchant's Report) may be obtained in connection with this Application by the CAA.
- (9) I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family from Lead in Your Home.

2.		l/we have read, ι			lication are true, accurate, and complete to the the responsibilities and information contained in	
3.		sary to obtain in	formation or ve	erification	Program, to contact any employer, town officia required to complete my request for housing repe(s) below.	
Sig	ned by all owners of the p	property				
_	Signature of Applicant (Owner)				Date	
_	Signature of Co-Applicant (Co-	Owner)			Date	
			V. Apı	plicant	Demographic Profile	
len end cho nat	der's compliance with equal couraged to do so. The law pose to furnish it. However, ional origin and sex on the b	credit opportun provides that a if you choose n pasis of visual o	nity and fair ho lender may not to furnish to bservation or	ousing lav either dis he inform surname	certain types of loans related to a dwelling or vs. You are not required to furnish this inform criminate on the basis of this information, no ation, under federal regulations the lender is . If you do not wish to furnish the information	nation, but are r on whether you required to note race or
	o not wish to furnish this i		☐ Yes	□ No		
	ad of Household <i>(check all</i> c of Head of Household	triat appiy) □ Male	☐ Female		# of Household Members	
Eth His	Single Married Elderly Single Parent with Children Two Parents with Children Other (specify) Inicity: panic or Latino Not Hispanic or Latino: Physically Disabled Head of He		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□No	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	
Dis	placed Homemaker*		☐ Yes	□ No	Other Multi-Racial	
yea	displaced homemaker means a rs, worked primarily without pay grading employment.	n adult individual y to care for the h	who: has not v ome and family	vorked full- and is em	time, full-years in the labor force for a number of y ployed or under employed and is experiencing diff	ears but has, during such ficulty in obtaining or
				Office U	se Only	
					•	
The	Cross Income as calculated as	urcuant to thic An	nlication has be	on varifia	1 by the CAA to be:	

	Office U	se Only		
The Gross Income as calculated pursuant to this App	lication has been verified	by the CAA to be:	\$	
Maximum Eligible Income for this applicant is:	\$	of AMI:		
CAA Representative Signature	Date	CAA Representative Nam	e	

APPENDIX A

(Retained by the Applicant)

MAINE STATE HOUSING AUTHORITY NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

Safeguarding information in this age of technology presents new challenges for all of us. But at MaineHousing, your confidence in us is our greatest asset. For that reason we adhere to strong guidelines to ensure that any private financial information you share with us is protected and held in confidence. Our employees are highly trained and are held to the highest standards of conduct.

MaineHousing wants you to understand how we gather, use and safeguard information about you to provide you with our products and services. This notice explains our practices for the gathering, sharing and security of information relating to our customers.

Information We Gather

As part of providing you with financial products or services, we gather non-public personal information about you from the following sources:

- Applications, account forms and other information that you provide to us, whether in writing, in person, by telephone, electronically or by any other means. This information may include your name, address and social security number.
- Your transaction with us.
- Information about your transactions with non-affiliated parties.
- Information from a consumer reporting agency.

Information We Share

We do not share any personally identifying information on our current or former customers to any third party, except the following as permitted by law:

With your permission.

- To comply with federal or state laws and other applicable legal requirements.
- To consumer reporting agencies.
- To respond to subpoena or court order, judicial process or regulatory authorities.
- To third parties assisting us in performing our functions or services to you. These third parties are under contract to maintain this information in confidence and not use this information for other purposes. For example, we may share personally identifying information with mailing services, firms that assist us in marketing our products or other financial institutions with whom we jointly market financial products or services. We may share personally identifying information with service providers who help us process your applications or service your accounts. Our service providers include attorneys and other professionals. Because we do not share non-public information, outside of these exceptions, opting-out is not necessary.

If you are no longer an active customer, we will retain your records for as long as required by law. We will continue to treat your personally identifying information as described in this notice.

Our Security Procedures and Information Accuracy

We restrict access to the personal and account information of our customers to those employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect customer information.

We also have internal controls to keep customer information as accurate and complete as possible. If you believe that any information about you is not accurate, please let us know.

If you have a privacy-related concern, please contact our Compliance Officer, Paula Weber, 207-626-4619 or 1-800-626-4600 ext. 1619.

TENANT INFORMATION **UNIT 1 UNIT 2 Tenant Name** Tenant Name First MLL ast First, MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Home Phone Home Phone Are children under 6 in the unit? Are children under 6 in the unit? □ No ☐ Yes □ No Are the children covered by Are the children covered by ☐ Yes ☐ Yes ☐ No MaineCare? Household Size: MaineCare? Household Size: ☐ Yes ☐ No AMI: \$ Maximum Eligible Income: Maximum Eligible Income: \$ **Funding** Interior **Exterior** Total **Funding** Interior **Exterior** Total Federal Lead Grant Federal Lead Grant Healthy Homes Grant Healthy Homes Grant Healthy Homes Production **Healthy Homes Production** Non-Radon Measures Non-Radon Measures Federal Lead Owner Federal Lead Owner Obligation Obligation **Federal Lead Total Federal Lead Total** State Lead Grant State Lead Grant State Lead Owner Match State Lead Owner Match State Lead Owner Obligation State Lead Owner Obligation **DHHS DHHS** State Lead Total **State Lead Total** Leveraged Funds Leveraged Funds **UNIT TOTAL UNIT TOTAL UNIT 4** UNIT 3 **Tenant Name Tenant Name** First MI Last First. MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Home Phone Home Phone □ No Are children under 6 in the unit? Are children under 6 in the unit? ☐ Yes . Yes ☐ No ☐ No Are the children covered by MaineCare? ☐ Yes Are the children covered by MaineCare? ☐ Yes □ No AMI: AMI: Household Size: Household Size: \$ \$ Maximum Eligible Income: Maximum Eligible Income: **Funding** Interior Exterior Total **Funding** Interior **Exterior** Total Federal Lead Grant Federal Lead Grant Healthy Homes Grant Healthy Homes Grant **Healthy Homes Production** Healthy Homes Production Non-Radon Measures Non-Radon Measures Federal Lead Owner Federal Lead Owner Obligation Obligation **Federal Lead Total Federal Lead Total** State Lead Grant State Lead Grant State Lead Owner Match State Lead Owner Match State Lead Owner Obligation State Lead Owner Obligation **DHHS DHHS State Lead Total** State Lead Total Leveraged Funds Leveraged Funds **UNIT TOTAL UNIT TOTAL**

			IENANIII	NFURMATION				
	UNIT 5					UNIT 6		
Tenant Name				Tenant Name				
First MI	Last				First, MI La	ast		
Co-Tenant Name First MI	Last			Co-Tenant Name	First MI La	ıst		
Apt/Unit #				Apt/Unit #				
Home Phone				Home Phone				
Are children under 6 in the	e unit?			Are children under 6	in the ur	nit?		
Are the children covered by	ру	☐ Yes	☐ No	Are the children cov	ered by		☐ Yes	☐ No
MaineCare? Household S	ize:	☐ Yes	☐ No	MaineCare? Housel	nold Size:		☐ Yes	☐ No
AMI:				AMI:				
Maximum Eligible Income:	\$			Maximum Eligible In	come:	\$		
Funding	Interior	Exterior	Total	Funding		Interior	Exterior	Total
Federal Lead Grant				Federal Lead Grant				
Healthy Homes Grant				Healthy Homes Gran	nt			
Healthy Homes Production Non-Radon Measures				Healthy Homes Proc				
Federal Lead Owner				Federal Lead Owner				
Obligation				Obligation				
Federal Lead Total				Federal Lead Total				
State Lead Grant				State Lead Grant	lotob			
State Lead Owner Match State Lead Owner Obligation				State Lead Owner M State Lead Owner O				
DHHS				DHHS	bligation			
State Lead Total				State Lead Total				
Leveraged Funds				Leveraged Funds				
UNIT TOTAL				UNIT TOTAL				
	UNIT 7					UNIT 8		
Tenant Name				Tenant Name				
First MI	Last				First, MI La	ast		
Co-Tenant Name First MI	14			Co-Tenant Name	First MI La	-4		
Apt/Unit #	Lasi			Apt/Unit #	FIISUVII La	151		
Home Phone				-				
Tiome i none				Home Phone	-			
Are children under 6 in th	e unit?	☐ Yes	☐ No	Are children under 6	S in the ur	sit?	☐ Yes	☐ No
Are the children covered		? 🗆 Yes	□ No	Are the children cov			☐ Yes	□ No
Household Size:	AMI:			Household Size:	Cica by iv	AMI:	_	
Maximum Eligible Income				Maximum Eligible Inc	come:	\$		
-				1				
Funding	Interior	Exterior	Total	Funding		Interior	Exterior	Total
Federal Lead Grant				Federal Lead Grant				
Healthy Homes Grant Healthy Homes Production				Healthy Homes Gran				
Non-Radon Measures				Non-Radon Measure				
Federal Lead Owner Obligation				Federal Lead Owner Obligation	•			
Federal Lead Total	_			Federal Lead Total				
State Lead Grant				State Lead Grant				
State Lead Owner Match				State Lead Owner M	latch		·	
State Lead Owner Obligation				State Lead Owner O				
DHHS				DHHS				
State Lead Total				State Lead Total				
Leveraged Funds				Leveraged Funds				
UNIT TOTAL				UNIT TOTAL				

		7	TENANT IN	NFORMATION			
	UNIT 9				UNIT 10		
Tenant Name	_ast			Tenant Name	//I Last		
Co-Tenant Name First MI L	.ast			Co-Tenant Name First M	II Last		
Apt/Unit #				Apt/Unit #			
Home Phone				Home Phone			
Are children under 6 in the Are the children covered by		☐ Yes	☐ No ☐ No	Are children under 6 in the Are the children covered by		☐ Yes ☐ Yes	□ No
Household Size:	AMI:			Household Size:	AMI:		
Maximum Eligible Income:	\$			Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total	Funding	Interior	Exterior	Total
Federal Lead Grant				Federal Lead Grant			
Healthy Homes Grant				Healthy Homes Grant			
Healthy Homes Production Non-Radon Measures				Healthy Homes Production Non-Radon Measures			
Federal Lead Owner Obligation				Federal Lead Owner Obligation			
Federal Lead Total				Federal Lead Total			
State Lead Grant				State Lead Grant			
State Lead Owner Match				State Lead Owner Match			
State Lead Owner Obligation				State Lead Owner Obligation	on		
DHHS				DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			

PROJECT FUNDING SUMMARY

Project Funding								
☐ Federal Lead Grant	\$							
\square Healthy Homes Grant	\$							
HHPG, Non-Radon Measures	\$							
☐ Federal Owner Obligation	\$							
Federal Lead Total	\$							
☐ State Lead Grant	\$							
State Lead Owner Match	\$							
State Lead Owner Obligation	\$							
DHHS	\$							
State Lead Total	\$							
Leveraged Funds	\$							
State Lead Match Criteria								
☐ 10% Non-Abatement	☐ 25% Abatement	☐ Waived						
Total Owner Obligation	\$							

Agreement/Constructions Contract							
Grant Amount	\$						
Contract Amount	\$						
Contract/Agreement Date							
Interior Start Date							
Interior End Date							
Exterior Start Date							
Exterior End Date							
Change C	Orders						
Federal Lead Change Order #1	\$						
Federal Lead Change Order #2	\$						
State Lead Change Order #1	\$						
State Lead Change Order #2	\$						
Final Contract Amount	\$						
PROJECT TOTAL	\$						

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant Non-Radon Measures	\$	\$	\$
Healthy Homes Production Non-Radon Measures	\$	\$	\$
Federal Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL	\$	\$	\$

Healthy Homes Production Grant Funding		
☐ Radon Air Testing	\$	
☐ Radon Mitigation	\$	
HHPG Radon Total	\$	
☐ HHPG Non-Radon Measures	\$	
HHPG Total	\$	

Healthy Hom	es intervention Radon	
☐ Radon Air Testing	\$	
☐ Radon Mitigation	\$	
HHI Radon Total	\$	

PROJECT SUMMARY SHEET FOR MULTI-FAMILY PROJECTS

INSTRUCTIONS: Complete this Project Cover Sheet and the forms contained in this bundle will auto-populate. The Project Cover Sheet does not contain all the fields needed to completely populate forms. Review the forms, provide missing data. Forms not contained in the bundle can be downloaded from the CAA Portal.

PRO	DPERTY
□Multi-Family (and Single Family Rentals) # Units	Does Owner reside at the property? ☐ Yes ☐ No
Property Address:	Are children under 6 at the property?
- Toperty Address.	Are the children covered by MaineCare? Yes ☐ No
	Is property under abatement order? Yes No
Applicant (Owner)	Co-Applicant (Co-Owner)
Entity or Owner First Name MI Last Name	Co-Entity or Co-Owner First Name MI Last Name
Mailing Address:	Mailing Address:
Street, City, State, Zip	Street, City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone
Email	Email
COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)	LEAD REDUCTION/ABATEMENT CONTRACTOR
CAA Name	O a married Married
Mailing Address	Company Name Mailing Address
Street, City, State, Zip	Street, City, State, Zip
CAA Rep Name	Phone
CAA Rep Phone	Rep Name
CAA Rep Email	Rep Phone
CAA Rep Title	Rep Email
Lead Designer Name	
Lead Designer Phone	
Lead Designer Fax	RADON AIR TESTING/MITIGATION CONTRACTOR
Lead Designer Email	Company Name
	Mailing Address
	Street, City, State, Zip
	Phone
	Rep Name
	Rep Phone
	Rep Email
NOTES/C	OMMENTS



MAINEHOUSING LEAD PROGRAMS BABA CHECKLIST

(This Form Only Applies When Total Project Assistance is \$250,000 or Less):
Applying BAP and HUD Waivers to a
Office of Lead Hazard Control and Healthy Homes (OLHCHH) funded project

Project Location:	
CAA:	
Total Project Assistance:	
0. 4 D. DADA 4 1 D	
Step 1: Does BABA Apply?	
Is this an infrastructure project, as defined by BABA	.?
Infrastructure projects are projects that involve cons buildings and real property (and other types of infras grants, this includes lead hazard reduction activities a	structure) in the United States. For OLHCHH
YES	NO
If YES , proceed to Step 2.	
If NO , BAP does not apply. Sign below and	the Checklist is complete.
Signature Name and Title:	Date
Step 2: Funding Source	
Check funding sources included in this project:	
 □ Community Development Block Grant I □ Community Project Funding (CPF)/Eco □ Lead Hazard Reduction □ Health Homes Production Grant 	ę <i>`</i> ,
If none of these funding sources apply, BAP doe	es not apply.
If one of these funding sources apply, proceed to	o Step 3.

Step 3: Small Grant Waiver Is the total project assistance less than \$250,000 (including all sources of funding)? YES NO, If Greater than \$250,000 Use Large Project Form. FOR MAINEHOUSING USE ONLY Small Grant Waiver approved or denied: Approved Denied Date: Name: Title:

All backup documentation for the Small Grant Waiver, in addition to this form must be

stored in the project files.

MULTI-FAMILY APPLICANT INFORMATION

INSTRUCTIONS: This *Applicant Information Form* describes the Lead Hazard Reduction Grant Program (Federal Lead) and Maine Lead-Paint Hazard Abatement Program (State Lead), collectively referred to as the "Lead Program," requirements and provides a list of things that property owners need to know, and need to do before making a commitment to receive funds from the Lead Program. The Community Action Agency will access the needs of the Applicant and make Lead Program funding recommendation based on Lead Program eligibility requirements. Applicants should retain this *Applicant Information* with their records.

1. HOW THE PROGRAM WORKS

ManeHousing's Lead Program is administered by Community Action Agencies (CAA). The CAA will take an *Owner Application*, perform all necessary eligibility verifications, and inspect the work as it is being performed. After the Owner has signed all necessary documents and if all guidelines are met, MaineHousing will fund the project with Federal Lead Program and/or State Lead Program funds being held on the Owner's behalf. MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. FEDERAL LEAD PROGRAM GENERAL INFORMATION

- a. Federal Lead Grants are available to eligible property owners of rental properties (Owner). The maximum number of rental units a for-profit or non-profit Owner can enroll is ten. The maximum Federal Lead Grant amount an owner can receive is \$10,000 per unit or \$100,000. Owners who have enrolled 10-unit limits under a separate grant are eligible to enroll an additional 10 units, which can consist of different properties. Owners will be required to lease the enrolled units to low-income families for a period of three years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$10,000 per unit, Owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of Lead Program inspections and abatement design will be funded by MaineHousing for eligible rental units and is not included in the Federal Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard control work.
- c. Owners must also provide proof of building ownership and property insurance (e.g., current property tax bill). Owners also must agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- e. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the three-year Grant term, MaineHousing may recoup the Grant funds.
- f. The Owner is be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- g. The Owner must agree to lease at least 50% of the Lead Program units to tenants with a household income at or below 50% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines and which guidelines I acknowledge are maintained by the MaineHousing, and agree to lease the remaining rental units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, Owners must obtain a "waiver" from MaineHousing.
- h. The Owner must agree to screen prospective tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with MaineHousing to confirm that the income requirements are being satisfied as often as may be required by MaineHousing.
- i. The Owner must agree to advertise vacant/vacated LEAD Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

3. STATE LEAD PROGRAM GENERAL INFORMATION

- a. State Lead Grants are available to eligible Owners of rental properties. The maximum State Lead Grant amount an owner can receive is \$15,000 per unit. Owners will be required to lease the enrolled units to income eligible families for a period of four (4) years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$15,000 per unit, owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of lead paint inspections and abatement/remediation design will be funded by MaineHousing for eligible rental units and not included in the State Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard abatement work.
- c. An Owner of property that receives lead abatement assistance under the State Lead Program shall pay a portion of abatement costs as follows: At least 10% of the costs of abatement if not under abatement order; at least 25% of the costs of abatement if the building is under abatement orders.

- d. For a period of no less than four (4) years, beginning on the date on which the State Lead Grant is awarded, Owner must agree to lease 100% of the Lead Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- e. The Owner must agree to limit the monthly rental charges in the Lead Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.org.
- f. Owners must also provide proof of building ownership (e.g. a property deed). Owners must also agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- g. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- h. Owners will be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- i. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the four-year State Lead Grant term, MaineHousing may recoup the Grant funds.

4. TEMPORARY RELOCATION

- a. Owners must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Owners are strongly encouraged to seek vacant units for the temporary placement of families during the work.
- b. Tenants may be eligible for federally-funded grants of up to \$1,450 or state-funded grants of up to \$1,250 to help with temporary relocation costs.
- c. It is the Owner's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- d. Owners and tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Owners and tenants must find alternative housing for pets.

5. RETURNING HOME

The Owner (and tenants) cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the property. This can be done safely while the occupants live in the home.

6. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided to me/us under the Lead Program may not be sufficient to address all lead hazards in or around the Property. The Owner will be responsible for providing any additional funds which may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Program funding guidelines. MaineHousing will review each project on a case by case basis.

7. OTHER REQUIREMENTS

- a. Property insurance is required for all properties enrolled in the Lead Program.
- b. Owners with properties located in a FEMA recognized Special Flood Hazard Area will not be allowed to participate in the Federal Lead Program.
- c. Only qualified, licensed abatement contractor can perform the work. Owners cannot use grant proceeds to pay for his/her own labor or to purchase his/her own materials to perform the work. **Note**: Owners who are licensed lead abatement contractors may seek pre-approval from MaineHousing for reimbursement of materials only. Owners who are licensed lead abatement contractors must receive pre-approval from MaineHousing in order to seek reimbursement for costs related to materials for the lead abatement project. Please contact the Community Action Agency for additional information.
- d. Work cannot commence until the Application is approved AND the required Lead Program Grant documents and other required Federal Program Grant documents have been signed. <u>Any work started prior to Lead Program Grant closing will not</u> <u>be funded by MaineHousing.</u>
- e. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the Owner.
- f. Site visits will be conducted by staff from the CAA and MaineHousing during the construction phase.

8. CONTRACTOR PROPOSALS

- a. The CAA will obtain a minimum of three bids from separate, qualified contractors to perform the work. The contractor must be a Maine Department of Environmental Protection licensed lead abatement contractor and or a Lead Smart Renovator (if the type of work allows for a Lead Smart Renovator).
- b. Owners should check the Contractor's past performance through references and the Better Business Bureau. The CAA may be able to assist.
- c. The CAA will award the project to the lowest bidder. If Owners choose a contractor whose bid is higher than another, **the** Owner will be responsible for paying the difference between the low bid and the bid the Owner choses.

