OWNER APPLICATION

Community	y Action A	Agency (CAA):			Qu	estions sh	nould be directed to:		
CAA Name:					CAA	Rep Name	e		
CAA Addre	CAA Address:				_	A Rep Title			
		Street, City, State	e, Zip		_	Rep Phor	·		
					CAA	Rep Emai	ii		
INSTRUCTI	IONS: Re	eturn completed and signe	ed Applica	tion to the a	above-na	med CAA.			
		l.	APP	LICANT	(OWNE	R) INFO	RMATION		
1. List all	owners of	the property as reflected	on the pro	perty deed	l.				
Owner Na	ame (as re	flected on property deed)			Co	-Owner N	ame (as reflected on property	deed)	
		Entity or Owner (First MI Las	t)				Entity or Owner (First MI La	ast).	
Mailing Ad		,	-7		Ma	iling Addre	,		
		Street, City, Sta	te, Zip			9		ty, State, Zip	1
Home Pho	one				Но	me Phone	- -		
Work Pho	ne				Wo	rk Phone			
Owner Ag	je				Co	-Owner Aç	ge		
lf O		-4ib.	d 0/ af a	l- i	16.0	- 0		\\ \	
II OWI	ner is an ei	ntity, list member name(s) an		ersnip	II C	o-Owner is	an entity, list member name(s)		wnersnip
			%					%	
			%					%	
			%					%	
comple a. Tot	ete Sectior tal numbe	n II, Property Information. r in house (including you) le in the household, their a		b	. Do chi in the	ldren unde nome?	is not to be enrolled than sk	☐ Yes	□ No
Nar	me(s) of (Child (age 18 or younger)	Full time	student?	Age	Blood L	ead Levels VEBL's ug/dl		Care?
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
			☐ Yes	□ No				☐ Yes	□ No
dep	pendent, ι	me serve as a child care lo under six years of age spe nours or more per year) in	end at leas	t three hou				☐ Yes	□ No
,		any of the children who re			determir	ed to have	e lead poisoning?	☐ Yes	□ No
			II.	PROPE	RTY IN	FORMA [*]	TION		
1. Addres	ss of Pro	perty to be abated:		-		2.	Dwelling:		
Address	-	•					☐ Single-Family		
	-	Street, City,	State, Zip				_	Units:	
County	•						Outbuildings:	□ No	
·	-					3.	Year Built:	☐ Unkno	wn

Date__

III. INCOME

Owner must provide the Income information if Owner's unit is to be enrolled into the Lead Program.

Owner of Multi-Family units enrolled in the Lead Program do not need to complete income information if the Owner's unit is not enrolled in the Lead Program. However, if the Owner needs assistance above the Lead Program Grant limits and Owner claims he/she cannot afford to pay the difference between the Lead Program Grant amount and total project cost, then Owner will be required to provide supporting documentation to demonstrate financial hardship.

1. O	wner Employr	nent:					
Self-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
Emplo	yer Name					Employer Phone	
Employer Address						Position	
			Stree	t, City, State, .	Zip	No. of Years	
2. C	o-Owner Emp	loyment:					
Self-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
		Street, City, State, Zip			Zip	No. of Years	
. 01	ther Occupan	t Employm	ent:				
elf-Eı	mployed:	☐ Yes	□ No	If yes, prov	vide 2 years tax return	s, including all Schedules.	
mplo	yer Name					Employer Phone	
mplo	yer Address					Position	
			Street	City, State, 2	Zip	No. of Years	
a.	Wages (gros		from Emplo	yment	Owner	Co-Owner	Other Occupant
a.				yment			
b.	Additional Mo	onthly Incor	me From:				
	1. Overtime						<u> </u>
		e Employm	ent				
	3. Pension:	s s Administr	ation				
	5. Net Ren	tal Income					
	6. Self Emp	oloyment*					<u> </u>
	7. Child Su	pport					
		•	TANF/WIC/	GA)			
		ecurity Ben					
	10. Unemplo	oyment Con	npensation				
C.	Other**		(T				
d.	Gross Mont	-		<u> </u>			-
e.	Total (Line D	iviuitiplied by	/ 12)			<u> </u>	
f.	Gross Hous	ehold Inco	me (Total E	(a)+E(b)+E(c)	:		
** Ir	self-employer, ple	ease provide	most recent	2 years of cor	npleted tax returns inc	cluding Schedule C. tirement, income from trusts, incor	me from business activities

