

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 _____

Does Owner reside at the property? Yes 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)

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 _____

NOTES/COMMENTS

TENANT INFORMATION

UNIT 1

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 the unit? Yes No

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

UNIT 3

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 the unit? Yes No

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

UNIT 2

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 the unit? Yes No

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

UNIT 4

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 the unit? Yes No

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 Obligation			
Federal Lead Total			
State Lead Grant			
State Lead Owner Match			
State Lead Owner Obligation			
DHHS			
State Lead Total			
Leveraged Funds			
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 under 6 in the unit? Yes No

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 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 the unit? Yes No

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 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 MI Last _____

Apt/Unit # _____

Mailing Address _____
 Street, City, State, Zip _____

Home Phone _____

Work Phone _____

Email _____

Are children under 6 in the unit? Yes No

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

UNIT 8

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 the unit? Yes No

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

TENANT INFORMATION

UNIT 9

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 the unit? Yes No

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

UNIT 10

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 the unit? Yes No

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

PROJECT FUNDING SUMMARY

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

Project Funding	
<input type="checkbox"/> Federal Lead Grant	\$ _____
<input type="checkbox"/> Healthy Homes Grant	\$ _____
<input type="checkbox"/>	
<input type="checkbox"/> Federal Owner Obligation	\$ _____
Federal Lead Total	\$ _____
<input type="checkbox"/> State Lead Grant	\$ _____
State Lead Owner Match	\$ _____
State Lead Owner Obligation	\$ _____
DHHS	\$ _____
State Lead Total	\$ _____
Leveraged Funds	\$ _____

State Lead Match Criteria

10% Non-Abatement
 25% Abatement
 Waived

Total Owner Obligation	\$ _____
-------------------------------	----------

Agreement/Constructions Contract	
Grant Amount	\$ _____
Contract Amount	\$ _____
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	\$ _____

PROJECT TOTAL	\$ _____
----------------------	-----------------

Funding Source	Total Interior	Total Exterior	Total
Federal Lead Grant	\$	\$	\$
Healthy Homes Grant	\$	\$	\$
Federal Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs <i>(Owner Obligation)</i>	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL	\$	\$	\$