9. CONTRACTS

MaineHousing's Federal Lead Program and State Lead Program require a *Construction Contract* to be signed by the Owner and the chosen contractor. The CAA will provide the *Construction Contract*.

10. CONTRACTOR PAYMENTS

- a. No payments will be released to the contractor until the CAA authorizes payment. Final payment will be withheld until the contractor passes a visual inspection and a lead dust wipe clearance test performed by the CAA.
- b. The Owner, the chosen contractor and the CAA will enter into a *Construction Escrow Agreement*. This enables the CAA to hold and distribute the construction funds on the Owner's behalf and in accordance with program rules.

11. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed *Construction Contract* or the performance by the parties, contact the CAA immediately and describe the complaint. If the CAA is unable to informally resolve the dispute, the CAA will assist the parties through the following process:

- a. <u>Notice of Dispute.</u> Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact the CAA first, not MaineHousing.
- b. <u>Informal Conference.</u> The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS APPLICANT INFORMATION, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY FOR CLARIFICATION BEFORE SIGNING.

DECLARATION OF COVENANTS AND RESTRICTIONS

Grantee	Co-Grantee:	
Address:	Address:	
Rental Property Address:		

This Declaration of Covenants and Restrictions ("Declaration") is made the above-named Grantee(s) residing at the above-identified mailing address(es) (which term shall mean the Applicant(s) under the Maine State Housing Authority (MaineHousing) Lead Hazard Reduction Grant Program (Federal Lead Program) and/or Maine Lead Paint Hazard Abatement Program (State Lead Program), collectively referred to as the "Lead Program," to induce MaineHousing, with a mailing address of 26 Edison Drive, Augusta, Maine 04330, which term shall include its successors and assigns, to grant funds to the Grantee under MaineHousing's Lead Program.

Whereas, Grantee is the owner of a above referenced rental housing property ("Property") and made application for a Lead Program grant; and

Whereas, MaineHousing may provide State Lead Program grants up to \$15,000 per unit and/ Federal Lead Program grants up to \$10,000 per unit for the for the abatement of lead paint hazards in the Property ("Program Units"); and

Whereas, in consideration of the benefit received by Grantee from the Lead Program, Grantee has agreed to abide by the covenants and restrictions set forth in this Declaration.

Now, therefore, Grantee hereby agrees as follows:

1. Enforceability of Covenants

The covenants and restrictions set forth in this Declaration are intended to be and shall be considered covenants that run with the real estate described in **Exhibit A** attached hereto and made a part hereof and shall bind all subsequent owners of the real estate described in **Exhibit A** for the Declaration Period as defined herein. The covenants of Grantee set forth herein are enforceable by MaineHousing as a contract beneficiary. The covenants and restrictions set forth herein shall survive a sale, transfer, or other disposition of the Property by Grantee, except that such covenants and restrictions shall not survive a sale or transfer by foreclosure to a party other than Grantee or any member of Grantee's household or a transfer by deed in lieu of foreclosure.

2. Covenants and Restrictions

☐ Grantee is the recipient of a Federal Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for three (3) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby.

- a. Grantee agrees to lease at least 50% of the Program Units to tenants with a household income at or below 50% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines and which guidelines I acknowledge are maintained by the Administrator, and agree to lease the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, I will obtain a "waiver" from the Program Administrator.
- b. Grantee agrees to screen prospective Program Unit tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with the Program Administrator to confirm that the income requirements are being satisfied as often as may be required by the Program Administrator.
- c. Grantee agrees to advertise vacant/vacated Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

- Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- e. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

☐ Grantee is the recipient of a State Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for four (4) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby:

- a. Grantee agrees to lease 100% of the Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- b. The Grantee agrees to limit the monthly rental charges in the Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.org.
- c. Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

3. Remedies for Breach by Grantee

MaineHousing and any tenant who meets the income qualifications contained herein shall be entitled to all rights and remedies available at law and in equity, including injunctive relief and specific performance, to enforce the covenants and obligations of Grantee and the restrictions set forth in this Declaration.

4. Discharge

П	•	ad Program Grant, this Declaration shall automatically expired from the date of recording with no additional action necessation.	
	•	Program Grant , this Declaration shall automatically expire a the date of recording with no additional action necessary by	
Ву:		Date:	_
Grantee Na	me:	Witness:	_
Its:			
Ву:		Date:	_
Co-Grantee	Name:	Witness:	
Its:			
State of Mai	ine	Date:	_
	-	oath to the foregoing and acknowledged before me the foregoing and doad of	joing
	r free act and deed [in his/her said capacity]	land the free act and deed of	
		Notary Public/Attorney-at-Law	_
		Printed name:	_

Commission expires: ___

EXHIBIT A TO DECLARATION OF COVENANTS AND RESTRICTIONS LEGAL DESCRIPTION OF PROPERTY

Cidio 2207	GRANT PRE-APPROV	
	Healthy Homes Healthy Home	es Production DHHS
ency (CAA):	CAA Rep Name:	
ject Type: ☐ Single-Family ☐ Multi-Family	CAA Rep Phone:	
	CAA Rep Email:	
olicant (Owner):	Co-Applicant:	
dress:	Address:	
	HHPG Radon Amoun	t \$:
perty:	Grant Amount:	\$
	HHI Radon Amoun	t \$:
TOTAL FUNDS		\$
TOTAL FUNDS You will need to bring the following document 1.	ts with you to the Closing	\$
You will need to bring the following document 1. 2.	ts with you to the Closing	\$
TOTAL FUNDS You will need to bring the following document 1. 2.	ts with you to the Closing	\$
TOTAL FUNDS You will need to bring the following document 1. 2. 3. 4.	ts with you to the Closing	\$
TOTAL FUNDS You will need to bring the following document 1. 2. 3.	ts with you to the Closing	\$
TOTAL FUNDS You will need to bring the following document 1. 2. 3. 4. Your Closing is scheduled on:	ts with you to the Closing	\$
TOTAL FUNDS You will need to bring the following document 1. 2. 3. 4. Your Closing is scheduled on: Date:	Place:	(if applicable):

		State Lead (Z267)	GRA	NT AGREEMENT	
Project F	_	☐ State Lead (N261)	☐ Federal Lead	☐ Healthy Homes	Healthy Homes Production DHHS
Agency ((CAA):			CAA Re	p Name:
	_			CAA Re	p Title:
Project	t Type: 🔲 :	Single-Family D M	ulti-Family		p Phone:
				CAA Re	p Email:
Applican	nt/Grantee			Co-Applicant:	
Address					
				Grant Amount:	\$
Dranautu				Grant Date:	.
Property	/.	-			
				HHPG Radon Amou	
				HHI Radon Amount:	5
1.	FUND	S:			<u></u>
	A.	CAA will provide identified herein to	a total of \$ unded by the Ma	to the Applaine State Housing Auth	icant/Grantee from the Lead Program(s) nority as follows (Grant Amount):
	B.	The Applicant/Gr referenced Prope	antee will provid erty (Owner Cont	e a total of \$ ribution):	to the Lead project for the above
	C.			t of \$ w eement for the above re	rill be held in by the CAA in accordance eferenced Property.
2.	Contra in the C CAA.	ct executed by the Construction Contr The Applicant ackr nent/remediation w	Owner and conf act requires a wi nowledges that the	ractor and approved by itten <i>Change Order</i> app ne Grant Funds are to b	ork described in the Construction CAA. Any change to the work outlined broved by the contractor, the Owner, and e used for necessary lead of for cosmetic or non-health and safety
3.				rant Funds in an escrow with the <i>Construction E</i>	on behalf of the Applicant and make Escrow Agreement.
4.		ERATION: The On the work.	wner agrees to a	allow contractor and CA	A reasonable access to the home to
APF	PLICANT:			CAA:	
Appli	icant Signatu	ire		CAA Represen	stative Signature
Co-A	Applicant Sig	nature		CAA Represen	ntative Name
Date	<u> </u>			 Date	

	Otata Land (7007)	CONSTRI	UCTION CON	ITRACT		
Project Funding:	State Lead (Z267) ☐ State Lead (N261)	☐ Federal Lead	☐ Healthy Homes	Healthy Hor	mes Production	DHHS
Escrow Agent (CAA):				CAA Rep Name: CAA Rep Title:		
Project Type:	☐ Single-Family ☐ Mu	lti-Family		CAA Rep Phone:		
Applicant: Address:						
Property:			Contra Addres			
				ct Amount: ct Date:	<u>\$</u>	
1. PAF	RTIES					
Contractor ii ("CAA"), in i	uction Contract ("Contract of the action with the action with the action capacity as authorized purposes of (i) action to the contract of the	above-named Pr ed program age	operty (the "Pront of MaineHous	ject). The abo sing, executes	ve-named Esc the <i>Constructi</i>	row Agent on Contract for the

certain rights under this Contract as Escrow Agent and in the event the CAA is also the Consultant, as defined herein, in connection with the Project, and (iii) acknowledging the execution of the Contract by Contractor and Owner. Owner and Contractor (collectively, the "Parties") hereby agree as follows:

2. **PROGRAM**

The Owner has been selected to receive financial assistance under the MaineHousing Lead Hazard Reduction Grant Program ("Federal Lead" Program) and/or Maine Lead Paint Hazard Abatement Program ("State Lead" Program), collectively referred to as the "Lead Program," to remediate lead-based paint hazards in the Owner's home/apartment(s), and as a result, the Owner and the Contractor are entering into this Contract to complete lead remediation at the above address (the "Project").

3. WORK

Contractor shall complete the work described in, and in accordance with, the following documents (the "Contract Documents"), which are incorporated herein by reference (the "Work"): (1) Lead Contractor Standards and Conditions, a copy of which is provided to the Owner and Contractor; and (2) Lead Design Plan Specifications prepared for the Project by a certified lead hazard design consultant ("Consultant") (see Exhibit C attached).

4.

WORK	COMMENCEMENT	COMPLETION
a.	Interior Start Date: of the Project on	Contractor shall commence the portion of the Work involving interior portions
b.	Interior End Date: of the Project on	Contractor shall complete the portion of the Work involving interior portions
C.		Contractor shall commence the portion of the Work involving exterior ect on
d.	Exterior End Date: the Project on	Contractor shall complete the portion of the Work involving exterior portions of

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COSTS

In consideration for completion of the Work and in accordance with the Lead Design Plan Specifications attached as Exhibit C, the CAA will pay Contractor up to the "Contract Total" set forth below for Work completed to the Owner's satisfaction:

Funding Source	Interior	Exterior	Total
PROJECT TOTAL	\$	\$	\$

1. Radon remediation costs are \$1,200.00 max for single family homes and \$500.00 max per unit for multi-family/multi-unit buildings. Radon remediation is available to applicable projects funded with federal lead.

6. PAYMENTS

The Contractor and the Owner hereby acknowledge that, because the Owner is the recipient of Program funds due the Contractor under this Contract, funds shall be paid to the Contractor by MaineHousing through the CAA within 30 days of the CAA's receipt of all invoice and supporting materials received by the CAA from the Contractor. Payments the CAA issues to the Contractor depends on the size of the project. Advancing federal funds to Contractors is prohibited. Contractor should request payment for work completed and submit their request to the CAA with signed authorization from the Owner. Contractor's request for payment must include documentation that describes the scope and nature of the work for which the contractor is requesting payment. The CAA shall act as the "Escrow Agent". Contractor and Owner agree to comply with the terms of a Construction Escrow Agreement among the Escrow Agent, the Contractor and Owner.

If owner does not receive financing to cover the cost of the Contractor's bid, this Contract is null and void.

- a. No monies will be disbursed up front in advance of the work. A sum of ten percent of the total Contract amount shall be withheld by the CAA until completion and approval of all work.
- b. Prior to issuing payment to the Contractor, the *Contractor Payment Request* form must be completed and approved/signed by the Contractor and the Owner. CAA must obtain a *Certificate and Release of Liens* for each payment being requested by the Contractor, prior to issuing payment.
- c. CAA must issue payment for work performed within thirty (30) calendar days of receipt of the contractor's invoice. This requirement applies to any and all work performed under the Program(s). Upon receipt of the Contractor's invoice, the corresponding Contractor Payment Request forms and Release of Liens, CAA will perform required inspections of the Contractor's work within this thirty day time period.
- d. The CAA shall act as the "Escrow Agent" and will hold the funds for the performance of this Contract.
- e. Contractor and Owner agree to comply with the terms of a *Construction Escrow Agreement* among the Escrow Agent, the Contractor and Owner, including:
 - Certificate of Final Inspection and Final Payment Acknowledgment (see Appendix Q) executed by the Owner and the appropriate Lead Inspector, as determined by the Escrow Agent;
 - ii. Certificate and Release of Liens (see Appendix I-B) executed by Contractor; and
 - iii. And any further documentation as may be required by the CAA under the *Lead Program Guidance* and *Procedures* (Lead Guide).

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7. HAZARDOUS WASTE EXPENSES

Hazardous waste expenses that are incurred, including waste disposal costs included in the Work performed for the Project shall be billed at cost. In order to receive payment for hazardous waste expenses, Contractor must submit a copy of the invoice from the hazardous waste transportation and disposal company that includes the company's name, address, phone number, and cost of transportation and disposal. Failure to provide such an invoice may result in nonpayment.

8. ACCESS TO WORK; MAINTENANCE OF RECORDS

The Owner, the CAA and/or MaineHousing shall have the right to inspect the Project, including, without limitation all Work done and all materials, supplies, equipment and fixtures furnished, installed or stored in, on or about the Project premises, and all books, subcontracts, and records of Contractor, at all reasonable times, which inspections the Owner acknowledges are for the sole benefit of MaineHousing. *Note: Entry into an active abatement area is strictly prohibited by any person(s) unlicensed to do so.*

9. FAILURE TO PERFORM

Failure by Contractor to perform any Work under this Contract for a period of two (2) consecutive working days at any time after commencement of the Work or failure by Contractor to complete the portion of the Work involving interior portions of the Project by the Interior End Date, without written consent of Owner, shall constitute a breach of the Contract, and Owner may, by written notice, terminate the Contract, and/or assess liquidated damages in the amount of \$50.00 per day for every working day that Contractor is not at the site without Owner approval.

10. LIENS

The final payment due under the Contract shall not become due until the Contractor, delivers to the Owner a complete release of all liens arising out of the Contract and receipts in full; in lieu thereof and, if required in either case, an affidavit that, so far as he/she has knowledge or information, the releases and receipts include all the labor and material for which a lien could be filed. The Contractor may, however, if any subcontractor refuses to furnish a release or receipt in full, furnish a bond satisfactory to the Owner, for indemnification against any lien. If any lien remains unsatisfied after all payments are made, the Contractor shall refund to the Owner all moneys that the latter may be compelled to pay in discharging such a lien, including all costs and attorney's fees.

11. PERMITS AND FEES

- a. Contractor shall comply with all applicable building, zoning, environmental, and land use laws, regulations, and ordinances. Contractor shall give all notices required by and comply with all applicable laws, ordinances and codes of the municipality where work is being performed and the State of Maine.
- b. Permits, fees and licenses necessary for completion of the Work shall be procured and paid for by the Contractor. The Contractor shall give all notices and comply with all laws, ordinances, statutes and regulations bearing on the Work. The Contractor shall provide copies of all Work related permits and licenses to the Owner and CAA.

12. INDEMNITY

- a. The Contractor shall indemnify and hold harmless CAA, its agents and employees, MaineHousing, its agents and employees; the Owner, the Owner's agents and employees, and the Consultant working on the Project from and against all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting from the performance of the Work, provided that any such claim, damage, losses or expense (a) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom, and (b) caused in whole or in part by any negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.
- b. In any and all claims against the Owner, the Owner's agents or employees, or the Consultant working on the Project, CAA, its agents or employees, by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable

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by or for the Contractor or any subcontractor under Worker's Compensation Acts. disability benefit acts or other employee benefit acts.

INSURANCE 13.

Commercial General Liability Insurance. The Contractor shall procure and maintain during the a. life of the Contract, at its own cost, and show evidence to the Owner and CAA of Commercial General Liability Insurance, including special broad form property damage coverage, to protect it from claims and damages which may arise from operations under the Contract, whether such operations shall be performed by Contractor or by anyone directly or indirectly employed by it in the types and minimum amounts set forth below:

Description	Coverage	Each Occurrence		
Commercial General Liability		\$1,000,000		
Lead-Based Paint Liability		\$1,000,000		
Owners & Contractor's Protective*		\$1,000,000		
Pollution Occurrence Insurance		\$1,000,000		
Property Damage	Vehicle Liability, including owned, hired, or non-owned	\$1,000,000		
Employer's Liability	B.I./Death	\$1,000,000		
In the event the Contractor should employ subcontractors.				

- b. Worker's Compensation Insurance. Contractor shall procure and maintain, at its own expense, and show evidence to the Owner and CAA of Worker's Compensation coverage, as well as Employer's Liability Coverage, for their employees, including employees engaged in hazardous work. All such policies which are in any way related to the Work and which are secured and maintained by the Contractor shall include clauses requiring that each underwriter shall waive all its right of recovery under subrogation or otherwise against the Owner.
- Deductible Amount. The Contractor will reimburse the Owner and hold the Owner harmless for C. the cost of any losses for which it is responsible and to which a deductible amount may apply. The deductible amount in any such policy may not exceed Twenty Five Hundred Dollars (\$2,500) without the written consent of the Owner and either MaineHousing or CAA.
- d. Certificate of Insurance. The Contractor will provide Owner with either certificates of insurance or certified copies of the applicable policies, showing that it has complied with these provisions, and such certificates shall provide that thirty (30) days' written notice of non-renewal, material modification, or cancellation must be given to the Owner and MaineHousing or its duly authorized agent prior to the effective date of such non-renewal, material modification, or cancellation.
- Owner as Additional Insured. The Owner shall be named as an additional insured in all such e. policies.
- f. Subcontractors. All subcontractors shall provide the insurance coverage described below:

Description	Coverage	Each Occurrence
Commercial General Liability		\$500,000
Property Damage		\$500,000
Vehicle Liability, including owned, hired, or non-owned	B.I./Death	\$1,000,000
Worker's Compensation		Maine statutory limits

14. **CLEANING UP**

The Contractor shall at all times keep the Project premises free from the accumulation of waste materials or rubbish; and, at the completion of the Work, Contractor shall remove all rubbish from and about the Project and all tools, scaffolding and surplus materials and shall leave the Project "Broom Clean". In case of failure to comply by the Contractor, the Owner may perform the clean-up and deduct the cost from any monies due the Contractor.

RELOCATION OF TENANTS 15.

The CAA shall be responsible for the relocation of occupants during construction activities, including, but not limited to the provision of temporary living accommodations in accordance with the applicable relocation

requirements contained in the Lead Guide. In the event that temporary housing becomes unavailable, CAA shall provide a minimum 48 hour notice prior to the Work Start Date to the Contractor, and Owner and Contractor shall establish a new Project Start Date.

16. COOPERATION WITH CONTRACTOR

The Owner shall cooperate with Contractor to facilitate performance of the Work, including the reasonable movement of household furnishings away from the Work area. Owner shall permit Contractor to make reasonable use of existing utilities for the performance of the Work and such use shall be at the expense of the Owner. Owner shall be responsible for obtaining permission from abutting property owners to move work people and materials onto abutting properties for the purposes of completing the Work. Owner shall also ensure that no other contractor will interfere with Contractor's work. If the Owner or an unauthorized general contractor breaches Contractor's containment or otherwise causes lead contamination of an area already cleaned by the Contractor, the re-testing and re-cleaning of the contaminated areas shall be at the expense of the Owner. Furthermore, any duly authorized agent of MaineHousing shall not be obligated to release any funds to the Owner until such time as the Owner has re-cleaned and re-tested the areas that have been re-contaminated by the Owner or the Owner's general contractor.

17. ASSIGNMENT

Contractor shall not assign this Contract nor delegate its duties hereunder without the written consent of the Owner and MaineHousing.