IV. ACKNOWLEDGEMENT, CERTIFICATION AND AUTHORIZATION

1. Acknowledgement:

- (1) I/We specifically acknowledge and agree that MaineHousing has the right to verify any information contained in this Application.
- (2) I/We understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.
- (3) I/We consent to and authorize the CAA and MaineHousing, after giving reasonable notice, to enter the property to determine the scope of work that needs to be done to the property, as well as inspect the work performed at the property. I/we understand that the selection of a contractor and the acceptance of the materials used and the work performed is my/our responsibility, and neither the CAA nor MaineHousing guarantees the quality of workmanship performed at the property.
- (4) I/We also understand that the funds provided by the Lead Program may not be sufficient to address all lead hazards in or around the Property and that, I/we will be responsible for providing any additional funds that may be necessary to address all such hazards.
- (5) I/we understand that MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Pr

	funding guidelines. MaineHousin	•	•	ny project if completion of project cannot be met und case by case basis.	er Lead Program				
	(6) I/We understand that this Application shall remain with the CAA to which it is submitted and/or MaineHousing.								
	(7) I/We understand that consumer reports (Merchant's Report) may be obtained in connection with this Application by the CAA.								
(8) I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Prote Family from Lead in Your Home.									
2.	Certification: I/We certify that the st	lication are true, accurate, and complete to the best o the responsibilities and information contained in the							
3.		otain information or v	erification	Program, to contact any employer, town official, fina required to complete my request for housing repairs, e(s) below.					
Sigi	ned by all owners of the property								
-	signature of Applicant (Owner)			Date					
- 5	signature of Co-Applicant (Co-Owner)			Date					
enco	ouraged to do so. The law provides ose to furnish it. However, if you cho	that a lender may r pose not to furnish t	either disc he informa	rs. You are not required to furnish this information criminate on the basis of this information, nor on vation, under federal regulations the lender is requingly on the information, pleases.	whether you red to note race or				
l do	not wish to furnish this information	on □ Yes	□ No						
Hea	d of Household (check all that appl	y)							
Sex	of Head of Household 🔲 Ma	le		# of Household Members					
	Single			Race:	_				
	Married			White					
	Elderly Single Parent with Children			Black/African American American Indian/Alaska Native					
	wo Parents with Children			Asian					
	Other (specify)			Native Hawaiian/Other					
Ethr	icity:			Pacific Islander					
Hisp	anic or Latino			American Indian/Alaskan Native & White					
	lot Hispanic or Latino:			Asian & White					
	Physically Disabled Head of Household	☐ Yes	□ No	Black/African American & White					
	aced Homemaker*	☐ Yes	□ No	Other Multi-Racial					
year				ime, full-years in the labor force for a number of years beloyed or under employed and is experiencing difficulty					
			Office U	se Only					

Office Use Only							
The Gross Income as calculated pursuant to this Ap	\$						
Maximum Eligible Income for this applicant is: \$ Percentage of AMI:							
CAA Representative Signature	Date	CAA Representative Name					

APPENDIX A

(Retained by the Applicant)

MAINE STATE HOUSING AUTHORITY NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

Safeguarding information in this age of technology presents new challenges for all of us. But at MaineHousing, your confidence in us is our greatest asset. For that reason we adhere to strong guidelines to ensure that any private financial information you share with us is protected and held in confidence. Our employees are highly trained and are held to the highest standards of conduct.

MaineHousing wants you to understand how we gather, use and safeguard information about you to provide you with our products and services. This notice explains our practices for the gathering, sharing and security of information relating to our customers.

Information We Gather

As part of providing you with financial products or services, we gather non-public personal information about you from the following sources:

- Applications, account forms and other information that you provide to us, whether in writing, in person, by telephone, electronically or by any other means. This information may include your name, address and social security number.
- Your transaction with us.
- Information about your transactions with non-affiliated parties.
- Information from a consumer reporting agency.

Information We Share

We do not share any personally identifying information on our current or former customers to any third party, except the following as permitted by law:

With your permission.

