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.

	PROP	PERTY
□Multi-Family (and Single Family Rentals)	# Units	Does Owner reside at the property? \Box Yes \Box No
Property Address:		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)		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/ESCRO	OW AGENT)	LEAD REDUCTION/ABATEMENT CONTRACTOR
CAA Name		Company Name
Mailing Address		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		NOTES/COMMENTS
Lead Designer Email		

TENANT INFORMATION

		UNIT 1				UNIT 2		
Tenant Name	-irst MI I	ast			Tenant Name First, M	11 Last		
Co-Tenant Name	First MI I				Co-Tenant Name			
	-irst ivii l	_ast				Lasi		
Apt/Unit #					Apt/Unit #			
Mailing Address					Mailing Address			
-		Street, C	City, State, Zip			Street,	City, State, Zip	
Home Phone					Home Phone			
Work Phone					Work Phone			
Email					Email			
Are children under	6 in the	e unit?	□ Yes	🗆 No	Are children under 6 in the	unit?	🗌 Yes	🗌 No
Are the children co	vered h	v MaineCare	? 🗌 Yes	🗆 No	Are the children covered b	v MaineCare?	🗌 Yes	🗆 No
Household Size:		AMI:			Household Size:	AMI:		
Maximum Eligible I	ncome:	\$			Maximum Eligible Income:	\$		
Funding		Interior	Exterior	Total	Funding	Interior	Exterior	Total
Federal Lead Grant					Federal Lead Grant			
Healthy Homes Grant	t				Healthy Homes Grant			
Federal Lead Owner					Federal Lead Owner Obligation			
Obligation Federal Lead Total					Federal Lead Total			
State Lead Grant	. 4 . I.				State Lead Grant			
State Lead Owner Ma					State Lead Owner Match State Lead Owner Obligation			
State Lead Owner Ob DHHS	bligation				DHHS			
State Lead Total								
Leveraged Funds					State Lead Total			
					Leveraged Funds			
UNITIOTAL					UNIT TOTAL			
		UNIT 3				UNIT 4		
Tenant Name	-:				Tenant Name	411.000		
	First MI I	_ast			First, N	li Last		
Co-Tenant Name	First MI I	aet	Co-Tenant Name First MI Last					
Apt/Unit #	II St IVIT I				Apt/Unit #	Last		
					•			
Mailing Address		Street	City, State, Zi	n	Mailing Address	Street	City, State, Zip	
-		01001,	ony, otato, zi	-		01,001,9		
Home Phone					Home Phone			
Work Phone					Work Phone			
Email _					Email			
Are children under				□ No	Are children under 6 in the		☐ Yes	□ No
Are the children co	vered b		?_ ∐ Yes	□ No	Are the children covered b		🗌 Yes	🗆 No
Household Size:		AMI:			Household Size:	AMI:		
Maximum Eligible I	ncome:	\$			Maximum Eligible Income:	\$		
Funding		Interior	Exterior	Total	Funding	Interior	Exterior	Total
Federal Lead Grant					Federal Lead Grant			
Healthy Homes Grant	t				Healthy Homes Grant			
Federal Lead Owner Obligation					Federal Lead Owner Obligation			
Federal Lead Total					Federal Lead Total			
State Lead Grant					State Lead Grant			
State Lead Owner Ma	atch				State Lead Owner Match			
State Lead Owner Ob					State Lead Owner Obligation	'n		
DHHS	nyauuri				DHHS			
State Lead Total					State Lead Total			
Leveraged Funds					Leveraged Funds			
UNIT TOTAL					UNIT TOTAL			

TENANT INFORMATION

UNIT 5							
Tenant Name							
	First MI Last						
Co-Tenant Name							
	First MI Last						
Apt/Unit #							
Mailing Address							
	Street, City, State, Zip						
Home Phone							
Work Phone							
Email							
Are children unde	er 6 in the unit? \Box Yes \Box No						
Are the children c	ove <u>red by MaineCare?</u>						
Household Size:	AMI:						

Maximum Eligible Income:	\$		
Funding	Interior	Exterior	Total
Federal Lead Grant			
Healthy Homes Grant			
Federal Lead Owner Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
UNIT TOTAL			