18. PROJECT MONITORING

Contractor and subcontractors will be monitored by the Program CAA or MaineHousing. The CAA, Consultant or MaineHousing has the authority to monitor the Work and to ensure that the project is being performed in accordance with this Contract and the *Lead Design Plan Specifications* attached as Exhibit C. Consultant has the authority to direct Contractor to remedy any unsafe or illegal work practice and to ensure that the lead-based paint hazard control process is being performed in accordance with the Occupational Health and Safety Administration Lead in Construction Standards (29 CFR 1926.62), and in accordance with applicable United States Department of Housing and Urban Development guidelines and Maine Department of Human Services regulations. In the event of a dispute between Program CAA and Contractor, MaineHousing shall have the authority to determine the dispute and Consultant's decision shall be final. Both the Contractor and the Program CAA should describe the dispute in their daily logs and inform MaineHousing of the decision.

19. WARRANTY

The Contractor warrants to the Owner that materials and equipment furnished under the Contract will be of good quality and new, fit for the purposes for which they are intended and of merchantable quality, unless otherwise required or permitted by the Contract Documents; that the Work will be free from defects not inherent in the quality required or permitted; and that the Work will conform with the requirements of the Contract Documents. Work not conforming to these requirements, including substitutions not properly approved and authorized, may be considered defective. The Contractor's warranty excludes remedy for damage of defect caused by abuse, modifications not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear under normal usage. If required by the Owner, the Contractor shall furnish satisfactory evidence as to the kind and quality of materials and equipment.

20. RELEASE AND HOLD HARMLESS

Owner agrees to assume all risk of injury, harm or damage to his/her person or property which may arise as a result of the performance of the Contract by Contractor and does hereby release and agree to indemnify and hold harmless MaineHousing, the CAA and their agents, officers and employees from any and all liability actions, damages and claims of any kind and nature whatsoever for injury or harm that might arise in connection with the use of the Contract, the Contractor's performance of the Contract and/or Applicant's participation in the Program.

21. COMPLIANCE

- a. The Contractor and all sub-contractors will comply in all respects with all applicable federal, state and local laws and regulation, including, without limitation, those relating to "hazardous materials", as defined herein.
- b. The term "hazardous materials" shall mean any substance, material, or waste which is or becomes regulated by any governmental authority, including, but not limited to: (i) petroleum; (ii)

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friable or non-friable asbestos; (iii) polychlorinated biphenyls; (iv) those substances, materials or wastes designated as a "hazardous substance", pursuant to Section 311 of the Clean Water Act or listed pursuant to Section 307 of the Clean Water Act or any amendments or replacements to these statutes; (v) those substances, materials or wastes defined as a "hazardous waste", pursuant to Section 1004 of the Resource Conservation and Recovery Act or any amendments or replacements to that statute; (vi) those substances, materials or wastes defined as a "hazardous substance", pursuant to Section 101 of the Comprehensive Environmental Response, Compensation and Liability Act, or any amendments or replacements to that statute or any other similar statute, rule, regulation or ordinance now or hereafter in effect; or (vii) any "hazardous waste", "hazardous substance" or "chemical substance or mixture" or similarly regulated substances or material as such phrases are defined in or regulated pursuant to any applicable state or local law, regulation or ordinance governing the generation, storage, discharge, transportation or disposal of the same.

- c. The Contractor, at its own expense, will promptly take all actions which may be necessary to abate, remove, clean up, and otherwise cure any violation of environmental laws caused by any hazardous materials used, generated, released, discharged, stored, or disposed of in connection with the Project and which were either brought onto the Project site or employed by the Contractor in connection with the Project. The Contractor shall not be responsible for hazardous materials present on the site or in the building at the time of the commencement of the Project, unless the Contract Documents impose such an obligation upon Contractor.
- d. Contractor will defend, indemnify and hold the Owner, the CAA, and MaineHousing harmless from any cost, expense, claims or liability resulting from violations of any environmental laws hereunder by Contractor or any subcontractor.

22. CHANGES IN SCOPE OF WORK

Neither the Owner nor the Contractor shall make any changes in the plans and specifications developed by the Consultant, or changes by altering or adding to the Work contemplated, or orders for extra work which will result in a net construction cost increase, or will change the design concept, or will result in a construction cost decrease of more than 2% of the Contract amount without the prior written approval of MaineHousing.

23. RESOLUTION OF DISPUTES

Disputes between the Applicant and the Contractor may arise from time to time during the life of the rehabilitation project. Under Maine law 10 M.R.S.A. §§1487 (8), the parties to a home construction contract may agree to settle disputes arising under the contract by jointly paying for one of the following: **Please select one of the following options:**

	binding arbitration as regulated by	the Maine Uniform A	Arbitration Act with the	parties agreeing to accept as
fina	al the arbitrator's decision.	If selected: Client in	nitials	Contractor initials
	non-binding arbitration, with the pa ough other means, including a laws			
	mediation, with the parties agreeir empt to resolve their differences.			gh a neutral mediator in order to

24. The Program that finances this work requires disputes to be resolved in accordance with the above selected option. ROLE OF MAINEHOUSING

Notwithstanding any reference to MaineHousing and/or the CAA contained herein, Owner and Contractor recognize and acknowledge that MaineHousing, its agents and employees are not parties to this Contract. Contractor and Owner shall have no claim against MaineHousing or any person acting on its behalf for any action taken pursuant to this Contract.

It is further understood between the parties hereto that Owner has agreed to the selection of all contractors, subcontractors, material men, as well as all others furnishing services or materials to the Project and MaineHousing has, and shall have, no responsibility whatsoever for them or for the quality of their materials or workmanship. MaineHousing's sole function is that of program coordinator and to distribute Lead Program Grant funds in accordance with Program guidelines as may be promulgated by MaineHousing. Owner shall have no right to rely on any procedures required by MaineHousing, because such procedures are for the protection of MaineHousing.

Owner and Contractor agree, both jointly and severally, to indemnify and hold harmless MaineHousing its agents

and employees from and against any and all liability, suits, actions, and claims for property damage and/or personal injury (including death) arising directly or indirectly from the execution of the Work or otherwise under this Contract.

25. COMPLETE AGREEMENT

This Contract represents the entire and integrated agreement between Owner and Contractor. No changes, modifications, nor amendments in the terms and conditions of this Contract shall be effective, unless reduced to writing, signed by duly authorized representatives of Owner and Contractor, and approved by MaineHousing.

26. GOVERNING LAW; GENDER

This Contract shall be governed by the laws of the State of Maine. Any noun or pronoun, when used herein, shall mean the singular or plural and the masculine or feminine, as the context requires.

27. MAINE ATTORNEY GENERAL ADVISORY

Owners are strongly advised to visit the Maine Attorney General's publicly accessible website to obtain current information on how to enforce their rights when constructing or repairing a home at: http://www.maine.gov/ag/consumer/housing/home_construction.shtml or contact the Attorney General's Office by mail or phone at: 6 State House Station, Augusta, ME 04333 (207) 626-8800 / TTY # 711. By signing below, Owner acknowledges he/she has read the attached Maine Attorney General Home Construction warning Addendum.

IN WITNESS WHEREOF, the Owner, Contractor and CAA hereto have caused this Contract to be duly executed on the Contract Date written above.

Signature of Owner Signature of Co-Owner CONTRACTOR Signature of Contractor Representative Contractor Representative Name CAA Signature of CAA Representative Date Date

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CONTRACT ADDENDUM

MAINE ATTORNEY GENERAL HOME CONSTRUCTION WARNING STATEMENT

If you are thinking about building a new home or repairing your existing home, here are some things you should know.

Contractors Are Not Licensed – Buyer Beware!

Home contractors are not licensed or regulated by the State of Maine. The old saying "Buyer Beware" applies. While some towns and cities have adopted building codes and enforced them, others have not. We recommend that you talk to your town's code officials before you begin construction. Although home construction contractors are not licensed, some building trades are licensed. Plumbers, electricians, oil burner technicians, and installers of mobile and modular homes are licensed in Maine. For more information on these licensed trades, go to: http://www.maine.gov/pfr/index.shtml

Always Check Contractor References

The Attorney General receives more complaints about home contractors than about almost any other business. We <u>strongly</u> recommend that you ask any contractor you are considering hiring for several references and that you follow up on them. It is also a good idea to check with your local building supply companies or real estate brokers. They will know the dependable contractors in your area.

Written Contracts Are Required

For all home construction and home improvement projects over \$3,000, Maine law requires a written contract with a specific provision that prohibits payment up front of more than one third of the contract price. When a contractor asks you for any money up front, make sure that the money is being used to purchase materials for your project. Ask for receipts and for a lien waiver from subcontractors. A model contract that meets State law can be found in Chapter 18 of the Maine Attorney General's Consumer Law Guide. Go to http://www.maine.gov/ag/consumer/law guide article.shtml?id=27938

Be Careful with Construction Loans

If a lender is financing your construction project, make sure that you know your lender and that you understand how your loan proceeds will be disbursed and how subcontractors will be paid.

Home Contractor Complaints Received by the Attorney General

For a listing of home contractors the Attorney General's Consumer Mediation Service has received complaints against, go to: http://www.maine.gov/ag/consumer/housing/home_construction.shtml
You can also call the Attorney General's Consumer Protection Division at 1-800-436-2131. The Better Business Bureau also provides information on companies. Go to www.bosbbb.org or call (207) 878-2715.

Home Contractors the State Has Sued

In the recent past the State has successfully sued the following home contractors for poor workmanship or failure to complete jobs: State of Maine v. CBS Enterprises (Kimberly Mark Smith and David J. Blais), Default Judgment in CBS Enterprises, State of Maine v. Frederic Weinschenk d/b/a Ric Weinschenk Builders Inc., State of Maine v. Stephen Lunt d/b/a Lakeview Builders, Inc., State of Maine v. Bob Burns d/b/a Better Homes, State of Maine v. Albert H. Giandrea d/b/a AG's Home Quality Improvements, Inc., State of Maine v. Al Verdone, State of Maine v. Mikal W. Tuttle, d/b/a MT Construction, DMI Industries, and MT Construction, Inc. The Androscoggin County District Attorney has obtained a theft conviction against home contractor Harold Soper. State of Maine v. Harold Soper. Even when our law suits have been successful, we have been unable to collect a significant portion of the judgments because the builders are bankrupt, judgment proof, or have left the state. We strongly recommend that you research a contractor's record before you begin any construction project.

Your Home Construction Rights

Chapter 17 of the Maine Attorney General's Consumer Law Guide explains your rights when constructing or repairing your home. Chapter 18 of the Consumer Law Guide is a model home construction contract that meets the statutory requirements for any home construction contract over \$3,000. Go to http://www.maine.gov/ag/consumer/law_guide_article.shtml?id=27938

As of September 1, 2006, this entire statement must be an addendum to any home construction contract for more than \$3,000, as required by 10 M.R.S.A. Chapter 219-A.

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State Lead (Z267) CONSTRUCTION ESCROW AGREEMENT

Project Funding:	☐ State Lead	(N261)	☐ Federal Lead	☐ Healthy Homes	Healthy Homes Pro	duction	DHHS
Escrow Agent (CAA):				CA	AA Rep Name:		
(4-				CA	AA Rep Title:		
Project Type: ☐ S	ingle-Family	☐ Multi-Fa	amily	CA	AA Rep Phone:		
r roject Type. 🗀 🖰	ingle i dinily	- Maia i	arriny	CA	AA Rep Email:		
Applicant:							
Address:				Address:			
Property:				Contracto	r:		
				Address:			
					•		
				Contract A	Amount: \$		
				Contract			

This Agreement is entered into on the above written Agreement Date in conjunction with a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program (State Lead), collectively referred to as the "Program," from the above-referenced Escrow Agent to the above referenced Applicant ("Owner") in the amount of the above written Escrowed Funds.

1. DEPOSIT

The Owner has deposited the above referenced Owner Contribution (if applicable) and Maine State Housing Authority ("MaineHousing") is depositing the above referenced Program Fund amount(s), together referenced as the Escrowed Funds, with the Escrow Agent for work described in Exhibit C to a *Construction Contract* of near or even date between the Owner and the Contractor as may be modified by change orders executed by the Owner, the Contractor, and the Escrow Agent (the "Work"). The Owner and the Contractor agree to comply with the terms of the *Construction Contract* and *Lead Contractor Standards and Conditions* which are incorporated herein.

2. AUTHORIZATION

Contingent upon receipt of funds the Escrow Agent is authorized and directed to disburse the Escrowed Funds in accordance with this Agreement. If owner and/or Escrow Agent does not receive financing to cover the cost of Contractor's price, this Agreement is null and void.

3. DISBURSEMENTS

The Escrow Agent shall withhold ten percent of the Escrowed Funds until all Work has been completed to the satisfaction of the Escrow Agent and the Owner. The Escrow Agent shall not make any disbursements until the Contractor has provided the Escrow Agent and Owner with copies of any required permits. The Escrow Agent shall disburse funds only for any of the Work which is (a) completed, (b) approved by the Owner, (c) inspected by the Escrow Agent, and (d) approved by the Escrow Agent. For each requisition the Contractor shall submit invoices for materials and the portion of the Work completed through the date of the requisition and lien waivers from all subcontractors who performed any of the Work through the date of the requisition. The Escrow Agent shall withhold final payment until the Escrow Agent has received a certificate of occupancy from the municipality where the Work was performed, if applicable, and has conducted a final inspection of the Work and certified that the Work is complete. Completed Work includes the achievement of lead dust clearance levels as described by the United States Department of Housing and Urban Development Lead-based Paint Poisoning Prevention in Certain Residential Structures regulations, 24 CFR Part 35.

IT IS THE CONTRACTOR'S RESPONSIBILITY TO ACHIEVE THE LEAD DUST CLEARANCE STANDARDS REQUIRED BY 24 CFR PART 35. IF DUST WIPE TESTING INDICATES LEAD DUST LEVELS ARE HIGHER THAN ALLOWABLE, CONTRACTOR MUST RECLEAN THE AREAS THAT FAILED AT CONTRACTOR'S

EXPENSE. ALL DIRECT AND INDIRECT COSTS INCURRED BY OWNER AND ESCROW AGENT TO RE-INSPECT AND RE-TEST SHALL BE DEDUCTED FROM PROCEEDS DUE CONTRACTOR.

4. CHECK DISBURSEMENTS

All disbursements shall be in the form of a check payable to the Contractor.

5. CHANGE ORDERS

The Escrow Agent will not pay for any work beyond that called for in the original Construction Contract unless a written change order has been approved and signed by the Escrow Agent, the Contractor, and the Owner. The Escrow Agent may require additional funds to be deposited into the Escrowed Funds to pay for increased costs so that at all times there remain sufficient Escrowed Funds to pay for the Work.

6. DISPUTE RESOLUTION

The Contractor and the Owner will notify the Escrow Agent of any disputes between them. The Escrow Agent shall, within fifteen working days from receipt of a complaint, organize an informal meeting with the Owner and the Contractor. MaineHousing may inspect any of the Work at any time and may participate in any informal meeting. If the informal conference produces a resolution to the dispute, the Escrow Agent shall prepare and the Contractor and Owner shall sign a document that plainly states the agreed upon resolution. If the meeting does not result in a resolution, the Escrow Agent shall document the results of the meeting and how the parties disagree. If the Escrow Agent, the Contractor, and the Owner cannot come to a resolution of the matter, then the issue shall be resolved through binding arbitration as regulated by the Maine Uniform Arbitration Act. The parties shall participate in a binding arbitration as soon as possible after the informal conference. The binding arbitration shall be in accordance with the construction industry arbitration rules of the American Arbitration Association unless the Escrow Agent, Owner, and Contractor otherwise agree. The Owner and Contractor shall submit all disputes or claims regardless of the extent of the Work's progress to the arbitrator. The award rendered by the arbitrator shall be final and judgment may be entered upon it in any court having jurisdiction thereof. MaineHousing may, at its sole discretion, pay for the costs of an arbitrator. The parties will each pay their own attorneys' fees and other costs.

7. MECHANICS LIENS

The Escrow Agent assumes no liability for mechanics liens filed in connection with any of the Work.

8. REMAINING PROCEEDS

Regarding Federal Lead Program funded projects, if there are Escrowed Funds remaining after final payment, those funds which are the proceeds shall be applied as a principal reduction to the outstanding balance of the grant.

9. MISCELLANEOUS

If any part of this Agreement is held to be unenforceable or void, such fact shall not affect the validity or enforceability of the remaining parts of this Agreement. The provisions of this Agreement shall be binding upon and inure to the benefit of the heirs, successors, and assigns of the parties. This Agreement shall be construed in accordance with and governed by the laws of the State of Maine.

This Agreement is duly executed by the parties on the above written Agreement Date.

OWNER	
Signature of Owner	Date
Signature of Co-Owner	Date
CONTRACTOR	
Signature of Contractor Representative	Date
Contractor Representative Name	
ESCROW AGENT	
Signature of Escrow Agent Representative	Date
Escrow Agent Representative Name	

HEALTHY HOMES ASSESSMENT AND INTERVENTION COMPLIANCE AGREEMENT

Project Funding: [Agency (CAA):	Federal Lead	☐ Healthy Homes	Healthy Homes Production Project T CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:		☐ Multi-Family
Applicant:			Co-Applicant:		
Property:			Contractor:		
			Healthy Homes Amount:	\$	
Contract Date:			HHPG Radon Amount:	\$	
			HHI Radon Amount:	\$	
I have been informed	d of the Healthy	/ Homes Assessme	ent and Intervention Program.		
□ I CHOOSE N	OT TO PARTIO	CIPATE.			
Signature of Applica	int	Date	Signature of Co-Applica	nt	Date
☐ I CHOOSE T	O PARTICIPAT	ΓE.			
By choosing to p	participate in th	e Healthy Homes <i>F</i>	Assessment and Intervention Pro	gram, I agree to the	following:
1. The (CAA will condu	ct a Healthy Home	s Assessment.		
the le		ment work that will	upon and completed by licensed be performed on my property. A		
			omes Intervention work will be p ne Lead Hazard Reduction Gran		pplemental
	ion that may ne		e any and all items in the basem n order to accommodate for the h		
Signature of Applica	ınt	Date	Signature of Co-Applica	nt	Date

State Lead (Z267) BID TABULATION SHEET

Project Funding:	State Lead (N261)	Federal Lead	Healthy Homes Healthy Homes Production DHHS
Agency (CAA):			CAA Rep Name:
3 , , ,			CAA Rep Name: CAA Rep Title:
Project Type: D Single Fe			CAA Rep Phone:
Project Type:	amily Li Multi-Family		CAA Rep Email:
Γ			
Applicant:			Co-Applicant:
Duo no estru			
Property:			
		BID	. 1
Contractor Name		BID	□ Not on Debarment List
Date Bid Submitted			☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Bid Amount	Ψ		Available / Carrineet project timeline
Comments:			
	T	BID	2
Contractor Name			☐ Not on Debarment List
Date Bid Submitted			☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Comments:			
Comments.			
		BID	3
Contractor Name			☐ Not on Debarment List
Date Bid Submitted			☐ Current Insurance Certificates
Bid Amount	\$		☐ Available / Can meet project timeline
Comments:			
AWARDED TO:			
Comments:			
CAA Representative Signatu	ıre		Date
,			
CAA Representative Name			

CAA Representative Name

CONTRACTOR DECLARATION OF REFUSAL TO BID FORM

CAA Rep Name: CAA Rep Title:	ject Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHHS
Project Type: Single-Family Multi-Family CAA Rep Title: CAA Rep Dring: CAA Rep Dr	ency (CAA):				CAA Rep Name:		
Applicant:					CAA Rep Title:		
Applicant:	Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:		
Property:		_ cg.c . a,	,		CAA Rep Email:		
Contractor Representative Signature of	Applicant:			Co	Applicant:		
(Contractor Name) (Contractor Business Name) certify by my signature below; I was offered the same chance to bid, but refuse / withdraw my rights to bid throug above-named CAA for the above-referenced project: Reason of Refusal: Contractor Representative Signature Date	Property:						
certify by my signature below; I was offered the same chance to bid, but refuse / withdraw my rights to bid throug above-named CAA for the above-referenced project: Reason of Refusal: Contractor Representative Signature	I	(0.1.1		of	(0.1		
above-named CAA for the above-referenced project: Reason of Refusal: Contractor Representative Signature		(Contractor	· Name)		(Contra	actor Business Name)	
	Reason of Re	fusal:					
Contractor Representative Name	Contractor Repres	sentative Signature				Date	
					_		