- To comply with federal or state laws and other applicable legal requirements.
- To consumer reporting agencies.
- To respond to subpoena or court order, judicial process or regulatory authorities.
- To third parties assisting us in performing our functions or services to you. These third parties are under contract to maintain this information in confidence and not use this information for other purposes. For example, we may share personally identifying information with mailing services, firms that assist us in marketing our products or other financial institutions with whom we jointly market financial products or services. We may share personally identifying information with service providers who help us process your applications or service your accounts. Our service providers include attorneys and other professionals. Because we do not share non-public information, outside of these exceptions, opting-out is not necessary.

If you are no longer an active customer, we will retain your records for as long as required by law. We will continue to treat your personally identifying information as described in this notice.

Our Security Procedures and Information Accuracy

We restrict access to the personal and account information of our customers to those employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect customer information.

We also have internal controls to keep customer information as accurate and complete as possible. If you believe that any information about you is not accurate, please let us know.

If you have a privacy-related concern, please contact our Compliance Officer, Paula Weber, 207-626-4619 or 1-800-626-4600 ext. 1619.

TENANT INFORMATION **UNIT 1 UNIT 2 Tenant Name** Tenant Name First MLL ast First, MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Mailing Address Mailing Address Street, City, State, Zip Street, City, State, Zip Home Phone Home Phone Work Phone Work Phone Email Email ☐ No ☐ Yes ☐ No ☐ Yes Are children under 6 in the unit? Are children under 6 in the unit? ☐ Yes Are the children covered by MaineCare? ☐ No Are the children covered by MaineCare? ☐ Yes □ No AMI: Household Size: 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 Federal Lead Owner Obligation 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 State Lead Owner Obligation **DHHS** DHHS State Lead Total **State Lead Total** Leveraged Funds Leveraged Funds **UNIT TOTAL UNIT TOTAL UNIT 4** UNIT 3 **Tenant Name Tenant Name** First MI Last First. MI Last Co-Tenant Name Co-Tenant Name First MI Last First MI Last Apt/Unit # Apt/Unit # Mailing Address Mailing Address Street, City, State, Zip Street, City, State, Zip Home Phone Home Phone Work Phone Work Phone Email Email ☐ Yes ☐ No ☐ No Are children under 6 in the unit? Are children under 6 in the unit? ☐ Yes ☐ No ☐ No Are the children covered by MaineCare? Yes ☐ Yes Are the children covered by MaineCare? AMI: AMI: Household Size: Household Size: Maximum Eligible Income: \$ Maximum Eligible Income: \$ **Funding** Interior Funding Interior Exterior Total **Exterior** Total Federal Lead Grant Federal Lead Grant Healthy Homes Grant Healthy Homes Grant Federal Lead Owner Federal Lead Owner Obligation 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 State Lead Owner Obligation **DHHS DHHS State Lead Total** State Lead Total Leveraged Funds Leveraged Funds **UNIT TOTAL UNIT TOTAL**

			IENANTII	NFURMATION			
	UNIT 5				UNIT 6		
Tenant Name	Last			Tenant Name	l Last		
Co-Tenant Name				Co-Tenant Name			
First MI	Last			First M	Last		
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 th		☐ Yes	□ No	Are children under 6 in the		☐ Yes	□ No
Are the children covered		? □ Yes	∐ No	Are the children cove <u>red b</u>			□ 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	1			State Lead Owner Obligation	n		
DHHS				DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			
	UNIT 7				UNIT 8		
Tenant Name				Tenant Name			
First MI	Last			First, N	ll Last		
Co-Tenant Name First MI	l ast			Co-Tenant Name First MI Last			
Apt/Unit #				Apt/Unit #			
Mailing Address				Mailing Address			
	Street,	City, State, Zij	o		Street,	City, State, Zip	
Home Phone				Home Phone			
Work Phone				Work Phone			
Email				Email			
Are children under 6 in th		☐ Yes	☐ No	Are children under 6 in the	unit?	☐ Yes	☐ No
Are the children covered		? ☐ Yes	☐ No	Are the children covered b	y 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 Federal Lead Owner				Healthy Homes Grant Federal Lead Owner			
Obligation				Obligation	<u> </u>		
Federal Lead Total				Federal Lead Total			
State Lead Grant				State Lead Grant			
State Lead Owner Match				State Lead Owner Match			
State Lead Owner Obligation				State Lead Owner Obligation	n		
DHHS				DHHS			
State Lead Total				State Lead Total			
Leveraged Funds				Leveraged Funds			
UNIT TOTAL				UNIT TOTAL			

