Clear Form

TENANT INFORMATION

UNIT 1

Tenant Name _____ (First MI Last)

Co-Tenant Name _____ (First MI Last)

Apt/Unit # _____

Home Phone _____

Are children under 6 in the unit? ☐ Yes ☐ No

Are the children covered by MaineCare? ☐ Yes ☐ No

Household Size: AMI: Select One

Maximum Eligible Income: $

Funding	Interior	Exterior	Total
Federal Lead Grant			$ 0.00
Healthy Homes Grant			$ 0.00
Healthy Homes Production Non-Radon Measures			$ 0.00
Federal Lead Owner Obligation			$ 0.00
Federal Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
State Lead Grant			$ 0.00
State Lead Owner Match			$ 0.00
State Lead Owner Obligation			$ 0.00
DHHS			**$ 0.00**
State Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
Leveraged Funds			$ 0.00
UNIT TOTAL	**$ 0.00**	**$ 0.00**	**$ 0.00**

UNIT 2

Tenant Name _____ (First, MI Last)

Co-Tenant Name _____ (First MI Last)

Apt/Unit # _____

Home Phone _____

Are children under 6 in the unit? ☐ Yes ☐ No

Are the children covered by MaineCare? ☐ Yes ☐ No

Household Size: AMI: Select One

Maximum Eligible Income: $

Funding	Interior	Exterior	Total
Federal Lead Grant			$ 0.00
Healthy Homes Grant			$ 0.00
Healthy Homes Production Non-Radon Measures			$ 0.00
Federal Lead Owner Obligation			$ 0.00
Federal Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
State Lead Grant			$ 0.00
State Lead Owner Match			$ 0.00
State Lead Owner Obligation			$ 0.00
DHHS			$ 0.00
State Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
Leveraged Funds			$ 0.00
UNIT TOTAL	**$ 0.00**	**$ 0.00**	**$ 0.00**

UNIT 3

Tenant Name _____ (First MI Last)

Co-Tenant Name _____ (First MI Last)

Apt/Unit # _____

Home Phone _____

Are children under 6 in the unit? ☐ Yes ☐ No

Are the children covered by MaineCare? ☐ Yes ☐ No

Household Size: AMI: Select One

Maximum Eligible Income: $

Funding	Interior	Exterior	Total
Federal Lead Grant			$ 0.00
Healthy Homes Grant			$ 0.00
Healthy Homes Production Non-Radon Measures			$ 0.00
Federal Lead Owner Obligation			$ 0.00
Federal Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
State Lead Grant			$ 0.00
State Lead Owner Match			$ 0.00
State Lead Owner Obligation			$ 0.00
DHHS			$ 0.00
State Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
Leveraged Funds			$ 0.00
UNIT TOTAL	**$ 0.00**	**$ 0.00**	**$ 0.00**

UNIT 4

Tenant Name _____ (First, MI Last)

Co-Tenant Name _____ (First MI Last)

Apt/Unit # _____

Home Phone _____

Are children under 6 in the unit? ☐ Yes ☐ No

Are the children covered by MaineCare? ☐ Yes ☐ No

Household Size: AMI: Select One

Maximum Eligible Income: $

Funding	Interior	Exterior	Total
Federal Lead Grant			$ 0.00
Healthy Homes Grant			$ 0.00
Healthy Homes Production Non-Radon Measures			$ 0.00
Federal Lead Owner Obligation			$ 0.00
Federal Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
State Lead Grant			$ 0.00
State Lead Owner Match			$ 0.00
State Lead Owner Obligation			$ 0.00
DHHS			$ 0.00
State Lead Total	**$ 0.00**	**$ 0.00**	**$ 0.00**
Leveraged Funds			$ 0.00
UNIT TOTAL	**$ 0.00**	**$ 0.00**	**$ 0.00**