PRE-CONSTRUCTION CONFERENCE REPORT

cy (CAA):				Healthy Homes	Healthy Homes Production	
				CAA Rep Name:		
				CAA Rep Title:		
Project Type:	Objects Families	□ Model Formelle		CAA Rep Phone:		
Project Type.	☐ Single-Family	☐ Multi-Family		CAA Rep Email:		
Applicant (Owne	er):		Co-A	pplicant:		
Property:			Cont	ractor:		
			Cont	ract Amount: \$		
			Cont	ract Date:		
role of the CA explanations the Lead Haz Program (Sta assumes no HUD 24 CRF	AA, and our resports our questions, zard Reduction Gate Lead"), staff a responsibilities for Fart 35: I (we)	onsibilities during to if any, and are awo rant Program ("Fees requested. I (Worthe work perform further certify that	he construction vare that assista deral Lead") an e) further under ned and does no	phase. I (we) ha ance will be provided of the Maine Least restand and acknown ot warrant any wo en made aware of	erformed by the Contractor ave been given adequate ded by the CAA, administrated Paint Hazard Abatement whedge that the Program ork performed. If the dangers of lead based philet. I (we) understand the	ntor of nt paint,
will be require	ed to be relocated		omplete and du	ıst wipe clearance	es are achieved. I (we)	at wo
will be require	ed to be relocated hat we may not re	d until all work is c	omplete and du	ıst wipe clearance	es are achieved. I (we) A.	
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signature of O Signature of O Signature of C Building Perryou know that	ed to be relocated hat we may not re hat a permit is not re	d until all work is certurn or enter the verturn of enterturn or enter the verturn of enterturn or enter the verturn or enterturn or enter	omplete and duvork area until in the second of the second	Dai Dai Dai Dai Dai Dai Dai Dai	te te project file. If No, explain his date between the k performed must meet the ederal Lead and/or State Lead	how
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Signature of C Signature of C Building Perryou know that I, the undersigname of certain and ards recording as Signature of C Contractor Rep	ed to be relocated hat we may not re hat a permit is not re	d until all work is certurn or enter the verturn of enterturn or enter the verturn of enterturn or enter the verturn or enterturn or enter	omplete and duvork area until in the control of the	notified by the CA Dai Dai must be placed in agree that the wor stection and the Fe Construction Contr	te te project file. If No, explain his date between the rk performed must meet the ederal Lead and/or State Lead act.	how

UNI	т#	

AMI	for	this	tenant:	
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TENANT APPLICATION

Community Action	Agency (CAA):	Q	uestions sh	ould be directed to:		
Name		C	AA Rep Nam	e:		
Address		C	AA Rep Title			
		C	AA Rep Phor	ne:		
		С	AA Rep Ema	il:		
INSTRUCTIONS: Re	eturn completed and signed <i>i</i>	Application and Applicant	Information F	Form to the above-named	CAA.	
Date		Project Type	☐ Sing	le-Family Rental 🔲 I	Multi-Family	
	I	. PROPERTY II	NFORMAT	ION		
Address:		Apar	tment #			
		#Bed	drooms:			
		Rent	Amount:			
	II.	HOUSEHOLD	INFORMA	TION		
Tenant Name:		Co T	enant Name:			
renant Name.	First MI L	C0-1	enani Name.	First MI	Last	
Tenant Age		Co-T	enant Age			
Telephone:		Tele	phone:			
T-4-1		_				
	a (including you)	□ No donandant	abildran unde	or aiv vacra of ago regide i	n the home	
Total number in nous	e (including you)		children unde	er six years of age reside i	n the home.	
	e (including you) Child (age 18 or younger)	Full time student?	children unde	er six years of age reside i Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
		<u> </u>		Blood Lead Levels	Covered b	
		Full time student?		Blood Lead Levels	Covered b MaineCare	?
		Full time student? Yes No		Blood Lead Levels	Covered b MaineCare Yes	? No
		Full time student? Yes No Yes No		Blood Lead Levels	Covered b MaineCare Yes	No No
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Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White

Black/African American & White

Asian & White

Office Use Only									
The Gross Income as calculated pursuant to this Te	enant Application has been	verified by the CAA to be:	\$						
Maximum Eligible Income for this Tenant/ is:	\$ Percentage of All		MI:						
CAA Representative Signature	Date	CAA Representative Name							

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

roject Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHHS
Agency (CAA):				CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family	1	CAA Rep Phone:		
			1	CAA Rep Email		
Applicant (Owr	ner):		Со-Арр	licant:		
Property:			Tenant	:		
			Apt#:			
in your home. child's primary	If your children hav health care provid	n under six years of a	od test in the pa department to a	st three (3) mon t arrange for a test.	ested prior to hazard contro t hs , you should contact you	
) months. Please identify	
Provider Nam	<u> </u>			Date of Te	st	
I hereby Grant Pro		der to release the res	sults of this (the	se) blood test (s)	to the Lead Hazard Reduc	tion
	en under six have ted at this time.	not had their blood le	ead levels teste	d in the past three	e (3) months and I agree t	o have
For Relig	ious purposes and	or personal reasons,	, I choose not t	o have my child ((children's) tested for lead.	
		formation. I/We under d Reduction Grant P		closure of this info	ormation is not required for	
Parent or Guardia	n Signature	_		Date		
Parent or Guardia	n Name					

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lead	(Z267) State	Lead (N261)	Federal Lea	d Healthy Hom	es Healthy	Homes Produc	ction DHHS
Agency (CAA): Project Type: Single-Fa		Family		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-				
Property:			Ten	ant:			
INSTRUCTIONS: Return co	mnleted and sig	ned Certificat	ion to the abov	e-named CAA			
Dato	mprotod drid olg	nou Goranout		o named 67 v.			
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates". Please fill in the table belo	amount of time ate days a wee	" visiting yoเ k and a tota	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours vari	ies from week	to week, ple	ase explain:				
By signing below, you are	certifying that	this stateme	ent and inform	ation is true and	d correct.		
Date:		Owner/O	ccupant Sigr	ature:			
		Owner/O	ccupant Nam	ne:			
Date:		Co-Owne	er/Occupant s	Signature:			
			er/Occupant I				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

roject Funding:	State Lead (Z267)		Federal Lead	Healthy Homes	
igency (CAA).			(CAA Rep Name:	
				CAA Rep Title:	
Desired Tone	_	_		CAA Rep Phone:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Email:	
Applicant (Own	er):		Co-A	Applicant:	
Property:					
Contractor:					
relocation of referenced above-refe to verify ex such relocations.	expenses associated Property. I/We use renced Community penses incurred attion assistance, to prepare the Presence association assistance.	ated with lead paint had understand that in ord ity Action Agency ("CA as a result of tempora that I/we have a respo	azard abatem ler to receive in AA"), and/or of ary relocation. onsibility to co d abatement/i	ent work in our/meimbursement, we ther documents wither documents with also under operate with the emediation work	o help cover the costs of temporary by home located at the above we must provide receipts to the which may be required by the CAA, estand that in the event I/we receive CAA and the above referenced in including moving furniture out of dite the work.
2. I/We, the u following: (iv) laundry rental fees other than relocation	indersigned, undersigned, undersigned, undersigned, undersigned, (i) moving expension, (v) extra gasoli for other alternative relocation, I/we uspenses. Further	erstand that reimbursess; (ii) hotel/motel cone/transportation costitive housing arrangenunderstand that this de	able relocation able relocation bets; (iii) secure ts due to the tenents. If the roes not entitle and that the C	n expenses includity deposits and interpretation assistation assistation me/us to request the control of the co	de, but are not limited to, the monthly rent for apartment units; tion to another dwelling; and (vi) nce I/we receive is spent on items additional money for actual obligation to reimburse for unverified
property ov property du	vner/representativiring my/our reloc reimbursement I/v	ve. I/We, understand cation, I/we may be re	if I/we are deesponsible for	emed responsible the cost associat	policies set forth by the relocation of for damages to the relocated sed with said damages. Any see with damages determined my/our
4. By signing	this agreement,	I/We acknowledge the	e conditions o	f receiving reloca	ation reimbursements and that
\$1,450 for	federally-funded	projects or \$1,250 for	r state-funded	projects are the	maximum amounts of money to be
received fo	r temporary reloc	ation expenses.			
Signature	of occupant of	home or rental unit	where lead h	azard abatemen	nt work is being carried out. If you
do not une	derstand this ag	reement, do not sig	n it.		
Occupant Sig					
Occupant Na	me		 Apartm	ent/Unit #	Date
Co-Occupant	Signature				
Co-Occupant	Name				Date
	g below, the CA/ er(s) or renter(s	A acknowledges rec	eipt of this d	ocument signed	d by the above
	ntative Signature	<i>r</i> -			Date
CAA Represe	entativo Nama				· · · · · · · · · · · · · · · · · · ·
OAA Represe	manye Name				

П	NI.	Τ#		

ΔMI f	or this	tenant:	
~1411 I'	บเ แแจ	tenant.	

TENANT APPLICATION

Community Action Agency (CAA):	Qı	uestions sh	nould be directed to:		
Name	CA	AA Rep Nar	ne:		
Address		AA Rep Title			
	one:				
	CA	AA Rep Ema	ail:		
INSTRUCTIONS: Return completed and signed A	pplication and Applicant I	nformation	Form to the above-named (CAA.	
Date	Project Type	☐ Sing	gle-Family Rental 🔲 N	/ulti-Family	
I.	PROPERTY IN	IFORMA	TION		
Address:	Apart	ment #			
	#Bed	rooms:			
	Rent	Amount:			
II.	HOUSEHOLD I	NFORMA	ATION		
Tenant Name:	C- T-	N			
<u></u>	ist CO-16	enant Name	First MI	Last	
Tenant Age:	Co-To	enant Age:			
Telephone:		hone:			
		mone.			
Total number in house (including you)	No dependent of	children und	ler six years of age reside ir	n the home.	
			Blood Lead Levels	Carranad	
Name(s) of Child (age 18 or younger)	Full time student?	Age	VEBL ug/dl	Covered I MaineCar	
	Yes No			Yes	No
	Yes No			Yes	No
	Yes No				
				Yes	No
	Yes No			Yes	No
Decrease have a series a shill associate to the control of the con		41	d		
Does your home serve as a child care location? M of age spend at least three hours per day, on two s the home?				☐ Yes	□ No
If yes, have any of the children who received service	es been determined to h	ave lead po	isoning?	☐ Yes	□ No
III.	HOUSEHOLD INCO	ME AND	ASSETS		
Occupants must provide the employment information	on requested below to be	considered	I for enrollment in the Progr	am.	
Tenant Employment:					
Self-Employed: ☐ Yes ☐ No If you	es, provide 2 years tax re	eturns, inclu	ding all Schedules.		
Employer Name	-	ployer Telep	_		
Employer Address		ition .			

No. of Years

Street, City, State, Zip

UNIT	#				

Co-Tenant Emplo	yment:					
Self-Employed: Employer Name Employer Address	☐ Yes	□ No	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Head of Househo	ld Employn	nent:				
Self-Employed: Employer Name Employer Address	☐ Yes ————	□ No	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Occupants must pro	/ide gross inc	ome inform	ation and veri	fication to be considered for enrollm	ent in the Pro	ogram.
b. Additional 1. Overt 2. Part- 3. Pensi 4. Veter 5. Net R 6. Self E 7. Child 8. Public 9. Social 10. Unem c. Other** d. Gross Mole e. Total (Lin *If self-employer, ple	Fime Employmons an's Administration and Income Employment* Support C Assistance (* I Security Beneficial Income apployment Correction and Income and Multiplied cusehold Income	from Emplome From: ment ration Comp TANF/WIC efits mpensation e (Total A, iby 12) ome (Total ost recent 2	pensation	TENANT CO-TE	BENANT trusts, income	C) Head of Household
			rovided on th	SEHOLD INCOME AND ASSI nis form is TRUE and CORRECT and agree to the responsibilities	「and I ackno	
Tenant Information		. 5 1000170	a a copy of c	and agree to the responsibilities	and informa	as. Johanna III III
				the United States Environmenta nection with our apartment unit.	I Protection	Agency pamphlet entitled
Signed by all Tenar	nts of the pro	perty				
Signature of Tenan	t (Occupant)			Da	nte	
Signature of Co-Te	nant (Co-Occup	ant)		Da	nte	

CAA Representative Signature

Applicant Demographic Profile								
lender's compliance with e encouraged to do so. The choose to furnish it. Howe	qual credit law provide ver, if you o	opportunites that a lead	ty and fair ender may ot to furnis	ernment for certain types of loans related housing laws. You are not required to a neither discriminate on the basis of the the information, under federal regulation or surname. If you do not wish to furn	o furnish th his informa ations the le	nis information, but are ation, nor on whether you ender is required to note rac	ce or	
I do not wish to furnish t			☐ Yes	s □ No all that apply)				
Sex of Head of Household Single Married Elderly Single Parent with Childrer Two Parents with Childrer Other (specify)	□ Male	☐ Female	` } ;	# of Household Members Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander				
Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head Household	of	□ □ □ Yes	□No	American Indian/Alaskan Native & Whi Asian & White Black/African American & White	_			
Displaced Homemaker* *A displaced homemaker mea				Other Multi-Racial ot worked full-time, full-years in the labor fo nily and is employed or under employed ar			uch	
				Office Use Only				
The Gross Income as calculat	ed pursuant	to this Ten	ant Applica	tion has been verified by the CAA to be:		\$		
Maximum Eligible Income for	this Tenant/	s:	\$	Perce	entage of AM	Л:		

Date

CAA Representative Name

UNIT #	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHHS
Agency (CAA):			CA	A Rep Name:		
			CA	A Rep Title:		
Project Type:		☐ Multi-Family		A Rep Phone:		
, , , ,	□ Olligic-i allilly	induction and				
Applicant (Own	er):		Co-Applic	cant:		
Property:			Tenant:			
			Apt#:			
INSTRUCTIONS	: Return completed	and signed Blood Testin	g Release to the	above-named CAA	٨.	
Date						
in your home. It	f your children hav		test in the past	three (3) month	ted prior to hazard control ns, you should contact you	
Please check	one of the followi	ng- the one which be	est describes y	our children:		
My childre	en under six have l	nad their blood lead le	vels tested in th	e past three (3)	months. Please identify	
Provider Name	e			Date of Tes	t	
I hereby a Grant Pro		ler to release the resul	Its of this (these) blood test (s) to	o the Lead Hazard Reducti	ion
1 1 '	en under six have i ed at this time.	not had their blood lea	d levels tested	in the past three	(3) months and I agree to	have
For Religi	ous purposes and/	or personal reasons, I	choose not to	have my child (c	hildren's) tested for lead.	
		formation. I/We unders d Reduction Grant Pro		osure of this infor	mation is not required for	
Parent or Guardian	Signature			Date		
Parent or Guardian	Name					

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

oject Funding: State Lead (Z2 ency (CAA):	267) State Lead	d (N261)	Federal Lead	Healthy Home	s Healthy	Homes Product	tion DHHS
Project Type: Single-F	amily \square Multi-F			CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ten				
INSTRUCTIONS: Return co	mpleted and signe	ed Certificati	ion to the abov	e-named CAA.			
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates". Please fill in the table belo	amount of time" ate days a week	visiting you and a total	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ing is define	d as, "three
# of hours per day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
If the number of hours vari	es from week to	week, ple	ase explain:				
By signing below, you are	certifying that th	is stateme	nt and inform	ation is true and	I correct.		
Date:			ccupant Sigr				
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant s	Signature:			
		Co-Owne	er/Occupant I	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

gency (CAA	ng: State Lead (Z267):	7) State Lead (N261)	Federal Lead Healthy H	Iomes Healthy Homes Production DHHS
			CAA Rep Name:	
				-
Project T	ype: Single-Family	☐ Multi-Family	CAA Rep Phone:	
			CAA Rep Email:	
Applicant ((Owner):		Co-Applicant:	
Property:			<u></u>	
Contractor	<u> </u>			
reloca referen above to veri such r Contra	tion expenses associ nced Property. I/We -referenced Commur fy expenses incurred elocation assistance, actor to prepare the P	iated with lead paint h understand that in ord nity Action Agency ("C I as a result of tempora that I/we have a resp Property for lead hazar	azard abatement work in our der to receive reimbursement AA"), and/or other document ary relocation. I/We also undensibility to cooperate with the	to help cover the costs of temporary /my home located at the above which may be required by the CAA, derstand that in the event I/we receive the CAA and the above referenced ork, including moving furniture out of redite the work.
followi (iv) lau rental other reloca	ing: (i) moving expenundry; (v) extra gasol fees for other alternathan relocation, I/we ation expenses. Furth	nses; (ii) hotel/motel co line/transportation cos ative housing arranger understand that this d hermore, I/We underst	osts; (iii) security deposits an sts due to the temporary reloc ments. If the relocation assis loes not entitle me/us to requ	clude, but are not limited to, the d monthly rent for apartment units; cation to another dwelling; and (vi) stance I/we receive is spent on items lest additional money for actual to obligation to reimburse for unverified
proper proper reloca	rty owner/representat rty during my/our relo	tive. I/We, understand ocation, I/we may be re	if I/we are deemed responsile esponsible for the cost associated	all policies set forth by the relocation ble for damages to the relocated iated with said damages. Any iate with damages determined my/our
4. By sig	ning this agreement,	I/We acknowledge th	e conditions of receiving relo	cation reimbursements and that
\$1,450) for federally-funded	projects or \$1,250 fo	r state-funded projects are th	ne maximum amounts of money to be
receiv	ed for temporary relo	cation expenses.		
Signa	ture of occupant of	home or rental unit	where lead hazard abatem	ent work is being carried out. If you
do no	t understand this ag	greement, do not sig	ın it.	
Occupa	nt Signature			
Occupa	int Name		Apartment/Unit #	Date
Co-Occ	upant Signature			
Co-Occ	upant Name			Date
	gning below, the CA owner(s) or renter(s		 ceipt of this document sign	ned by the above
	J	-,·		
CAA Re	epresentative Signature	,		Date

UNIT #

AMI for this tenant:	
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TENANT APPLICATION

Community Action A	gency (CAA):	Q	uestions sh	ould be directed to:			
Name		C	AA Rep Nam	ne:			
Address							
	CAA Rep Phone:						
		С	AA Rep Ema	il:			
INSTRUCTIONS: Ref	urn completed and signed	Application and Applicant	Information F	Form to the above-named C	4 A.		
Date		Project Type	☐ Sing	le-Family Rental	ılti-Family		
		I. PROPERTY II	NFORMAT	ION			
Address:		Apar	tment #				
		#Bed	lrooms:				
		Rent	Amount:				
	I	I. HOUSEHOLD	INFORMA	TION			
Tenant Name:		Co-T	enant Name:				
	First MI	Last	onant Hamo.	First MI	Last		
Tenant Age:		Co-T	enant Age:				
Telephone:							
Tatal mumah an in hausa	(in alredia arreas)	□ No dependent	abildran unde	er six years of age reside in	the home		
Total number in house	(including you)	La No dependent	criliaren una	er six years or age reside in	ine nome.		
Name(s) of	Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered MaineCar		
		Yes No	1		Yes	No	
		Yes No			Yes	No	
		Yes No			Yes	No	
		Yes No			Yes	No	
		<u>"</u>			165	INO	
				dependent, under six years			
of age spend at least t the home?	hree hours per day, on two	o separate days per week (at least 60 ho	ours or more per year) in	☐ Yes	□ No	
	children who received ser	vices been determined to h	ave lead noi	soning?	☐ Yes	□ No	
in yee, nave any er are		vices been determined to i	avo loda pol				
	III.	HOUSEHOLD INC	OME AND	ASSETS			
Occupants must provid				ASSETS for enrollment in the Progral	n.		
Tenant Employmen	de the employment informa				n.		
	de the employment informa nt:		e considered	for enrollment in the Progra	n.		
Tenant Employmer	de the employment informa nt:	ation requested below to be f yes, provide 2 years tax r	e considered	for enrollment in the Programing all Schedules.	m.		
Tenant Employmer Self-Employed:	de the employment informa nt:	ation requested below to be f yes, provide 2 years tax ro Em	e considered eturns, includ	for enrollment in the Programing all Schedules.	n.		

