

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

**ANNUAL VERIFICATION OF GRANT COMPLIANCE
For Multi-Family and Rental Properties**

Project Funding: State Lead Federal Lead Healthy Homes

Project Type: Single-Family Multi-Family

Agency (CAA): _____

Technician Name: _____

Technician Phone: _____

Technician Email: _____

Applicant (Owner): _____

Co-Applicant: _____

Property: _____

Contractor: _____

Contract Amount: \$ _____

Unit #s: _____

Grant Closing Date: _____

Date of Annual Verification Request: _____

On the above-referenced Grant Award Date, you were awarded a from the Maine State Housing Authority (MaineHousing) in the above-referenced Contract Amount for lead hazard control work to be completed at your property located at the above referenced Property in the above-referenced Units (the "Program Units"). As a condition of the Grant Agreement, you agreed to comply with the conditions listed below for a period of no less than three years beginning on the date on the Grant Closing Date. Please contact Megan McDonough, *Housing Program Officer*, MaineHousing Energy and Housing Services at 207-624-4602 immediately, if you have been unable to meet the requirements listed below. If for any reason the area median income requirement cannot be met, you may request a waiver from MaineHousing.

NOTE: In order to meet the conditions of the grant, this Verification must be returned to: MaineHousing- EHS, 353 Water Street, Augusta, ME 04330 within 15 business days of the above noted Date of Annual Verification Request.

I hereby certify to each of the following statements that I have checked:

- TAXES AND CLAIMS:** I have paid all taxes due on the Property and have kept the Property free from future claims against it.
- REPAIR AND MAINTENANCE:** I have kept the Property in good condition and made all repairs reasonably necessary to comply with local codes and ordinances.
- INCOME GUIDELINES:** From the Grant Closing Date through today, I have leased 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 I have leased the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD.

Property Owner's Signature

Applicant (Owner) Signature

Date: _____

Co-Applicant (Co-Owner) Signature

Date: _____