PROJECT FUNDING SUMMARY

Lead Project Funding	
☐ Federal Lead Grant	$ 0.00
☐ Healthy Homes Grant	$ 0.00
Healthy Homes Production Non-Radon Measures	$ 0.00
☐ Federal Owner Obligation	$ 0.00
Federal Lead Total	$ 0.00
☐ State Lead Grant	$ 0.00
State Lead Owner Match	$ 0.00
State Lead Owner Obligation	$ 0.00
DHHS	$ 0.00
State Lead Total	$ 0.00
Leveraged Funds	$ 0.00

State Lead Match Criteria

☐ 10% Non-Abatement ☐ 25% Abatement ☐ Waived

Total Owner Obligation $ 0.00

Lead Agreement/Constructions Contract	
Grant Amount	$ 0.00
Contract Amount	$ 0.00
Contract/Agreement Date	
Interior Start Date	
Interior End Date	
Exterior Start Date	
Exterior End Date	

Change Orders

Federal Lead Change Order #1	$
Federal Lead Change Order #2	$
State Lead Change Order #1	$
State Lead Change Order #2	$
Final Contract Amount	$ 0.00
PROJECT TOTAL	$ 0.00

Lead Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	$ 0.00	$ 0.00	$ 0.00
Healthy Homes Grant Non-Radon Measures	$ 0.00	$ 0.00	$ 0.00
Healthy Homes Production Non-Radon Measures	$ 0.00	$ 0.00	$ 0.00
Federal Lead Additional Project Costs (*Owner Obligation)*	$ 0.00	$ 0.00	$ 0.00
State Lead Grant	$ 0.00	$ 0.00	$ 0.00
State Lead Owner Match	$ 0.00	$ 0.00	$ 0.00
State Lead Additional Project Costs (*Owner Obligation)*	$ 0.00	$ 0.00	$ 0.00
DHHS	$ 0.00	$ 0.00	$ 0.00
CONTRACT AMOUNT	$ 0.00	$ 0.00	$ 0.00
Leveraged Funds	$ 0.00	$ 0.00	$ 0.00
PROJECT TOTAL	$ 0.00	$ 0.00	$ 0.00

Healthy Homes Production Grant Funding	
☐ Radon Air Testing	$
☐ Radon Mitigation	$
HHPG Radon Total	$ 0.00
☐ **HHPG Non-Radon Measures**	$ 0.00
HHPG Total	$ 0.00

Healthy Homes Intervention Radon	
☐ Radon Air Testing	$
☐ Radon Mitigation	$
HHI Radon Total	$ 0.00

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.

PROPERTY

☐Multi-Family (and Single Family Rentals) # Units _____

Property Address: _____

Does Owner reside at the property? ☐ Yes ☐ No

Are children under 6 at the property? ☐ Yes ☐ No

Are the children covered by MaineCare? ☐ Yes ☐ No

Is property under abatement order? ☐ Yes ☐ No

Applicant (Owner)

_____
Entity or Owner First Name MI Last Name

Mailing Address: _____
Street, City, State, Zip

Home Phone _____

Work Phone _____

Email _____

Co-Applicant (Co-Owner)

_____
Co-Entity or Co-Owner First Name MI Last Name

Mailing Address: _____
Street, City, State, Zip

Home Phone _____

Work Phone _____

Email _____

COMMUNITY ACTION AGENCY (CAA/ESCROW AGENT)

CAA Name _____

Mailing Address _____
Street, City, State, Zip

CAA Rep Name _____

CAA Rep Phone _____

CAA Rep Email _____

CAA Rep Title _____

Lead Designer Name _____

Lead Designer Phone _____

Lead Designer Fax _____

Lead Designer Email _____

LEAD REDUCTION/ABATEMENT CONTRACTOR

Company Name _____

Mailing Address _____
Street, City, State, Zip

Phone _____

Rep Name _____

Rep Phone _____

Rep Email _____

RADON AIR TESTING/MITIGATION CONTRACTOR

Company Name _____

Mailing Address _____
Street, City, State, Zip

Phone _____

Rep Name _____

Rep Phone _____

Rep Email _____

NOTES/COMMENTS