No. of Years

UNIT	#					

Co-Tenant Employm	ent:					
Self-Employed:	☐ Yes	□ No	If yes, provid	de 2 years tax returns	s, including all Schedules.	
Employer Name				Employe	er Telephone	
Employer Address				Position		
		Street, Cit	y, State, Zip	No. of Y	ears	
Head of Household	Employm	ent:				
Self-Employed:	☐ Yes	□ No	If yes, provid	de 2 years tax returns	s, including all Schedules.	
Employer Name				Employe	er Telephone	
Employer Address				Position		
		Street, Ci	ty, State, Zip	No. of Y	ears	
Occupants must provide	gross inco	me informa	ation and verifi	ication to be conside	red for enrollment in the Pro	ogram.
	GROSS AN	IOUNT		A TENANT	B CO-TENANT	C) Head of Household
a. Wages (gross			vment	ILIVANI	OO-ILIANI	Household
b. Additional Mo	- /	-				
1. Overtime	-			·		
2. Part-Time	e Employme	ent				
3. Pensions	;					
4. Veteran's	s Administra	ition Comp	ensation			
5. Net Rent	al Income					
6. Self Emp	loyment*					
7. Child Sup	oport					
	ssistance (T		GA)			
	curity Bene					
10. Unemplo	yment Com	pensation				
c. Other**						
d. Gross Month	-	-	3 & C)			
e. Total (Line D	Multiplied b	y 12)	_			
f. Gross House	ehold Incon	ne (Total e	e(A)+e(B)+e(C	;):		
*If self-employer, please ** Includes bonuses, div or investments.					Schedule C. nt, income from trusts, income	from business activities
		IV.	HOUS	EHOLD INCOME	AND ASSETS	
					id CORRECT and I ackn sponsibilities and informa	owledge the CAAs right to tion contained in the
I/We, acknowledge the Protect Your Family F						Agency pamphlet entitled
Signed by all Tenants	of the prop	erty				
					Date	
Signature of Tenant (Od	ccupant)					
Signature of Co-Tenant	(Co-Occupa	nt)			Date	

CAA Representative Signature

		Appli	cant Demographic Profile					
lender's compliance with equal encouraged to do so. The law p choose to furnish it. However, i	credit opportuni provides that a l f you choose no	ty and fa ender ma ot to furni	vernment for certain types of loans related to ir housing laws. You are not required to fur ay neither discriminate on the basis of this in sh the information, under federal regulation on or surname. If you do not wish to furnish	rnish this information, but are information, nor on whether you as the lender is required to note race or				
I do not wish to furnish this ir	nformation	□Ye	es □ No					
He	ad of Househo							
Sex of Head of Household	ale □ Femal	е	# of Household Members Race: White					
Elderly Single Parent with Children Two Parents with Children			Black/African American American Indian/Alaska Native Asian					
Other (specify)			Native Hawaiian/Other					
Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head of			Pacific Islander American Indian/Alaskan Native & White Asian & White					
Household	☐ Yes	□ No	Black/African American & White					
			Other Multi-Racial not worked full-time, full-years in the labor force f amily and is employed or under employed and is					
			Office Use Only					
The Gross Income as calculated pu	rsuant to this Ten	ant Applic	eation has been verified by the CAA to be:	\$				
Maximum Eligible Income for this To	enant/ is:	\$	Percentaç	ge of AMI:				

Date

CAA Representative Name

Prepared by MaineHousing page 51 of 104 Tenant Application Lead 01/01/2025

UNIT#	
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TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

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MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
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- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

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Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

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Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

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The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,
PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHHS
Agency (CAA):			(CAA Rep Name:		
				CAA Rep Title:		
Dood out Town				244 Dan Dhanai		
Project Type: ☐ Single-Family ☐ Multi-Family						
Applicant (Ow	ner):		Co-Appl	icant:		
Property:			Tenant:			
			Apt#:			
It is recommend in your home. child's primary	nded that all childre If your children hav health care provide cone of the followi	e not received a blooder or the local health of	ge have their bid test in the past department to a	lood lead level te et three (3) mont rrange for a test. your children:	A. sted prior to hazard contro hs, you should contact you months. Please identify	
Provider Nan	ne			Date of Tes	st	
☐ I hereby Grant Pr	authorize the provide				to the Lead Hazard Reduct	ion
	ren under six have sted at this time.	not had their blood le	ad levels tested	I in the past three	e (3) months and I agree to	o have
For Relig	gious purposes and	or personal reasons,	I choose not to	have my child (children's) tested for lead.	
		nformation. I/We unde rd Reduction Grant Pr		losure of this info	rmation is not required for	
Parent or Guardia	an Signature			Date		
Parent or Guardia	an Name					

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding: State Lead	I (Z267) Stat	te Lead (N261)	Federal Lea	ad Healthy Ho	mes Health	y Homes Produ	uction DHHS
Agency (CAA):				CAA Rep Name:			
				CAA Rep Title:			
Project Type: Single-F				CAA Rep Phone:			
Single-F	amily 🗖 Mult	ı-Famiiy		CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ton	ant:			
Troperty.							
			Apt	#:			
INSTRUCTIONS: Return co	ompleted and sig	gned Certificat	ion to the abov	re-named CAA.			
Date							
On your <i>Application</i> for fu age spends a "significant hours a day on two separa	amount of time ate days a wee	e" visiting yoเ ek and a tota	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ting is define	ed as, "three
Please fill in the table belo	ow, showing th	ne number of	hours per da	y a child under s	ix years old v	isits your ho	me:
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours var	ies from week	to week, ple	ase explain:				
By signing below, you are	certifying that	t this stateme	nt and inform	ation is true and	correct.		
Date:		Owner/O	ccupant Sigr	nature:			
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant	Signature:			
			er/Occupant l				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

oject F gency (unding: (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: AA Rep Title:	Healthy Homes Production	DHHS
	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: AA Rep Email:		
-	plicant (Own operty:	er):		Со-Ар	plicant:		
Co	ntractor:						
1.	relocation e referenced above-refer to verify ex such relocations Contractor	expenses associal Property. I/We use renced Communipenses incurred attion assistance, to prepare the Property in the Property of the Property in the Property	ated with lead paint understand that in out ity Action Agency ("Cas a result of tempo that I/we have a res	hazard abatementer to receive re CAA"), and/or other rery relocation. In ponsibility to cookerd abatement/re	nt work in our/my imbursement, we her documents who where also understant the Commediation work, in	telp cover the costs of temporal home located at the above must provide receipts to the nich may be required by the and that in the event I/we re AA and the above reference including moving furniture out the work.	e CAA, cceive
2.	following: (iv) laundry rental fees other than relocation	(i) moving expensive(v) extra gasolition other alternative(c) expenses(d) fixed to the control of the con	ses; (ii) hotel/motel one/transportation co tive housing arrange understand that this	costs; (iii) security sts due to the telements. If the releded not entitle released that the CA	y deposits and momporary relocation ocation assistance ne/us to request and is under no obl	e, but are not limited to, the conthly rent for apartment uning to another dwelling; and (vietel/we receive is spent on its additional money for actual ligation to reimburse for unverse.	/i) ems
3.	property ov property du	vner/representati Iring my/our reloc eimbursement I/v	ve. I/We, understand cation, I/we may be i	d if I/we are deer responsible for th	ned responsible for the cost associated	olicies set forth by the reloca or damages to the relocated d with said damages. Any with damages determined m	I
4.	By signing	this agreement,	I/We acknowledge t	he conditions of	eceiving relocation	on reimbursements and that	
	\$1,450 for	federally-funded	projects or \$1,250 fe	or state-funded p	rojects are the m	aximum amounts of money	to be
	received fo	r temporary reloc	cation expenses.				
	Signature	of occupant of	home or rental uni	t where lead ha	zard abatement v	work is being carried out.	If you
	do not uno	derstand this ag	reement, do not si	gn it.		_	-
	Occupant Sign			<u> </u>			
	Occupant Nar	me		 Apartme	nt/Unit #	Date	
	Co-Occupant	Signature					
	Co-Occupant	Name				Date	
		, balaw the CA	A acknowledges re				
				ceipi oi iilis do	cument signed I	by the above	
	homeown	g below, the CAA er(s) or renter(s ntative Signature		ceipi oi iilis do	cument signed l	by the above Date	

ι	JN	ΙT	#	
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Employer Address

AMI for this tenant:

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

TENANT APPLICATION

Community Action Agency (CAA):	Qı	uestions sh	ould be directed to:				
Name	CAA Rep Name:						
Address	CA	AA Rep Title	:				
	CA	AA Rep Pho	ne:				
	CA	AA Rep Ema	nil:				
INOTELIATIONO - Determ consulated and circuit							
INSTRUCTIONS: Return completed and signed A	Application and Applicant I	ntormation i	-orm to the above-named C	AA.			
Date	Project Type	☐ Sing	le-Family Rental	lulti-Family			
I.	PROPERTY IN	IFORMAT	TION				
Address:	Apart	ment #					
	#Bedi	rooms:					
	Rent A	Amount:					
II.	HOUSEHOLD I	NFORMA	TION				
	HOOOLHOLD						
Tenant Name: First MI L	Co-Te	enant Name	: First MI	Last			
			FIISL IVII	Lasi			
Telephone		enant Age:					
Telephone:	Telep	none.					
Total number in house (including you)	No dependent o	hildren und	er six years of age reside in	the home.			
	Full time student?		Blood Lead Levels	Covered I	οv		
Name(s) of Child (age 18 or younger)	Full time student:	Age	VEBL ug/dl	MaineCar			
	Yes No			Yes	No		
	Yes No			Yes	No		
	Yes No			Yes	No		
	Yes No			Yes	No		
Does your home serve as a child care location? No of age spend at least three hours per day, on two s							
the home?	separate days per week (a	it icast oo ii	ours or more per year, in	☐ Yes	☐ No		
If yes, have any of the children who received service	ces been determined to ha	ave lead poi	soning?	☐ Yes	□ No		
III.	HOUSEHOLD INCO	ME AND	ASSETS				
Occupants must provide the employment informati				am			
Tenant Employment:	on requested below to be	33113IdClGd	io. omomnom m mo i rogre				
	an manda O to	4a in al	lines all Cabadilla				
Self-Employed: ☐ Yes ☐ No If y	es, provide 2 years tax re/ Emi	<i>turns, includ</i> plover Teler	_				

Street, City, State, Zip

Position

No. of Years

UNIT	#_			

Co-Tena	ant Employn	nent:					
Self-Emp Employe	-	☐ Yes	□ No	If yes, pro	ovide 2 years tax returns, in Employer T		
Employe	r Address				Position		
					No. of Year	s	
Head of	Household	Employm	nent:				
Self-Emp	oloved:	☐ Yes	□ No	If ves. pro	ovide 2 years tax returns, in	cludina all Schedules.	
Employe	-			, , , ,	Employer T		
	r Address				Position	•	
					No. of Year	s	
Occupan	ts must provid	e gross inco	ome inform	ation and ve	erification to be considered	for enrollment in the Pr	ogram.
		GROSS AI	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gros			ovment	IENANI	CO-TENANT	nouselloid
b.	Additional M		=	oyinon.			
	Overtime	-					
	2. Part-Tim	ie Employm	ent				
	3. Pension						
	4. Veteran'	s Administr	ation Com	pensation			
	5. Net Ren	tal Income					
	6. Self Em	oloyment*					
	7. Child Su	pport					
	8. Public A	ssistance (TANF/WIC	/GA)	<u> </u>		
	9. Social S	ecurity Ben	efits				
	10. Unemplo	yment Con	npensatior	1			
C.	Other**						
d.	Gross Mont	hly Income	(Total A,	B & C)			
e.	Total (Line L	Multiplied	by 12)				
f.	Gross Hous	ehold Inco	me (Total	e(A)+e(B)+e	e(C):		
** Inclu	-employer, pleas udes bonuses, di estments.	e provide mo vidends, inte	ost recent 2 rest, royaltio	years of comp es, alimony, s	pleted tax returns including Scl ick pay, disability, retirement, i	nedule C. ncome from trusts, income	e from business activities
			IV	. HOU	ISEHOLD INCOME A	ND ASSETS	
verify. I					this form is TRUE and C f and agree to the respon		nowledge the CAAs right to ation contained in the
					of the United States Envi nnection with our apartm		Agency pamphlet entitled
Signed b	y all Tenants	of the prop	perty				
						Date	
Signat	ure of Tenant (C	occupant)					
						Date	
Signat	ure of Co-Tenan	t (Co-Occupa	ant)				

CAA Representative Signature

	Applic	cant Demographic Profile	
lender's compliance with equal c encouraged to do so. The law p choose to furnish it. However, if	redit opportunity and fai rovides that a lender ma you choose not to furni	rernment for certain types of loans related to fur housing laws. You are not required to fur ay neither discriminate on the basis of this is the information, under federal regulation or surname. If you do not wish to furnish	rnish this information, but are nformation, nor on whether you is the lender is required to note race or
I do not wish to furnish this in	formation ☐ Ye	s □No	
Hea	ad of Household (check	k all that apply)	
Sex of Head of Household	ıle □ Female □	# of Household Members Race: White	
Elderly Single Parent with Children Two Parents with Children	_ _ _	Black/African American American Indian/Alaska Native Asian	
Other (specify)		Native Hawaiian/Other	
Ethnicity: Hispanic or Latino Not Hispanic or Latino:		Pacific Islander American Indian/Alaskan Native & White Asian & White	
Physically Disabled Head of Household	☐ Yes ☐ No	Black/African American & White	
		Other Multi-Racial not worked full-time, full-years in the labor force to mily and is employed or under employed and is	
		Office Use Only	
The Gross Income as calculated pur	suant to this Tenant Applic	ation has been verified by the CAA to be:	\$
Maximum Eligible Income for this Te	nant/ is: \$	Percentaç	ge of AMI:

Date

CAA Representative Name

Prepared by MaineHousing page 58 of 104 Tenant Application Lead 01/01/2025

UNIT#	
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TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
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PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

oject Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHH
ency (CAA):				CAA Rep Name:		
				CAA Rep Title:		
Project Type:		Multi-Family		CAA Rep Phone:		
	3 ,	,		CAA Rep Email:		
Applicant (Own	er):		Со-Арр	olicant:		
Property:			Tenant	:		
			Apt#:			
INSTRUCTIONS	: Return completed	and signed Blood Test	ting Release to th	ne above-named CA	Α.	
Date						
Please check	one of the followi	er or the local health ng- the one which the standard their blood lead	best describes	s your children:	months. Please identify	
Provider Name	e			Date of Tes	t	
I hereby a		ler to release the res	sults of this (the	se) blood test (s) t	o the Lead Hazard Reduct	tion
	en under six have i ed at this time.	າ ot had their blood le	ead levels teste	ed in the past three	(3) months and I agree to	o have
For Religi	ous purposes and/	or personal reasons	, I choose not t	o have my child (o	children's) tested for lead.	
	arily disclose this in	formation. I/We unde		alaayya af thia imfa		
		d Reduction Grant P		ciosure of this into	rmation is not required for	

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

t Funding: State Lead (2	Z267) State	Lead (N261)	Federal Lead	Healthy Homes	Healthy	Homes Product	tion DHHS
Project Type: Single		Multi-Family		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ter	nant: #:			_
INSTRUCTIONS: Return	completed and	I signed Certificat	tion to the abov	/e-named CAA.			
Date		_					
Please fill in the table be	·	g the number of			ix years old v	isits your ho	me:
# of hours per day	Sunday	Wionday	Tuesday	vveunesuay	Thursday	Tiluay	Saturday
If the number of hours v	aries from we	eek to week, ple	ease explain:				
By signing below, you a	re certifying t				I correct.		
Date:			Occupant Sigr				
		Owner/C	Occupant Nan	ne:			
Date:		_ Co-Own	er/Occupant	Signature:			
		Co-Own	er/Occupant	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

ct Funding: cy (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead Healthy	Homes Healthy Homes Production
			CAA Rep Nam	e:
			CAA Rep Title	
Proje	ect Type: Single-Family	☐ Multi-Family	CAA Rep Phor	
			CAA Rep Ema	il:
Applicar Property	·		Co-Applicant:	
Contract	tor:			
reloo refe aboo to ve such Con	cation expenses associal renced Property. I/We use referenced Communitierify expenses incurred a harelocation assistance, that ractor to prepare the Presservance.	ated with lead paint had not inderstand that in order ty Action Agency ("Cas a result of tempor that I/we have a resproperty for lead haza	nazard abatement work in der to receive reimbursem CAA"), and/or other docum rary relocation. I/We also uponsibility to cooperate wit	nce to help cover the costs of temporar our/my home located at the above ent, we must provide receipts to the ents which may be required by the CA/understand that in the event I/we receive the CAA and the above referenced work, including moving furniture out of expedite the work
2. I/Wo follo (iv) rent othe relo	e, the undersigned, underwing: (i) moving expens laundry; (v) extra gasoling tal fees for other alternation than relocation, I/we upper than expenses. Further	erstand that reimburs ses; (ii) hotel/motel cone/transportation costive housing arrange anderstand that this coermore, I/We unders	sable relocation expenses osts; (iii) security deposits sts due to the temporary rements. If the relocation as does not entitle me/us to re	include, but are not limited to, the and monthly rent for apartment units; elocation to another dwelling; and (vi) ssistance I/we receive is spent on items equest additional money for actual r no obligation to reimburse for unverifi
prop prop relo	perty owner/representation of the comments of	ve. I/We, understand ation, I/we may be re	I if I/we are deemed respo esponsible for the cost ass	nd all policies set forth by the relocation nsible for damages to the relocated sociated with said damages. Any sociate with damages determined my/o
4. By s	signing this agreement, I	/We acknowledge th	ne conditions of receiving r	relocation reimbursements and that
\$1,4	150 for federally-funded	projects or \$1,250 fc	or state-funded projects are	e the maximum amounts of money to b
rece	eived for temporary reloc	ation expenses.		·
		•	where lead hazard abate	ement work is being carried out. If y
_	not understand this ag			
	upant Signature			
Осси	upant Name		 Apartment/Unit #	Date
Co-C	Occupant Signature		<u> </u>	
Co-C	Occupant Name			Date
By s			ceipt of this document s	igned by the above
By s	signing below, the CAA neowner(s) or renter(s) Representative Signature		ceipt of this document s	igned by the above

UNI	т#	

AMI	for	this	tenant:				

TENANT APPLICATION

Community Action Ag	ency (CAA)	:			Questions s	hould be directed to:		
Name					CAA Rep Nai	me:		
Address				_	CAA Rep Title	e:		
					CAA Rep Pho	one:		
					CAA Rep Em	ail:		
INSTRUCTIONS: Retu	rn completed	d and signe	d Application and A	pplica	ant Information	Form to the above-nam	ed CAA.	
Date			Projec	ct Ty	pe □ Sin	gle-Family Rental	☐ Multi-Family	
			I. PROPE	ERT)	/ INFORMA	TION		
Address:				A	partment #			
				#6	Bedrooms:			
				R	ent Amount:			
			II. HOUSE	HOL	D INFORMA	ATION		
Tenant Name:				C	o-Tenant Name			
	rst M	I	Last			First MI	Last	
Tenant Age:					o-Tenant Age:			
Telephone:				Te	elephone:			
Total number in house (including yo	u)	☐ No de	pende	ent children und	der six years of age resid	de in the home.	
		, <u> </u>					<u> </u>	
Name(s) of C	hild (age 18	or younger)	Full time stud	dent?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Yes	No		-	Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
					1		, , , , ,	
Does your home serve								
of age spend at least the the home?	ree hours pe	er day, on tv	vo separate days pe	er wee	ek (at least 60 h	nours or more per year)	ⁱⁿ □ Yes	☐ No
If yes, have any of the c	hildren who	received se	ervices been determ	ined 1	to have lead po	pisoning?	☐ Yes	□ No
		III.	HOUSEHOL	D IN	ICOME AND	ASSETS		
Occupants must provide	e the employ	ment inforn	nation requested be	low to	be considered	d for enrollment in the Pi	rogram.	
Tenant Employment	:							
Self-Employed:	☐ Yes	□ No	If yes, provide 2 ve	ars ta	x returns. inclu	iding all Schedules.		
Employer Name					Employer Tele	=		
Employer Address					Position			
		Street, City, S	State. Zip		No. of Years			

