

Maine State Housing Authority (MaineHousing)
WELL WATER ABATEMENT PROGRAM

APPLICATION FOR RENTAL PROPERTY

The Owner Application is valid for 60 days from the date the owner signs the Application. Return completed signed Application and required documentation to:

Maine State Housing Authority
Attn: EHS – Water Abatement
26 Edison Drive
Augusta, ME 04330-6046

Need assistance filling out this form, or have questions? Please contact:

Betty or Evelyn, Housing Program Officer, at
EHS Housing@mainehousing.org or call

207-816-3550

I. PROPERTY OWNER INFORMATION

List all owners of the property / Co-applicant.

OWNER	CO-OWNER / CO-APPLICANT
First Name MI Last Name	First Name MI Last Name
Company Name	Company Name
Mailing Address	Mailing Address
City State Zip	City State Zip
Phone number:	Phone number:
Age:	Age:
Email:	Email:

II. RENTAL PROPERTY INFORMATION

Property Street	Property City	Property State	Property Zip
Single Family Rental Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an existing abatement system (even if currently not working)? If answered Yes, you are <u>not</u> eligible for this program. Please contact Maine DHHS for resources at 866-292-3474 or 207-287-4311 → <input type="checkbox"/> Yes <input type="checkbox"/> No			
Multifamily Rental Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this an owner occupied multifamily rental? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Units _____			
Is this a mobile home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you own the land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the dwelling's water supported by a private well source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you received any assistance from MaineHousing programs in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes", please state name of program(s) and years:			
Year	Program		
Year	Program		
Year	Program		

List all tenants benefiting from the modifications to the property.

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

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Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
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Unit Number: _____
Tenant Name: _____
Tenant Telephone: _____
Total number of Household residents _____
Number of children under age 7: _____
Do any pregnant women reside in this unit? _____

III. HOUSEHOLD INCOME

Household Income and Assets:

Owner must complete income/asset information.

Owner Employment

Self-Employed: ☐ Yes ☐ No *Please provide 2 years tax returns, including **all** Schedules.*

Employer Name _____
Employer Address _____

Employer Telephone _____
Position _____
No. of Years _____

Co-Owner / Co-Applicant Employment

Self-Employed: ☐ Yes ☐ No *Please provide 2 years tax returns, including **all** Schedules.*

Employer Name _____
Employer Address _____

Employer Telephone _____
Position _____
No. of Years _____

Household Income and Assets continued:**Gross Income** (Owner must provide verification of all income):

	GROSS AMOUNT	(A) CO-OWNER	(B) CO-OWNER / CO-APPLICANT
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			
E. Total (Line D Multiplied by 12)			
F. Gross Household Income (Total E(a)+E(b):			

*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 ASSETS**List cash, checking, savings, CD & money market accounts as of the date of this Application.**

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance
			\$
			\$
			\$
			\$

List all stocks, bonds & mutual funds as of the date of this Application.

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
			\$
			\$
			\$
			\$
			\$

List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount
			\$
			\$
			\$
			\$

V. ACKNOWLEDGEMENTS / CERTIFICATIONS

Acknowledgement: I specifically acknowledge and agree that: (1) the property will not be used for any illegal or prohibited purpose or use; (2) all statements made in this Application are made for the purpose of obtaining the grant provided by the Program; (3) occupation of the property will be as a primary residence only; (4) verification or re-verification of any information contained in this Application may be made at any time by the Program from any source named in this Application, and the original copy of this Application will be retained by the Program; (5) the Program will rely on the information contained in this Application; and (6) I have a continuing obligation to amend and/or supplement the information provided in this Application, if any, of the material facts which I have represented in this Application should change prior to closing.

Notice of Intent to Occupy: I certify that I do not intend to sell, transfer, or otherwise vacate the residence listed in this application.

Certification: I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.

Statement of Release: I authorize the MaineHousing, on behalf of the Well Water Abatement Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property.

Signature of Owner

Date

Signature of Co-Owner

Date

VI. DOCUMENTS THAT MUST BE INCLUDED WITH YOUR COMPLETED APPLICATION

1. COPY OF YOUR DEED and BILL OF SALE FOR MOBILE HOMES

2. PROOF OF INCOME FOR ALL OWNERS

- Three (3) months most recent, consecutive paystubs, Social Security and/or Disability benefit award letters, or other proof of income for items identified in Section III above
- Income Tax Returns from last 2 years of income

3. PROOF OF LIQUID ASSETS FOR ALL OWNERS

- Bank statements for past three (3) consecutive months for each account (in their entirety)
- Other asset documentation for items identified in Section IV above

4. STATEMENT OF RELEASE

5. AFFIDAVIT OF RENTAL PROPERTY OWNER

6. COPY OF WATER CONTAMINANT TEST (Testing done within the past 12 months)

VII. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling. You are not required to furnish this information, but are encouraged to do so. The law provides that MaineHousing may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations MaineHousing is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information requested below, please check the appropriate box 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 ☐

Married ☐

Elderly ☐

Single Parent with Children ☐

Two Parents with Children ☐

Other (specify) _____ ☐

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 ☐

American Indian/Alaskan Native & Black/ African American ☐

Other Multi-Racial ☐

Ethnicity:

Hispanic or Latino ☐

Not Hispanic or Latino: ☐

Physically Disabled Head of Household ☐ Yes ☐ No

Displaced Homemaker* ☐ Yes ☐ No

*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.

Affidavit for Rental Property WWP 01/01/2025

Maine State Housing Authority (MaineHousing)
WELL WATER ABATEMENT PROGRAM

**STATEMENT OF RELEASE Rental
Property Owner**

OWNER

CO-OWNER

First Name	MI	Last Name
Company		
Mailing Address		
City	State	Zip
Daytime Phone		
Evening Phone		
Email Address		

First Name	MI	Last Name
Company		
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	Betty Barry or Evelyn Goulette
Phone	207-816-3550
Fax	207-626-4678
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 Well Water Abatement Program Application.

Signature of Owner
Date
Signature of Co-Owner
Date