UNIT 7

Tenant Name						
First MI	Last					
Co-Tenant Name						
First MI	Last					
Apt/Unit #						
Mailing Address						
	Street,	City, State, Zip)			
Home Phone						
Work Phone						
Email						
Are children under 6 in th	Are children under 6 in the unit?					
Are the children covered	by MaineCare	? 🗌 Yes	🗆 No			
Household Size:	AMI:					
Maximum Eligible Income	: \$	-				
Funding	Interior	Exterior	Total			
Federal Lead Grant						
Healthy Homes Grant						
Federal Lead Owner						

Healthy Homes Grant		
Federal Lead Owner		
Obligation		
Federal Lead Total		
State Lead Grant		
State Lead Owner Match		
State Lead Owner Obligation		
DHHS		
State Lead Total	-	
Leveraged Funds		
UNIT TOTAL		

	UNIT 6		
Tenant Name			
	First, MI Last		
Co-Tenant Name	First MLL ast		
Apt/Unit #			
Mailing Address			
	Street, C	City, State, Zip	
Home Phone			
Work Phone	- <u></u>		
Email			
Are children under	6 in the unit?	🗌 Yes	□ No
Are the children co	overed by MaineCare?	🗌 Yes	∐ No
Household Size:	AMI:		

\$

Maximum Eligible Income:

Funding		Interior	Exterior	Total		
Federal Lead Grant						
Healthy Homes Grar	nt					
Federal Lead Owner						
Obligation						
Federal Lead Total						
State Lead Grant						
State Lead Owner M						
State Lead Owner O DHHS	bligation					
State Lead Total						
Leveraged Funds						
		UNIT 8				
Tenant Name	First. MI	Loot				
	FIISI, IVII	Lasi				
Co-Tenant Name	First MI I	ast				
Apt/Unit #	i not ini i					
Mailing Address						
Mailing / Garcoo		Street,	City, State, Zip			
Home Phone						
Work Phone						
Email						
Are children under 6	S in the i	unit?	Yes	□ No		
			\Box Yes			
Are the children cov Household Size:	ered by					
Maximum Eligible In	come.	\$				
Funding		Interior	Exterior	Total		
Federal Lead Grant						
Healthy Homes Gran Federal Lead Owner						
Obligation						
Federal Lead Total						
State Lead Grant						
State Lead Owner M	latch					
State Lead Owner O	bligation					
DHHS						
State Lead Total						
Leveraged Funds						
UNIT TOTAL						

			FENANT IN	FORMATION			
	UNIT 9				UNIT 10		
Tenant Name First MI L	aat			Tenant Name	Loot		
Co-Tenant Name				Co-Tenant Name			
First MI L	ast			First MI L	ast		
Apt/Unit #				Apt/Unit #			
Mailing Address				Mailing Address			
	Street, C	City, State, Zip			Street, (City, State, Zip	
Home Phone				Home Phone			
Work Phone				Work Phone			
Email				Email			
Are children under 6 in the	unit?	🗌 Yes	🗆 No	Are children under 6 in the u	unit?	🗌 Yes	🗆 No
Are the children covered b	y MaineCare	? 🗌 Yes	🗆 No	Are the children covered by	MaineCare?	🗌 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			
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		<u> </u>		State Lead Owner Obligation			
DHHS				DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			

Project	Funding	Agreement/Constru	ctions Contract
Federal Lead Grant	\$	Grant Amount	\$
☐ Healthy Homes Grant	\$	Contract Amount	\$
	¢	Contract/Agreement Date	
Federal Owner Obligation	\$	Interior Start Date	
Federal Lead Total	\$	Interior End Date	
State Lead Grant	\$	Exterior Start Date	
State Lead Owner Match	\$	Exterior End Date	
State Lead Owner Obligation	\$		
DHHS	\$	Change O	rders
State Lead Total	\$	Federal Lead Change Order #1	\$
Leveraged Funds	\$	Federal Lead Change Order #2	\$
		State Lead Change Order #1	\$
State Lead M	latch Criteria	State Lead Change Order #2	\$
□ 10% Non-Abatement	□ 25% Abatement □ Waived	Final Contract Amount	\$
Total Owner Obligation	\$	PROJECT TOTAL	\$

Click boxes if there are funds. Check boxes will auto-populate.

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
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	\$	\$	\$