UNIT #	_				
Co-Tenant Employm	nent:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, C	If yes, provide 2 yea			
Head of Household	Employment:		140. 01 100		
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No	If yes, provide 2 yea			
Occupants must provide	e gross income inform	ation and verification to	be considere	d for enrollment in the Pro	gram.
a. Wages (gross b. Additional Mo 1. Overtime 2. Part-Tim 3. Pensions 4. Veteran's 5. Net Rent 6. Self Emp 7. Child Su 8. Public As 9. Social So 10. Unemplo c. Other** d. Gross Montl e. Total (Line D f. Gross House	e Employment s S Administration Completed Income ployment* pport ssistance (TANF/WIC ecurity Benefits pyment Compensation hly Income (Total A, 1) Multiplied by 12) ehold Income (Total e provide most recent 2	pensation /GA) B & C) e(A)+e(B)+e(C): years of completed tax ref		B CO-TENANT	C) Head of Household
		rovided on this form	is TRUE and	AND ASSETS CORRECT and I acknown and informations and informations.	owledge the CAAs right to tion contained in the
I/We, acknowledge the Protect Your Family F					Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White

Black/African American & White

Asian & White

	Office L	lse Only	
The Gross Income as calculated pursuant to this Tena	ant Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

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- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
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- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
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4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,
PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

t Funding:	State Lead (Z267)	State Lead (N261)		Healthy Homes	Healthy Homes Production	DHF
cy (CAA):	-			CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family				
				CAA Rep Email		
Applicant (Owr	ner):		Co-A	pplicant:		
Property:			Tena	nt:		
			Apt#			
INSTRUCTIONS	S: Return complete	ed and signed Blood Te	esting Release to	the above-named C	AA.	
Date		3	3			
Date						
It is recommer	nded that all childr	ren under six vears o	of age have thei	r blood lead level t	ested prior to hazard contro	ıl work
					iths , you should contact yo	
in your nome.				o arrange for a tes	t	
	health care provi	ider or the local heal	th department t	o arrange for a tes	ι.	
child's primary	health care provi		·	-	ι.	
child's primary	health care provi	ider or the local heal wing- the one whic	·	-	t.	
child's primary	health care provi		·	-	t.	
child's primary Please check	one of the follow	wing- the one whic	h best describ	es your children:	3) months. Please identify	
child's primary Please check	one of the followen under six have	wing- the one which	h best describe	es your children: in the past three (3) months . Please identify	
child's primary Please check My childr Provider Nam	health care provi	wing- the one which	h best describe	es your children: in the past three (3	3) months. Please identify	A1
Please check My childr Provider Nam	nealth care provi	wing- the one which	h best describe	es your children: in the past three (3	3) months . Please identify	tion
child's primary Please check My childr Provider Nam	nealth care provi	wing- the one which	h best describe	es your children: in the past three (3	3) months. Please identify	tion
Please check My childr Provider Nam I hereby Grant Pro My childr	one of the follower on and the follower of the follower of the follower on the follower of the province of the province of the province of the follower of the follower of the follower of the province of the follower of the	wing- the one which e had their blood lea vider to release the r	th best described described development to the described	es your children: in the past three (3 Date of To	3) months. Please identify	
Please check My childr Provider Nam I hereby Grant Pro My childr	health care provi	wing- the one which e had their blood lea vider to release the r	th best described described development to the described	es your children: in the past three (3 Date of To	3) months. Please identify est to the Lead Hazard Reduc	
Please check My childr Provider Nam I hereby Grant Pro My childr them tes	one of the follower one of the follower on under six have authorize the proving am. The under six have ted at this time.	wing- the one which e had their blood lead vider to release the re e not had their blood	d levels tested esults of this (the	es your children: in the past three (3 Date of Tonese) blood test (s)	3) months. Please identify est) to the Lead Hazard Reducted ee (3) months and I agree to	
Please check My childr Provider Nam I hereby Grant Pro My childr them tes	one of the follower one of the follower on under six have authorize the proving am. The under six have ted at this time.	wing- the one which e had their blood lead vider to release the re e not had their blood	d levels tested esults of this (the	es your children: in the past three (3 Date of Tonese) blood test (s)	3) months. Please identify est to the Lead Hazard Reduc	
Child's primary Please check My childre Provider Nam I hereby Grant Pro My childre them tes For Relig	en under six have begram. en under six have begram. en under six have begram. en under six have bed at this time.	wing- the one which e had their blood lea vider to release the r e not had their blood	th best described development described development described described described development development described	in the past three (3 Date of Tonese) blood test (5) sted in the past three t to have my child	3) months. Please identify est to the Lead Hazard Reduce ee (3) months and I agree to (children's) tested for lead.	o have
Child's primary Please check My childre Provider Nam I hereby Grant Pro My childre them tes I for Relige I/We volunt	one of the follower en under six have be authorize the provogram. Then under six have be authorize the provogram. Then under six have ted at this time. This is a six have the provogram arily disclose this	wing- the one which e had their blood lea vider to release the r e not had their blood nd/or personal reason information. I/We ur	th best described development that described d	in the past three (3 Date of Tonese) blood test (5) sted in the past three t to have my child	3) months. Please identify est) to the Lead Hazard Reducted ee (3) months and I agree to	o have
Child's primary Please check My childre Provider Nam I hereby Grant Pro My childre them tes I for Relige I/We volunt	one of the follower en under six have be authorize the provogram. Then under six have be authorize the provogram. Then under six have ted at this time. This is a six have the provogram arily disclose this	wing- the one which e had their blood lea vider to release the r e not had their blood	th best described development that described d	in the past three (3 Date of Tonese) blood test (5) sted in the past three t to have my child	3) months. Please identify est to the Lead Hazard Reduce ee (3) months and I agree to (children's) tested for lead.	o have
Child's primary Please check My childr Provider Nam I hereby Grant Pro My childr them tes I for Relig	one of the follower authorize the province authorize the province under six have ted at this time. The arily disclose this in the Lead Haz	wing- the one which e had their blood lea vider to release the r e not had their blood nd/or personal reason information. I/We ur	th best described development that described d	in the past three (3 Date of Tonese) blood test (5) sted in the past three t to have my child	3) months. Please identify est to the Lead Hazard Reductee (3) months and I agree to (children's) tested for lead.	o have

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

t Funding:	State Lead (Z267) State Le	ead (N261)	Federal Lead	Healthy Home	s Healthy I	Homes Product	ion DHHS
ey (CAA): Project Typ	e: ☐ Single-Fam		i-Family	.	CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Ov	vner):			Co	-Applicant:			
Property:				Ter	nant: #:			
INSTRUCTIO	NS: Return com	pleted and siç	gned Certifica	ation to the abo	/e-named CAA.			
Date								
·	on two separate			f hours per da	y a child under s	six years old v	risits your ho	me:
# of hours pe	er dav				,		, ,	,
If the numbe	r of hours varie:	s from week	to week, pl	ease explain:				
, ,	elow, you are co	ertifying that			nation is true and	l correct.		
Date:				Occupant Sigi				
			Owner/0	Occupant Nar	iie			
Date:			Co-Owr	ner/Occupant	Signature:			
			Co-Owr	ner/Occupant	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	(CAA):			CAA Rep Name:	
				CAA Rep Title:	
	Project Types			CAA Rep Phone:	
	Project Type:	☐ Single-Family	☐ Multi-Family	CAA Rep Email:	
-	plicant (Own operty:	er):		Co-Applicant:	
Со	ntractor:				
1.	relocation e referenced above-refer to verify ex such relocation	expenses associated Property. I/We renced Commun penses incurred attion assistance, to prepare the P	ated with lead paint ha understand that in orde ity Action Agency ("CA as a result of temporal that I/we have a resporoperty for lead hazard	receive financial assistance to he zard abatement work in our/my er to receive reimbursement, we A"), and/or other documents why relocation. I/We also undersinsibility to cooperate with the Callabatement/remediation work, ing other belongings to expedit	home located at the above must provide receipts to the hich may be required by the CA tand that in the event I/we rece CAA and the above referenced including moving furniture out of
2.	following: (iv) laundry rental fees other than relocation	(i) moving expen y; (v) extra gasoli for other alterna relocation, I/we usexpenses. Furth	ses; (ii) hotel/motel cost ine/transportation costs tive housing arrangem understand that this do termore, I/We understa	ble relocation expenses include sts; (iii) security deposits and mest due to the temporary relocation ents. If the relocation assistances not entitle me/us to request and that the CAA is under no obwith temporary relocation.	onthly rent for apartment units; on to another dwelling; and (vi) ce I/we receive is spent on item additional money for actual
3.	property ov property du	vner/representati Iring my/our reloce eimbursement I/	ive. I/We, understand it cation, I/we may be res	quired to abide by any and all p f I/we are deemed responsible to sponsible for the cost associate fset to cover the cost associate	for damages to the relocated d with said damages. Any
4.	By signing	this agreement,	I/We acknowledge the	conditions of receiving relocati	on reimbursements and that
	\$1,450 for	federally-funded	projects or \$1,250 for	state-funded projects are the m	naximum amounts of money to
		•	cation expenses.	. ,	·
			•	where lead hazard abatement	work is being carried out. If
	_	-	greement, do not sigr		mone to boning carriou can in
	ao not lina	orotana tino ag	roomone, ao not oigi	<u></u>	
	Occupant Sign	nature			
				 Apartment/Unit #	Date
	Occupant Signoccupant Nar	me		Apartment/Unit #	Date
	Occupant Sign	me		Apartment/Unit #	Date
	Occupant Signoccupant Nar	ne Signature		Apartment/Unit #	Date
	Occupant Signory Occupant Nan Co-Occupant Co-Occupant By signing	Signature Name		Apartment/Unit #	Date
	Occupant Signary Occupant Narr Co-Occupant Co-Occupant By signing homeown	ne Signature Name			Date

UNI	т#	

AMI for this tenant:

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

TENANT APPLICATION

Community Action Ag	jency (CAA):	Questions should be directed to:							
Name		CAA Rep Name:							
Address		CAA Rep Title:							
		CAA Rep Phone:							
		(CAA Rep Ema	nil:					
INSTRUCTIONS: Retu	ırn completed and signed A	Application and Applican	t Information I	Form to the above-named (CAA.				
Date		Project Type	e ☐ Sing	le-Family Rental 🔲 N	/ulti-Family				
	I.	PROPERTY	NFORMAT	TON					
Address:		Apartment #							
		#Be	#Bedrooms:						
		Rer	t Amount:						
	II.	HOUSEHOLD	INFORMA	TION					
Tenant Name:	irst MI L	Co- _ast	Tenant Name	: First MI	Last				
Tenant Age:		Co-	Tenant Age:						
Telephone:			ephone:						
Total number in house	(including you)	🛮 No dependen	t children und	er six years of age reside ir	n the home.				
	·								
Name(s) of C	Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered b				
Name(s) of C	Child (age 18 or younger)	Full time student? Yes No	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare				
Name(s) of C	Child (age 18 or younger)		Age		MaineCare	?			
Name(s) of C	Child (age 18 or younger)	Yes No	Age		MaineCare Yes	? No			
Name(s) of C	Child (age 18 or younger)	Yes No Yes No	Age		MaineCare Yes Yes	No No			
Does your home serve of age spend at least th the home?		Yes No Yes No Yes No Yes No Yes No Meaning, does a child off separate days per week	ner than your o	VEBL ug/dl dependent, under six years ours or more per year) in	MaineCare Yes Yes Yes Yes	No No No			
Does your home serve of age spend at least th the home?	as a child care location? In the location in t	Yes No Yes No Yes No Yes No Yes No Meaning, does a child oth separate days per week ices been determined to	ner than your o (at least 60 ho	dependent, under six years ours or more per year) in soning?	Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least th the home?	as a child care location? Nuree hours per day, on two	Yes No Yes No Yes No Yes No Yes No Meaning, does a child off separate days per week	ner than your o (at least 60 ho	dependent, under six years ours or more per year) in soning?	Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least th the home? If yes, have any of the o	as a child care location? In the location of t	Yes No Yes No Yes No Yes No Yes No Meaning, does a child oth separate days per week ices been determined to	ner than your of (at least 60 ho	dependent, under six years ours or more per year) in soning?	Yes Yes Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least th the home? If yes, have any of the o	as a child care location? In the location is as a child care location? In the location is as a children who received serving the location is as a children who received serving the location is as a children who received serving the location is as a child care location? In the location is as a child care location? In the location is as a child care location? In the location?	Yes No Yes No Yes No Yes No Yes No Meaning, does a child oth separate days per week ices been determined to	ner than your of (at least 60 ho	dependent, under six years ours or more per year) in soning?	Yes Yes Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least th the home? If yes, have any of the control of the	as a child care location? In the control of the children who received serving the control of the	Yes No Yes No Yes No Yes No Yes No Meaning, does a child oth separate days per week ices been determined to	ner than your of (at least 60 hours lead points) COME AND the considered	dependent, under six years ours or more per year) in soning? ASSETS for enrollment in the Progra	Yes Yes Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least the the home? If yes, have any of the control of the	as a child care location? In the control of the children who received serving the control of the	Yes No Yes No Yes No Yes No Yes No Meaning, does a child off separate days per week ices been determined to HOUSEHOLD INC tion requested below to be yes, provide 2 years tax	ner than your of (at least 60 hours lead points) COME AND the considered	dependent, under six years ours or more per year) in soning? ASSETS for enrollment in the Prograting all Schedules.	Yes Yes Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve of age spend at least the the home? If yes, have any of the control of the	as a child care location? In the control of the children who received serving the control of the	Yes No Yes No Yes No Yes No Yes No Meaning, does a child off separate days per week ices been determined to HOUSEHOLD INC tion requested below to be a separate to the separate days per week ices been determined to the separate days per week ices below to the separate	ner than your of (at least 60 ho) have lead points COME AND the considered areturns, include the co	dependent, under six years ours or more per year) in soning? ASSETS for enrollment in the Prograting all Schedules.	Yes Yes Yes Yes Yes Yes Yes	No No No No No No			

UNIT	#	_						
Co-Ten	ant Employm	nent:						
Co-Tenant Employm Self-Employed: Employer Name Employer Address		☐ Yes	□ No	If yes, pro	-	ars tax returns, including all Schedules. Employer Telephone		
						Position		
			Street, C	ity, State, Zip	No. of Y	ears		
Head o	f Household	Employn	nent:					
Self-Em	Self-Employed:		□ No	If yes, pro	vide 2 years tax returns	s, including all Schedules.		
Employe	Employer Name				Employe	er Telephone		
Employe	Employer Address		Street Ci	ty, State, Zip		Position		
			Street, Cr	ly, State, Zip	No. of Y	ears		
Оссира	nts must provide	e gross inc	ome inform	ation and ve	rification to be consider	red for enrollment in the Pro	ogram.	
					Α	В	C) Head of	
		GROSS A	MOUNT		TENANT	CO-TENANT	Household	
a.	Wages (gros	s monthly)	from Emplo	oyment				
b.	Additional Mo	onthly Inco	me From:	-				
	 Overtime 	€		-				
	2. Part-Tim	e Employn	nent	-				
	Pensions	S		-				
	4. Veteran'	s Administ	ration Com	pensation				
	Net Rental Income							
	6. Self Emp	oloyment*		=				
	Child Su	pport		=				
	Public Assistance (TANF/WIC/GA)							
	9. Social S	ecurity Ber	efits	-				
	10. Unemplo	yment Cor	mpensation	_				
c.	Other**			-				
d.	Gross Mont	hly Income	e (Total A, I	B & C)				
e.	Total (Line D	Multiplied	by 12)	-				
f.	Gross Hous	ehold Inco	me (Total	e(A)+e(B)+e	(C):			
** Incl	f-employer, pleas ludes bonuses, di estments.	e provide movidents	ost recent 2 gerest, royaltic	years of comp es, alimony, sid	leted tax returns including ck pay, disability, retireme	Schedule C. nt, income from trusts, income	from business activities	
			IV.	ПОП	SEHOLD INCOME	AND ASSETS		
			IV.	. поо	SERULD INCUME	MIN WOOE 19		
verify.						d CORRECT and I ackn ponsibilities and informa	owledge the CAAs right to tion contained in the	
					of the United States E Innection with our apa		Agency pamphlet entitled	
Signed	by all Tenants	of the pro	perty					
						Date		

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify)

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

	Office U	se Only		
The Gross Income as calculated pursuant to this Te	enant Application has been	verified by the CAA to be:	\$	
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of A	ercentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name		

Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

TENANT INFORMATION

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6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,
PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DH
icy (CAA):	_			CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family				
				CAA Rep Email		
Applicant (Own	er):		Со-Ар	plicant:		
Property:			Tenan	t:		
			Apt#:			
INSTRUCTIONS	3: Return complete	ed and signed Blood Te	sting Release to t	the above-named CA	Α.	
Date		J	U			
It is recommen	ded that all childr	en under siv vears o	age have their	blood lead level te	sted prior to hazard contro	l woı
					hs , you should contact you	
		der or the local healt				
Please check	one of the follow	wing- the one which	best describe	s your children:		
Please check	one of the follow	wing- the one which	best describe	s your children:		
_		-			months. Please identify	
_	en under six hav e	-	l levels tested ir	n the past three (3)	·	
My childre	en under six hav e	e had their blood lead	I levels tested in	n the past three (3) Date of Tes	st	tion
My childre	en under six have e authorize the prov	e had their blood lead	I levels tested in	n the past three (3) Date of Tes	·	tion
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☐ My childred Provider Nam ☐ I hereby a Grant Pro	en under six have e authorize the provogram. en under six have	e had their blood lead	I levels tested in	Date of Tesese) blood test (s)	st	
☐ My childred Provider Nam ☐ I hereby a Grant Pro	en under six have e authorize the provogram.	e had their blood lead	I levels tested in	Date of Tesese) blood test (s)	st to the Lead Hazard Reduc	
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CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

roject Funding:	State Lead (Z267)	State L	_ead (N261)	Federal Le	ad Healthy Hon	nes Healthy	Homes Produc	ction DHH
gency (CAA):						CAA Rep Name:			
						CAA Rep Title:			
Project Type:	☐ Single-Fa	amily	☐ Multi-F	amily		CAA Rep Phone:			
	· ·	•		·		CAA Rep Email:			
Applicant (Own	er):				Co	o-Applicant:			
Property:					Te	nant:			
						ot#:			
INSTRUCTIONS	: Return co	mnleted	and sign	ned Certificat	ion to the abo	ove-named CAA.			
Date		mpiotod		iou corumout		vo named 6/v.			
On your Applic	ation for fur	nding th	rough N	/laineHousii	ng's Lead P	ograms, you indi	cate that a ch	ild under six	years of
age spends a "	significant a	amount	of time'	" visiting yoเ	ur home. A '	significant amour			
hours a day on	two separa	ate days	s a weel	k and a tota	l of 60 hours	s per year."			
Please fill in the	e table belo	w, shov	wing the	number of	hours per d	ay a child under s	six years old v	isits your ho	me:
		Sur	nday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of bours non	da.,		y		1	11001100000		111000	
# of hours per	uay								
If the number of	f houro vori	ioo from	a wook t	o wook nie	ooo oynlain				
	i ilouis vaii	163 11011	I WEEK I	o week, pie	ase explain	•			
By signing belo	w, you are	certifyii	ng that t	this stateme	ent and infor	mation is true and	d correct.		
Date:				Owner/C	occupant Sig	ınature:			
					ccupant Na	-			
				Owner/C	ocupant Na	<u> </u>			
Date:				Co-Own	er/Occupant	Signature:			
					·				
				Co-Own	er/Occupant	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

