

Maine State Housing Authority (MaineHousing)
ARSENIC ABATEMENT PROGRAM

STATEMENT OF RELEASE
Non-Rental Property Owner

APPLICANT/OWNER:

CO-APPLICANT/CO-OWNER:

| | | |
|--------------------------|----------------|--------------------|
| _____ First Name | _____ MI | _____ Last Name |
| _____ Mailing Address | | |
| _____ City | _____ State | _____ Zip |
| _____ Daytime Phone | | |
| _____ Evening Phone | | |
| _____ Email Address | | |

| | | |
|--------------------------|----------------|--------------------|
| _____ First Name | _____ MI | _____ Last Name |
| _____ Mailing Address | | |
| _____ City | _____ State | _____ Zip |
| _____ Daytime Phone | | |
| _____ Evening Phone | | |
| _____ Email Address | | |

PROPERTY:

AGENCY

Property Street

Property City

Property State

Property Zip

Maine State Housing Authority (MaineHousing)
Agency Name

26 Edison Drive
Mailing Address

Augusta

ME 04330-6046
City State Zip

Agency Contact/Representative:

Name _____ Jessica Rowe

Phone _____ 207-624-5744

Fax _____ 207-624-5780

Email _____ EHS Housing@mainehousing.org

I/We, the undersigned authorize the MaineHousing, the Agency identified above, to contact any employer, town official or other agency deemed necessary and appropriate to obtain information or verifications required to comply with my/our Arsenic Abatement Program Application.

Signature of Applicant/Owner

Witness

Date

Date

Signature of Co-Applicant/Owner

Witness

Date

Date