		1	TENANT IN	FORMATION					
UNIT 9				UNIT 10					
Tenant Name	_ast			Tenant Name	t, MI Last				
Co-Tenant Name	ast			Co-Tenant Name	t MI Last				
Apt/Unit #				Apt/Unit #	2401				
Mailing Address				Mailing Address					
	Street, Ci	ity, State, Zip			Street, C	City, State, Zip			
Home Phone				Home Phone					
Work Phone				Work Phone					
Email				Email					
Are children under 6 in the unit?			☐ No	Are children under 6 in the unit?					
Are the children covered by MaineCare? ☐ Yes ☐ No		□ No	Are the children covered by MaineCare?						
Household Size:	AMI:			Household Size:	AMI:	_			
Maximum Eligible Income:	\$			Maximum Eligible Incom	ne: \$				
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	1				
State Lead Owner Obligation				State Lead Owner Obliga	ation				
DHHS				DHHS					
State Lead Total				State Lead Total					
Leveraged Funds				Leveraged Funds					
UNIT TOTAL				UNIT TOTAL					

PROJECT FUNDING SUMMARY

Click boxes if there are funds. Check boxes will auto-populate. State Lead check-box's are on CAA doc checklist page.

Project Funding					
☐ Federal Lead Grant	\$				
☐ Healthy Homes Grant	\$				
☐ Federal Owner Obligation	\$				
Federal Lead Total	\$				
☐ State Lead Grant	\$				
State Lead Owner Match	\$				
State Lead Owner Obligation	\$				
DHHS	\$				
State Lead Total	\$				
Leveraged Funds	\$				
State Lead Match Criteria					
L 10 /6 NOII-Abatement	LI 25 /0 Abatement Li Walved				
Total Owner Obligation	\$				

Agreement/Constru	ctions Contract
Grant Amount	\$
Contract Amount	\$
Contract/Agreement Date	
Interior Start Date	
Interior End Date	
Exterior Start Date	
Exterior End Date	
Change C	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 (Owner Obligation)	\$	\$	\$
State Lead Grant	\$	\$	\$
State Lead Owner Match	\$	\$	\$
State Lead Additional Project Costs (Owner Obligation)	\$	\$	\$
DHHS	\$	\$	\$
CONTRACT AMOUNT	\$	\$	\$
Leveraged Funds	\$	\$	\$
PROJECT TOTAL	\$	\$	\$

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.

	200	DEDTY	
		Does Owner reside at the property?	□No
☐Multi-Family (and Single Family Rentals)	# Units	——————————————————————————————————————	
Property Address:		7 (ic difficil difficil difficil property: — 199	∐ 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, Zi	0	Street, City, State, Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Email		Email	
COMMUNITY ACTION AGENCY (CAA/ESC	ROW AGENT)	LEAD REDUCTION/ABATEMENT CONTRACTO	R
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			
	_		



MAINEHOUSING LEAD PROGRAMS BABA CHECKLIST

(This Form Only Applies When Total Project Assistance is \$250,000 or Less):

Applying BAP and HUD Waivers to a

Office of Lead Hazard Control and Healthy Homes (OLHCHH) funded project

Project Location:	
CAA:	
Total Project Assistance:	
0. 4 D. DADA 4 1 D	
Step 1: Does BABA Apply?	
Is this an infrastructure project, as defined by BABA	?
Infrastructure projects are projects that involve cons buildings and real property (and other types of infras grants, this includes lead hazard reduction activities a	tructure) in the United States. For OLHCHH
YES	NO
If YES , proceed to Step 2.	
If NO , BAP does not apply. Sign below and	the Checklist is complete.
Signature Name and Title:	Date
Step 2: Funding Source	
Check funding sources included in this project:	
 □ Community Development Block Grant F □ Community Project Funding (CPF)/Eco □ Lead Hazard Reduction □ Health Homes Production Grant 	· ,
If none of these funding sources apply, BAP doe	es not apply.
If one of these funding sources apply, proceed to	Step 3.