-	t Funding: cy (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: AA Rep Title:	Healthy Homes Production	DHHS
	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: AA Rep Email:		
	pplicant (Own	er):		Co-A	pplicant:		
''	roperty.						
C	ontractor:						
1	relocation of referenced above-referenced to verify ex such relocations.	expenses associal Property. I/We use renced Commun penses incurred ation assistance, to prepare the Presses association assistance.	ated with lead paint hunderstand that in or ity Action Agency ("Cas a result of temporthat I/we have a res	nazard abatemeder to receive recAA"), and/or otrary relocation. ponsibility to courd abatement/re	nt work in our/my leimbursement, we her documents whal/We also understapperate with the C/emediation work, ir	elp cover the costs of tempor home located at the above must provide receipts to the ich may be required by the and that in the event I/we re AA and the above reference including moving furniture out the work.	e CAA, ceive
2	following: (iv) laundry rental fees other than relocation	(i) moving expensive; (v) extra gasolice for other alternative relocation, I/we capenses. Furth	ses; (ii) hotel/motel one/transportation costive housing arrange understand that this	costs; (iii) securing sts due to the teaments. If the reduces not entitle stand that the Co	y deposits and mo imporary relocation location assistance me/us to request a AA is under no obli	, but are not limited to, the onthly rent for apartment uning to another dwelling; and (vertice l/we receive is spent on it additional money for actual igation to reimburse for unv	/i) ems
3	property ov property du	vner/representati uring my/our reloc reimbursement I/v	ve. I/We, understand cation, I/we may be r	d if I/we are dee esponsible for t	med responsible for the cost associated	licies set forth by the relocator damages to the relocated with said damages. Any with damages determined n	I
4	. By signing	this agreement,	I/We acknowledge th	ne conditions of	receiving relocation	n reimbursements and that	
	\$1,450 for	federally-funded	projects or \$1,250 fo	or state-funded	projects are the ma	aximum amounts of money	to be
	received fo	r temporary reloc	cation expenses.				
	Signature	of occupant of	home or rental unit	t where lead ha	zard abatement v	vork is being carried out.	If you
	do not uno	derstand this ag	reement, do not si	gn it.			
	Occupant Sig	nature					
	Occupant Na	me		Apartme	ent/Unit #	Date	
	Co-Occupant	Signature					
	Co-Occupant	Name				Date	
		g below, the CA er(s) or renter(s	A acknowledges re	ceipt of this do	ocument signed b	y the above	
		entative Signature	<i>,</i> -			Date	
	CAA Represe	antativa Names					
	OAA Neprese	inalive Name					

#	ΙT	IN	
並		11	

AMI for this te	nant:
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TENANT APPLICATION

Community Action Ag	ency (CAA)	:		Questions sho	ould be directed to:	
Name				CAA Rep Nam	e:	
Address				CAA Rep Title:	<u></u>	
				CAA Rep Phor	ne:	
				CAA Rep Ema	il:	
INOTELIATIONS Debu		d d -:	-l Alitil Ali-		t- tll	O A A
INSTRUCTIONS: Retu	rn completed	a and signe	d Application and Applic	ant information F	orm to the above-named	CAA.
Date			Project Ty	rpe ☐ Singl	e-Family Rental 🔲	Multi-Family
			I. PROPERT	Y INFORMAT	ION	
Address:				partment #		
			#	Bedrooms:		
			F	Rent Amount:		
			II. HOUSEHOL	D INFORMA	ΓΙΟΝ	
Tenant Name:			C	o-Tenant Name:		
Fi	rst M	I	Last		First MI	Last
Tenant Age:			C	o-Tenant Age:		
Telephone:			Т	elephone:		
Total number in house (including yo	u)	□ No depend	ent children unde	r six years of age reside	in the home.
Name(s) of C	hild (age 18	or younger)	Full time student?	Age	Blood Lead Levels	Covered by
Name(s) of C	hild (age 18	or younger)	Full time student? Yes N		Blood Lead Levels VEBL ug/dl	Covered by MaineCare?
Name(s) of C	hild (age 18	or younger)		0		
Name(s) of C	hild (age 18	or younger)	Yes N	0		
Name(s) of C	hild (age 18	or younger)	Yes N Yes N Yes N	0 0		
Name(s) of C	hild (age 18	or younger)	Yes N Yes N Yes N	0 0		
Does your home serve a	as a child ca	re location?	Yes N	o o o o o o o o o o o o o o o o o o o	VEBL ug/dl	MaineCare?
Does your home serve a of age spend at least thi	as a child ca	re location?	Yes N	o o o o o o o o o o o o o o o o o o o	VEBL ug/dl	MaineCare?
Does your home serve a of age spend at least the the home?	as a child ca ree hours pe	re location? er day, on tw	Yes N	o o o o o o o o o o o o o o o o o o o	venture of the ventur	MaineCare?
Does your home serve a of age spend at least thi	as a child ca ree hours pe	re location? er day, on tw	Yes N	o o o o o o o o o o o o o o o o o o o	venture of the ventur	MaineCare?
Does your home serve a of age spend at least the the home?	as a child ca ree hours pe	re location? er day, on tw received se	Yes N	o o o o o o o o o o o o o o o o o o o	ependent, under six year urs or more per year) in coning?	MaineCare?
Does your home serve a of age spend at least the the home? If yes, have any of the continuous cont	as a child ca ree hours pe hildren who	re location? r day, on tw received se	Yes N	o o o o o o o o o o o o o o o o o o o	ependent, under six year urs or more per year) in coning?	MaineCare?
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Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	as a child ca ree hours pe children who	re location? er day, on tw received se III. ement inform	Yes N	o o o o o o o o o o o o o o o o o o o	ependent, under six year urs or more per year) in coning? ASSETS for enrollment in the Program all Schedules.	MaineCare?
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	as a child ca ree hours pe children who e the employ	re location? er day, on tw received se III. ement inform	Yes N	other than your dek (at least 60 hoto to have lead pois	ependent, under six year urs or more per year) in coning? ASSETS for enrollment in the Program all Schedules.	MaineCare?

Self-Employer Self-Employer Name		nant Employm	ent: □ Yes	□ No	If was prov	vida 2 vaars tav return	s including all Schedules	
Position No. of Years Position No. of Years Position No. of Years Position No. of Years Position Position Position Position Position No. of Years Position Position No. of Years Position No. of Years Position No. of Years Position Posit		-			ii yes, prot	-	_	
Head of Household Employment: Self-Employer Yes	Employe	er Address		04::4 0	. Otata 71:			
Self-Employer Name				Street, Ci	ity, State, Zip	No. of Y	ears	
Employer Name Employer Address Street, City, State, Zip Street, City, State, Zip Street, City, State, Zip Street, City, State, Zip Street Corenant In the Program. A B C) Household Household Street Corenant Street Corenant Street City, State, Zip Street Corenant Street Corenant Street Corenant Street Corenant Street City, State, Zip Street Corenant Str	Head o	f Household	Employn	nent:				
Employer Address Street. City, State, Zip No. of Years Cocupants must provide gross income information and verification to be considered for enrollment in the Program. A B C) Head of Household 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. **If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. **If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. **If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. **If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. **If self-employer, please provide most recent 2 years of completed tax returns including Schedule 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. IV. HOUSEHOLD INCOME AND ASSETS Lecrify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righternal Information. IV. HOUSEHOLD INCOME Environmental Protection Agency pamphlet entities. IV. We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entit		-	☐ Yes	☐ No	If yes, prov	-		
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GROSS AMOUNT TENANT CO-TENANT CO	. ,			Street, Ci	ty, State, Zip	No. of Y	ears	
GROSS AMOUNT TENANT CO-TENANT		nto must provide	araaa ina	ama infarm	otion and vo	vification to be conside	rad for annullment in the Dr	a ara m
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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. IV. HOUSEHOLD INCOME AND ASSETS certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs righterify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the inemant Information. We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entited.				ration Com _l	pensation _			
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	erify.	I further certify						
								Agency pamphlet entitle
	igned	by all Tenants	of the pro	perty				

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Black/African American Elderly Single Parent with Children American Indian/Alaska Native

Asian

☐ Yes Black/African American & White □ No Household Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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. Office Use Only The Gross Income as calculated pursuant to this Tenant Application has been verified by the CAA to be: \$ Maximum Eligible Income for this Tenant/ is: Percentage of AMI:

Date

Native Hawaiian/Other

American Indian/Alaskan Native & White

CAA Representative Name

Pacific Islander

Asian & White

Two Parents with Children

Not Hispanic or Latino:

Physically Disabled Head of

CAA Representative Signature

Other

(specify) Ethnicity:

Hispanic or Latino

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

t Funding:	tate Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHH
cy (CAA):				CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:		
	3 ,	,		CAA Rep Email		
Applicant (Owr	ier):		Co-A	pplicant:		
Property:			Tena	nt:		
			Apt#:			
Date	3: Return complet	ed and signed Blood	Testing Release to	the above-named C	AA.	
	lf your children h	ave not received a				uı
in your home. child's primary Please check	If your children h health care prov	vider or the local hea	alth department t	o arrange for a tes		ui
in your home. child's primary Please check	If your children h health care prov one of the follo en under six hav	vider or the local hea	alth department to	o arrange for a teses your children: in the past three (3)	t. 3) months. Please identify	ui
in your home. child's primary Please check My childr Provider Name	If your children h health care provone of the followen under six have authorize the pro	vider or the local hear wwing- the one whi	alth department to	o arrange for a teses your children: in the past three (3	t. 3) months. Please identify	
in your home. child's primary Please check My childr Provider Nam I hereby Grant Pro My childr	If your children health care proven the following one of the following en under six have equathorize the propagram.	wing- the local head wing- the one which wing- the one which we had their blood leads the ovider to release the	alth department to ch best describe ead levels tested results of this (th	o arrange for a test es your children: in the past three (3 Date of Tentese) blood test (s)	t. 3) months. Please identify est	tion
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in your home. child's primary Please check My childre Provider Nam I hereby Grant Pro My childre them test	one of the followen under six have authorize the propagram. en under six have authorize the propagram. en under six have authorize the propagram. ious purposes are arily disclose this	wing- the one which we had their blood less ovider to release the red or personal reasonal re	ch best described and levels tested and levels tested are results of this (the cod lead levels tested and levels tested	o arrange for a teses your children: in the past three (3 Date of Tenese) blood test (s) sted in the past three t to have my child	t. 3) months. Please identify est) to the Lead Hazard Reduce ee (3) months and I agree to	etion to have

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

ct Funding: State cy (CAA):	Lead (Z267)	State Lea	ad (N261)	Federal Lead	Healthy Homes	_S Healthy	Homes Produc	tion DH
((((((((((CAA Rep Name: CAA Rep Title:			
Project Type:	Single-Family	☐ Multi-	-Family		CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):				Co-	Applicant:			
Property:				Ter	ant: #:			
INSTRUCTIONS: F	Return comple	eted and sig	ned Certifica	ation to the abov	re-named CAA.			
Date								
hours a day on two	·	•				ix years old v	isits your hor	ne:
	:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
# of hours per day								
If the number of ho	ours varies f	rom week	to week, ple	ease explain:				
By signing below, Date:	you are cer	ifying that		ent and inforn Occupant Sigr		I correct.		
				Occupant Nan				
Date:			Co-Own	ner/Occupant	Signature:			
			0- 0	ner/Occupant	Mama.			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

et Funding: cy (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes CAA Rep Name: CAA Rep Title:	Healthy Homes Production	DH					
Project T	ype: Single-Family	☐ Multi-Family		CAA Rep Phone: CAA Rep Email:							
Applicant (• -			Applicant:							
Contractor	:										
relocat referer above- to verif such re Contra	ion expenses associ nced Property. I/We referenced Commun y expenses incurred elocation assistance,	ated with lead paint understand that in o ity Action Agency (as a result of temp that I/we have a re roperty for lead haz	t hazard abatem order to receive "CAA"), and/or or orary relocation sponsibility to co card abatement/	ent work in our/my reimbursement, we other documents when I/We also understoperate with the Cremediation work, it	nelp cover the costs of tempor home located at the above e must provide receipts to the hich may be required by the tand that in the event I/we re EAA and the above reference including moving furniture out the work.	E CAA ceiv					
2. I/We, to following (iv) lauder to their to relocate	the undersigned, unding: (i) moving expenindry; (v) extra gasol fees for other alternathan relocation, I/we	lerstand that reimbuses; (ii) hotel/motel ine/transportation cutive housing arrangunderstand that this nermore, I/We unde	ursable relocation costs; (iii) secund osts due to the gements. If the stand that the firstand that the firstand that the firstand that the firstand that the first and the first an	n expenses include rity deposits and matemporary relocation relocation assistance me/us to request CAA is under no ob	e, but are not limited to, the onthly rent for apartment union to another dwelling; and (voe I/we receive is spent on it additional money for actual digation to reimburse for unv	/i) ems					
proper proper relocat	ty owner/representat ty during my/our relo	ive. I/We, understar cation, I/we may be	nd if I/we are de responsible for	emed responsible f the cost associated	olicies set forth by the relocator damages to the relocated with said damages. Any with damages determined n						
4. By sig	ning this agreement,	I/We acknowledge	the conditions of	of receiving relocation	on reimbursements and that						
\$1,450	for federally-funded	projects or \$1,250	for state-funded	I projects are the m	naximum amounts of money	to b					
receive	ed for temporary relo	cation expenses.									
Signa	Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If yo										
•	: understand this ag				J	If yo					
do not		,	- -			If yo					
-	nt Signature					If yo					
-	•		 Apartr	nent/Unit #	 Date	If yo					
Occupar	•		Apartr	nent/Unit #	Date	If yo					
Occupar Occupar	nt Name		Apartr	nent/Unit #	Date	If yo					
Occupan Co-Occu Co-Occu	upant Signature upant Name upant Name				Date	If yo					
Occupan Co-Occu Co-Occu By sighomeo	upant Signature				Date	If ye					

UNIT#				
	I I N I I '	T 4		

AMI for this tenant:_____

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

TENANT APPLICATION

Community Action Ag	gency (CAA	.) :		C	uestions sho	uld be directed to:		
Name				_ c	AA Rep Name	:		
Address				_ c	AA Rep Title:			
				C	AA Rep Phon	e:		
Address CAA Rep Title: CAA Rep Phone: CAA Rep Phone: CAA Rep Phone: CAA Rep Phone: CAA Rep Email: INSTRUCTIONS: Return completed and signed Application and Applicant Information Form to the above-named CAA. Date Project Type Single-Family Rental Multi-Family I. PROPERTY INFORMATION Address: Apartment # #Bedrooms: Rent Amount: II. HOUSEHOLD INFORMATION Tenant Name: Co-Tenant Name: First MI Last Tenant Age: Co-Tenant Age: First MI Last Telephone: Telephone: Telephone: Total number in house (including you) No dependent children under six years of age reside in the home. Name(s) of Child (age 18 or younger) Full time student? Age Blood Lead Levels Covered by MaineCare? Yes No								
INSTRUCTIONS: Retu	urn complete	ed and sign	ed Application and A	plicant	Information Fo	orm to the above-name	ed CAA.	
Date			Projec	t Type	☐ Single	e-Family Rental	☐ Multi-Family	
			I. PROPE	RTY I	NFORMATI	ON		
Address:				Apar	tment #			
				#Bed	drooms:			
				Rent	: Amount:			
						-		
			II. HOUSEI	HOLD	INFORMAT	TION		
Tenant Name:				Co-T	enant Name:			
F	irst N	ΛI	Last			First MI	Last	
Tenant Age:				Co-T	enant Age:			
Telephone:				Tele	phone:			
Total number in house	(including v	ou)	□ No der	endent	children under	r six vears of age resid	te in the home	
rotal Hambol III House	(intoluding y			ondone	ormaron andor	on yours or ago room		
Name(s) of 0	Child (age 18	3 or younger)	Full time stud	ent?	Age			
			Yes	No		_		
			Yes	No			Yes	No
			Yes	No			Ves	No
			Yes					
			103	140			res	NO
Does vour home serve	as a child ca	are location	? Meaning, does a c	hild oth	er than vour de	ependent, under six ve	ears	
of age spend at least th								□ No
If yes, have any of the	children who	received s	ervices been determ	ned to h	nave lead pois	oning?	□ 1es	
		III.	HOUSEHOL	D INC	OME AND A	ASSETS		
Occupants must provid	le the emplo	yment infor	mation requested be	ow to b	e considered f	or enrollment in the Pr	rogram.	
Tenant Employmen	t:							
Self-Employed:	☐ Yes	□ No	If yes, provide 2 yea	ars tax r	eturns, includii	ng all Schedules.		
Employer Name					nployer Teleph	_		
Employer Address					sition			
		Street, City,	State, Zip	No	. of Years			_

UNIT #	<u> </u>	_					
Co-Tena	ant Employm	nent:					
Self-Emp		☐ Yes	□ No	If ves. pro	vide 2 vears tax retui	ns, including all Sched	dules.
Employe	-			y 00, p.0	-	_	
	r Address				Position	•	
			Street, C	ity, State, Zip	No. of	Years	
Head of	Household	Employn	nent:				
Self-Emp	oloyed:	☐ Yes	□ No	If yes, pro	vide 2 years tax retui	rns, including all Sched	dules.
Employe				, ,	-	_	
Employe	r Address				Position		
			Street, C	ity, State, Zip	No. of	Years	
Occupan	ts must provide	e gross inco	ome inform	nation and ve	rification to be consid	dered for enrollment in	the Program.
					A	В	C) Head of
		GROSS A			TENANT	CO-TENANT	Γ Household
a.	Wages (gross			oyment		_	
b.	Additional Mo		me From:	-		_	
	Overtime			-		_	
		e Employm	nent	-			
	Pensions			-			
		s Administr	ation Com	pensation			
		tal Income		-			
		oloyment*		=			
	7. Child Su			-			
		ssistance (:/GA)			
		ecurity Ben		-		_	
	10. Unemplo	yment Cor	npensatior	١ _		_	
C.	Other**		(T-1-1 A			_	
d.	Gross Monti	-	•	B & C)			
e.	Total (Line D	і минтрігеа	Dy 12)	=			
f.	Gross House	ehold Inco	me (Total	e(A)+e(B)+e	(C):		
** Inclu	employer, please des bonuses, div stments.	e provide mo vidends, inte	ost recent 2 erest, royaltio	years of comp es, alimony, sid	leted tax returns includi ck pay, disability, retirer	ng Schedule C. nent, income from trusts,	income from business activities
			11.7	НОП	SELOI D INCOM	IE AND ACCETS	
			IV	. ноо	SEHOLD INCOM	IE AND ASSETS	
verify. I							I acknowledge the CAAs right to nformation contained in the
					of the United States nnection with our a		ection Agency pamphlet entitled
Signed b	y all Tenants	of the pro	perty				
	-	• •	-			Б.	
Signat	ure of Tenant (O	ccupant)				Date	

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other

☐ Yes

□ No

Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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.

Native Hawaiian/Other

American Indian/Alaskan Native & White

Black/African American & White

Pacific Islander

Asian & White

	Office U	lse Only	
The Gross Income as calculated pursuant to this Te	nant Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

(specify) Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
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- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

Funding:	state Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHH
y (CAA):				CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:		
Applicant (Own	er):		Co-Ap	pplicant:		
Property:			Tenar	ıt:		
			Apt#:			
INSTRUCTIONS	: Return complete	d and signed Blood To	esting Release to	the above-named CA	\A .	
Date						
in your home. I			lood test in the p		ths , you should contact yoເ	
in your home. I child's primary Please check	f your children ha health care provi	ive not received a b der or the local heal wing- the one whic	lood test in the pith department to	arrange for a test.		
in your home. I child's primary Please check	f your children ha health care provi one of the follow en under six have	ive not received a b der or the local heal wing- the one whic	lood test in the point to the department to the best described and levels tested in the point to	es your children: In the past three (3)) months. Please identify	
in your home. I child's primary Please check My childre Provider Name	f your children hat health care providence of the follower and under six have been under six have been under the provention of the provent	vive not received a bider or the local heal wing-the one which had their blood lea	lood test in the parth department to the best described and levels tested in the parth of the pa	es your children: In the past three (3)) months. Please identify	ır
in your home. I child's primary Please check My childre Provider Name I hereby a Grant Pro My childre	f your children hat health care providence of the follower and the follower with a six have authorize the provigram.	vive not received a boder or the local heal wing-the one which had their blood lead wider to release the release t	lood test in the point had best described and levels tested in the point with the point the point	es your children: In the past three (3) Date of Telese) blood test (s)) months . Please identify st	iion
in your home. I child's primary Please check My childre Provider Name I hereby a Grant Pro My childre them teste	f your children hat health care providence of the follower and under six have authorize the provigram. The six have a the under six have a this time.	we not received a boder or the local heal wing- the one which had their blood lead wider to release the report had their blood	lood test in the part the department to the best described and levels tested in the described the described and levels tested in the described the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the part of the described and levels tested in the descri	p arrange for a test. es your children: the past three (3) Date of Test ese) blood test (s) ted in the past three) months . Please identify st to the Lead Hazard Reduc	iion
in your home. I child's primary Please check My childre Provider Name Grant Pro My childre them teste I hereby a Grant Pro My childre them teste I we volunta	f your children ha health care providence of the follower and the follower and the follower are the providence of the providence of the providence of the providence of the follower are the providence of the pro	we not received a boder or the local heal wing- the one which had their blood lead wider to release the received had their blood door personal reason	lood test in the part in the p	p arrange for a test. Its your children: In the past three (3) Date of Tele ese) blood test (s) The direction of the past three to have my child () months. Please identify st to the Lead Hazard Reduct e (3) months and I agree to	iion

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

roject Funding:	State Lea	ad (Z267)	State I	Lead (N261)	Federal Lead	Healthy Home	es Healthy	Homes Produc	tion DHHS
gency (CAA): Project Type:	☐ Single			- amily		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owr	ner):				Co-	Applicant:			
Property:					Ten				_
INSTRUCTION	S: Return	complete	ed and sigr	ned Certificati	ion to the abov	e-named CAA.			
age spends a hours a day or	"significai n two sep	nt amour arate da	nt of time' ys a weel	' visiting you k and a tota	ur home. A "s I of 60 hours	grams, you indi gnificant amour per year." y a child under s	nt of time" visi	ting is define	ed as, "three
# of hours per	_	Sı	ınday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
If the number of	of hours v	varies fro	om week t	o week, ple	ase explain:				
By signing bel	ow, you a	ire certify	ying that t	his stateme	nt and inform	ation is true and	d correct.		
Date:					ccupant Sigr				
				Owner/O	ccupant Nan	e:			
Date:				Co-Owne	er/Occupant s	Signature:			
				Co-Owne	er/Occupant I	Name:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

-	Funding: y (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: AA Rep Title:	Healthy Homes Production	DHHS
	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: AA Rep Email:		
A	oplicant (Own	er):		Co-Ap	pplicant:		
Pr	operty:						
Co	ontractor:						
1.	relocation of referenced above-referenced to verify ex such relocations.	expenses associ Property. I/We renced Commun penses incurred ation assistance, to prepare the P	ated with lead paint hunderstand that in or lity Action Agency ("Cas a result of tempor that I/we have a res	nazard abatement der to receive re CAA"), and/or other rary relocation. In ponsibility to cooted and abatement/re	nt work in our/my himbursement, we her documents who where also understaperate with the CAmediation work, in	elp cover the costs of temponome located at the above must provide receipts to the ich may be required by the and that in the event I/we read and the above reference ocluding moving furniture out the work.	e CAA, ceive
2.	I/We, the u following: (iv) laundr rental fees other than relocation	undersigned, und (i) moving expen y; (v) extra gasol for other alterna relocation, I/we expenses. Furth	lerstand that reimbur ses; (ii) hotel/motel of ine/transportation co- itive housing arrange understand that this	sable relocation costs; (iii) security sts due to the telements. If the reledoes not entitle retand that the CA	expenses include, deposits and mo mporary relocation ocation assistance ne/us to request a A is under no obli	but are not limited to, the onthly rent for apartment uning to another dwelling; and (vector) by the lower receive is spent on its additional money for actual gation to reimburse for unverse.	vi) ems
3.	property ov property du	wner/representati uring my/our relo- reimbursement l/	ive. I/We, understand cation, I/we may be r	d if I/we are deer responsible for th	ned responsible for e cost associated	licies set forth by the reloca or damages to the relocated with said damages. Any with damages determined m	I
4.	. By signing	this agreement,	I/We acknowledge th	ne conditions of	receiving relocatio	n reimbursements and that	
	\$1,450 for	federally-funded	projects or \$1,250 fo	or state-funded p	rojects are the ma	aximum amounts of money	to be
	received fo	or temporary relo	cation expenses.				
	Signature	of occupant of	home or rental unit	t where lead ha	zard abatement v	vork is being carried out.	If you
	do not un	derstand this ag	greement, do not si	gn it.		_	
	Occupant Sig						
	Occupant Na	me		 Apartme	nt/Unit #	Date	
	Co-Occupant	Signature					
	Co-Occupant	Name				Date	
		g below, the CA er(s) or renter(s	A acknowledges re	eceipt of this do	cument signed b	y the above	
		entative Signature	·/·			Date	
	04:5						
	CAA Keprese	entative Name					

#	ΙT	IN	
並		11	

AMI fo	r this	tenant:	

TENANT APPLICATION

Community Action Ag	ency (CAA	\) :		Q	uestions sho	uld be directed to:		
Name				C	AA Rep Name	:		
Address				C	AA Rep Title:			
				C	AA Rep Phone	e:		
				C	AA Rep Email	: <u> </u>		
INSTRUCTIONS: Retu	rn complete	ed and sign	ed Application and	d Applicant	Information Fo	orm to the above-na	med CAA	
	in complet	or and organ						
Date			Pro	ject Type	⊔ Single	-Family Rental	☐ Multi-Family	
			I. PROI	PERTY IN	FORMATI	ON		
Address:				Apart	ment #			
				#Bed	rooms:			
				Rent	Amount:			
			II. HOUS	EHOLD	NFORMAT	ION		
Tenant Name:				Co-To	enant Name:			
Fi	rst I	MI	Last	_		First MI	Last	
Tenant Age:				Co-T	enant Age:			
Telephone:				_ Telep	hone:			
Total number in house (including v	ou)	□ No o	dependent (children under	six years of age res	side in the home.	
, , , , , , , , , , , , , , , , , , ,	,			'				
Name(s) of C	hild (age 18	3 or younger)	Full time st	tudent?	Age	Blood Lead Leve VEBL ug/dl	els Covered by MaineCare	
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
							,	
Does your home serve								
of age spend at least th the home?	ree hours p	er day, on t	wo separate days	per week (a	at least 60 hou	ırs or more per yeaı	r) in ☐ Yes	☐ No
If yes, have any of the o	hildren who	received s	ervices been dete	rmined to h	ave lead noisc	oning?	☐ Yes	□ No
n you, have any or the c	Tillaron Wild					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			HOUSEH			ACCETC.		
		III.			OME AND A		_	
Occupants must provide	-	yment infori	mation requested	below to be	considered to	or enrollment in the	Program.	
Tenant Employment	:							
Self-Employed:	☐ Yes	☐ No	If yes, provide 2	years tax re	eturns, includir	ng all Schedules.		
Employer Name				_	ployer Teleph	one		
Employer Address				Day	.:4:			
	-	Street, City,	State 7in	_	sition of Years			

UNIT #					
Co-Tenant Employ	ment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit	If yes, provide 2 yea		 	
Head of Household	d Employment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit	If yes, provide 2 yea			
Occupants must provi	de gross income informa	ation and verification	to be conside	red for enrollment in the Pro	ogram.
a. Wages (gro b. Additional I 1. Overtir 2. Part-Ti 3. Pensic 4. Vetera 5. Net Re 6. Self Er 7. Child S 8. Public 9. Social 10. Unemp c. Other** d. Gross Mor e. Total (Line f. Gross Hou	GROSS AMOUNT Dess monthly) from Employment The me	### TED Propriet ### TE	A ENANT	B CO-TENANT	C) Head of Household
verify. I further cert		ovided on this form	is TRUE an	AND ASSETS d CORRECT and I acknowledge to the contract of the	owledge the CAAs right to tion contained in the
	that I/we have receive From Lead in Your H				Agency pamphlet entitled
Signed by all Tenant	s of the property				
				Date	

Prepared by MaineHousing

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian

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Black/African American & White

Pacific Islander

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Office Use Only						
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CAA Representative Signature	Date	CAA Representative Name				

Other

(specify) **Ethnicity**:

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Physically Disabled Head of

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BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	Healthy Homes Production	DHHS
Agency (CAA):			С	AA Rep Name:		
	_			AA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family	С	AA Rep Phone:		
	Olligie-i allilly	L Multi-r armiy				
Applicant (Own	er):		Co-Appli	cant:		
Property:			Tenant:			
			Apt#:			
INSTRUCTIONS	: Return completed	and signed Blood Testir	ng Release to the	above-named CA	۹.	
Date						
in your home. I	f your children hav		test in the pas	t three (3) montl	sted prior to hazard control ns, you should contact you	
Please check	one of the follow	ing- the one which be	est describes y	our children:		
My childre	en under six have	had their blood lead le	evels tested in the	ne past three (3)	months. Please identify	
Provider Nam	e			Date of Tes	t	
I hereby a	authorize the provi				o the Lead Hazard Reduct	ion
1 1 -	en under six have ed at this time.	not had their blood lea	ad levels tested	in the past three	(3) months and I agree to	have
For Relig	ious purposes and	or personal reasons,	I choose not to	have my child (c	children's) tested for lead.	
		formation. I/We under d Reduction Grant Pro		osure of this info	rmation is not required for	
Parent or Guardian	n Signature			Date		

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

ncy (CAA):	_ead (Z267)	State Lea	ad (N261)	Federal Lead	Healthy Home	s Healthy	Homes Produc	ction DHF
Project Type: 🔲 S			Family		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):				Co-	Applicant:			
Property:				Ten				
INSTRUCTIONS: Ref	turn complete	ed and sign	ed Certificat	ion to the abov	e-named CAA.			
age spends a "signif hours a day on two s Please fill in the tabl	separate da	ıys a week	and a total	l of 60 hours	per year."			
	Sı	unday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
If the number of hou	rs varies fro	om week to	o week, ple	ase explain:				
By signing below, you	ou are certif	ying that t	Owner/O	occupant Sigr	ature:	correct.		
	ou are certif	ying that t	Owner/O		ature: ne:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: _ AA Rep Title: _	Healthy Homes Production	DHH
Projec	t Type: Single-Family	☐ Multi-Family		AA Rep Phone: _ AA Rep Email: _		
Applican Property	<u></u>		Co-A	pplicant:		
Contract	or:					
reloo refer abov to ve such Con	cation expenses assoc renced Property. I/We re-referenced Commun erify expenses incurred a relocation assistance.	iated with lead paint understand that in onity Action Agency ("I as a result of tempo, that I/we have a resproperty for lead haz	hazard abatement order to receive refCAA"), and/or of orary relocation. sponsibility to colard abatement/re	nt work in our/my eimbursement, we her documents wh I/We also underst operate with the C emediation work, i	nelp cover the costs of temporal home located at the above a must provide receipts to the hich may be required by the tand that in the event I/we recand that in the above reference including moving furniture out the work.	e CAA, ceive
2. I/We follow (iv) rent other relowers.	e, the undersigned, und wing: (i) moving exper laundry; (v) extra gaso al fees for other alterna er than relocation, I/we	derstand that reimbunses; (ii) hotel/motel line/transportation coative housing arrang understand that this hermore, I/We under	irsable relocation costs; (iii) securiosts due to the te ements. If the redoces not entitle retand that the C	expenses include by deposits and me imporary relocation location assistant me/us to request AA is under no ob	e, but are not limited to, the onthly rent for apartment union to another dwelling; and (vice I/we receive is spent on it additional money for actual digation to reimburse for unverse.	/i) ems
prop prop reloc	erty owner/representaterty during my/our relo	tive. I/We, understan ocation, I/we may be	nd if I/we are dee responsible for t	med responsible f he cost associated	olicies set forth by the relocator damages to the relocated with said damages. Any with damages determined m	I
resp	signing this agreement.	, I/We acknowledge	the conditions of	receiving relocation		
·	5 5 5				on reimbursements and that	
4. By s		projects or \$1,250	for state-funded	projects are the m	on reimbursements and that naximum amounts of money	
4. By s \$1,4		•	for state-funded	projects are the m		
4. By s \$1,4 rece	50 for federally-funded	cation expenses.		•		to be
4. By s \$1,4 rece	50 for federally-funded	cation expenses.	it where lead ha	•	naximum amounts of money	to be
4. By s \$1,4 rece Sigr	50 for federally-funded ived for temporary relocature of occupant of	cation expenses.	it where lead ha	•	naximum amounts of money	to be
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UNIT #			
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TENANT APPLICATION

Community Action Agency (CAA):		Que	stions sho	ould be directed to:		
Name	CAA Rep Name:					
Address		CAA	Rep Title:			
		CAA	Rep Phon	e:		
		CAA	Rep Emai	l:		
INSTRUCTIONS: Return completed and si	gned Application and Ap	plicant Inf	ormation F	orm to the above-nan	med CAA.	
Date	Projec	Туре	☐ Single	e-Family Rental	☐ Multi-Family	
	I. PROPE	RTY INF	ORMAT	ION		
Address:		Apartm	ent#			
		#Bedro	oms:			
		Rent Ar	mount:			
				-		
	II. HOUSEH	OLD IN	FORMAT	ΓΙΟΝ		
Tenant Name:		Co-Ten	ant Name:			
First MI	Last			First MI	Last	
Tenant Age:		Co-Ten	ant Age:			
Telephone:		Telepho	one:			
Total number in house (including you)		endent chi	ldren unde	r six years of age res	side in the home.	
Name(s) of Child (age 18 or young	Full time stude	ent?	Age	Blood Lead Level VEBL ug/dl	ls Covered b MaineCare	
	Yes	No			Yes	No
	Yes	No			Yes	No
	Yes	No			Yes	No
	Yes	No			Yes	No
Does your home serve as a child care locat of age spend at least three hours per day, o						□ No
the home?						
If yes, have any of the children who receive	d services been determi	ned to hav	e lead pois	oning?	☐ Yes	☐ No
II	I. HOUSEHOLI	INCO	/IE AND	ASSETS		
Occupants must provide the employment in	formation requested belo	w to be c	onsidered f	for enrollment in the F	Program.	
Tenant Employment:						
Self-Employed: ☐ Yes ☐ No	If yes, provide 2 yea	rs tax retu	rns, includi	ing all Schedules.		
Employer Name			oyer Teleph	_		
Employer Address		Positi	on			
Street C	ity, State, Zip	No. o	f Years			

UNIT #	_				
Co-Tenant Employr	ment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit.	If yes, provide 2 year		·	
Head of Household	Employment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, City	If yes, provide 2 year		er Telephone ersears	
Occupants must provid	le gross income informa	ntion and verification to	be consider	red for enrollment in the Pro	gram.
b. Additional M 1. Overtim 2. Part-Tin 3. Pension 4. Veteran 5. Net Rer 6. Self Em 7. Child St 8. Public A 9. Social S 10. Unempl c. Other** d. Gross Mont e. Total (Line II f. Gross Hous *If self-employer, pleas	ne Employment is 's Administration Comp ital Income ployment* upport assistance (TANF/WIC/G Security Benefits oyment Compensation thly Income (Total A, B D Multiplied by 12) sehold Income (Total e se provide most recent 2 ye	### TEN SA	A IANT	Schedule C. nt, income from trusts, income	C) Head of Household from business activities
		ovided on this form i	is TRUE and	AND ASSETS d CORRECT and I acknot ponsibilities and information	owledge the CAAs right to tion contained in the
	nat I/we have receive From Lead in Your He				Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

Signature of Co-Tenant (Co-Occupant)

Signature of Tenant (Occupant)

Prepared by MaineHousing

Date

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

Yes
No
Head of Household

Male

Female

of Household Members

national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below. Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White Not Hispanic or Latino: Asian & White Physically Disabled Head of ☐ Yes Black/African American & White □ No Household Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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.

	Office U	se Only	
The Gross Income as calculated pursuant to this T	enant Application has been	verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

				Healthy Homes	Healthy Homes Production		
cy (CAA):				CAA Rep Name:			
Project Type:	☐ Single-Family	☐ Multi-Family					
		•		CAA Rep Email			
Applicant (Owi	ner):		Со-Ар	plicant:			
Property:		Tenant:					
			Apt#:				
INSTRUCTION	S: Return complete	ed and signed Blood Te	esting Release to t	he above-named CA	A.		
Date		-	J				
,	it your children na			` ,	hs , you should contact you	ır	
Please check		wing- the one which	h best describe	s your children:			
Please check	one of the follo	wing- the one which	h best describe	s your children: n the past three (3)	months. Please identify		
Please check My childi Provider Nam	en under six hav	wing- the one which	h best describe	s your children: the past three (3) Date of Tes	months. Please identify	ion	
Please check My childs Provider Nam I hereby Grant Pr	ren under six have	wing- the one which e had their blood lead	th best described describe	s your children: the past three (3) Date of Tesese) blood test (s) to	months. Please identify		
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Please check My childi Provider Nam I hereby Grant Pr My childi them tes I for Relig	ren under six have authorize the proper under six have ted at this time.	wing- the one which e had their blood lead vider to release the re e not had their blood nd/or personal reasor	th best described of levels tested in the described described in the described described in the described	to have my child ren:	months. Please identify to the Lead Hazard Reduct e (3) months and I agree to		

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

cy (CAA):									
						CAA Rep Name:			
						CAA Rep Title:	·		
Project Type	e: 🔲	Single-Family	/ 🔲 Multi-	-Family		CAA Rep Phone:			
				-		CAA Rep Email:			
Applicant (Ow	/ner):				Co-	Applicant:			
Property:					Ter	ant:			
					Apt	#:			
INSTRUCTION	NS: Re	eturn compl	eted and sig	ned Certificat	ion to the abov	re-named CAA.			
Date									
						grams, you indi			
						ignificant amour	nt of time" visit	ting is define	ed as, "thre
hours a day o	n two	separate (days a wee	ek and a tota	of 60 nours	per year."			
DI £:II : 4	4		. 4 -					.:	
Please fill in t	ne tar	ole below, s	snowing the	e number of	nours per da	y a child under s	six years old v	isits your no	me:
			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
# of hours per	r day								
		urs varies	from week	to week ple	ase explain:				
If the number	of ho					nation is true and	d correct.		
If the number	of ho			this stateme			d correct.		
If the number	of ho			this stateme	ent and inform	nature:	d correct.		
If the number	of ho			this stateme Owner/O Owner/O	ent and inform	nature: ne:	d correct.		

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

cy (CAA):				
			CAA Rep Name:	
			CAA Rep Title:	
Project Type:	e: Single-Family	☐ Multi-Family	CAA Rep Phone:	
			CAA Rep Email:	
Applicant (Ov Property:	wner):		Co-Applicant:	
Contractor:				
relocation reference above-re to verify such relocations above.	n expenses associated Property. I/We offerenced Communexpenses incurred ocation assistance, or to prepare the P	ated with lead paint hunderstand that in or ity Action Agency ("Cas a result of temporthat I/we have a resproperty for lead haza	nazard abatement work in our/m der to receive reimbursement, w CAA"), and/or other documents w rary relocation. I/We also under consibility to cooperate with the	ve must provide receipts to the which may be required by the CA stand that in the event I/we rece CAA and the above referenced, including moving furniture out of
2. I/We, the following (iv) laund rental fer other that relocation	e undersigned, und : (i) moving expen dry; (v) extra gasoli es for other alterna an relocation, I/we un on expenses. Furth	erstand that reimburses; (ii) hotel/motel of ne/transportation costive housing arrange understand that this dermore, I/We understand	sable relocation expenses included to sale in sale in security deposits and rests due to the temporary relocation ments. If the relocation assistant does not entitle me/us to request	de, but are not limited to, the monthly rent for apartment units; ion to another dwelling; and (vi) nce I/we receive is spent on item
property property	owner/representati during my/our reloon n reimbursement I/	ve. I/We, understand cation, I/we may be r	required to abide by any and all d if I/we are deemed responsible esponsible for the cost associate offset to cover the cost associate	for damages to the relocated ed with said damages. Any
4. By signir	ng this agreement,	I/We acknowledge th	ne conditions of receiving reloca	tion reimbursements and that
Φ4 4 5 0 5	or federally-funded	projects or \$1,250 fo	or state-funded projects are the	maximum amounts of money to
\$1,450 to	(,,,,)	action evacace		
	for temporary reloc	alion expenses.		
received		·	where lead hazard abatemen	t work is being carried out. If
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received Signatur	re of occupant of understand this ag	home or rental unit		t work is being carried out. If
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Signature do not u Occupant S	re of occupant of inderstand this against Signature ant Signature	home or rental unit	gn <u>i</u> t.	
received Signatur do not u Occupant S Occupant I Co-Occupa Co-Occupa	re of occupant of inderstand this again and Signature Name ant Signature ant Name	home or rental unit preement, do not sign A acknowledges re	gn <u>i</u> t.	Date
Co-Occupation	re of occupant of inderstand this against Signature Name ant Signature ant Name	home or rental unit preement, do not sign A acknowledges re	gn it. Apartment/Unit #	Date