Step 3: Small Grant Waiver Is the total project assistance less than \$250,000 (including all sources of funding)? YES NO, If Greater than \$250,000 Use Large Project Form. FOR MAINEHOUSING USE ONLY Small Grant Waiver approved or denied: Approved Denied Date: Name: Title:

All backup documentation for the Small Grant Waiver, in addition to this form must be

stored in the project files.

	PHASE 1-	MULTI-FAMILY DO	CUMENT	CHECKLIST			
Applicant (Owner) Property Address			CAA Date Subm				
Program Type(s):	☐ Federal Lead	☐ State Lead (N261) State Lead (Z267)	☐ Healthy Ho	omes DHHS		X	
				Document Reference	FEDERAL LEAD		DHHS
FILE SECTION 1 (Owner)							
Owner Application				Appendix A	Х	Х	Х
Authorization to Release In	formation (Owner)			Appendix E	Х	X	Х
Proof of Ownership (Proper	` ,			Owner	Х		X
Proof of Insurance (homeon		ation)		Owner	Х		X
Income Self-Certification		ationy		Owner Occupant			Х
Merchants Report				CAA	Х		X
Notice of Preliminary Grant	Approval			Appendix LD-1	X		X
Grant Agreement	11			Appendix LD-2	X		X
Declaration of Covenants a	nd Restrictions (signed	")		Appendix H	Х		X
FILE SECTION 2 (Invoices	, -						
Project Summary Sheet	, cricormoto, rrantoro, i	onany		Appendix 1	Х	X	X
Phase 1 Billing Invoice				Appendix 1A	X		X
Phase 1 Multi-Family Docu	ment Checklist			Appendix 1B-MF1	X		X
Waivers (if applicable)	THORE CHOOKING			Appendix K	X		X
Tenant Application				Appendix B	X		X
Income Eligibility Documen	ts (State Lead and DHI	HS may self-certify)	O	wner Occupant /Tenants		,	
Tenant Blood Testing Relea	•			Appendix D	X	X	X
MaineCare Eligibility Letter	· · · · · · · · · · · · · · · · · · ·	,		As of Nov 2022		,	X
Children Under 6 Years Old		oncabic)		Appendix G	Х	X	X
Relocation Assistance Ackr				Appendix LD-C	X		X
FILE SECTION 3 (Contract				Appendix EB O			
Construction Contract	101)			Appendix C-A	Х	X	X
Healthy Homes Complianc	e Agreement (If annlica	nhle)		Appendix HH6	X	,	
Construction Escrow Agree		ioicj		Appendix C-B	X	X	X
Lead Design Plan Specifica				Exhibit C	X		X
Healthy Homes Design Pla				CAA	X	,	
Pre-Construction Report	т (п аррпсавто)			Appendix M	X	Х	X
FILE SECTION 4 (Reports,	Designs & Plans)			, .pp =	,	7.	
Lead Paint Inspection and I		rt		CAA	Х	Х	X
Bid Package (including Ref	•	•		Appendix Y/ CAA	Х		Х
Bid Tabulation Sheet				Appendix J	Х		X
Asbestos inspection docum	nentation (if applicable)			CAA	X		Х
FILE SECTION 5 (Federal		Healthy Homes)		-			
SHPO				CAA	Х	Х	X
BABA small or large project	t form			CAA	Х		
FILE SECTION 6 (Photos,							
Colored Photo(s) of pre-pro				CAA	Х	Х	X
Correspondence	.j= ==		I	CAA/MaineHousing	X	X	X
CAA certifies that the contract that documents not ince Lead Program Guidant subject to periodic insp	cluded on this Documen ce and Procedures, are pection by MaineHousin	ts listed are retained with t Checklist, but required b maintained in the Applica g.	y program regu	located at the CAA of ulations as referenced e at the CAA's office.	d in MaineH	urther cert lousing's t	he
CAA Representative Sign	ature			Date			

Prepared by MaineHousing

CAA Representative Name

MULTI-FAMILY APPLICANT INFORMATION

INSTRUCTIONS: This *Applicant Information Form* describes the Lead Hazard Reduction Grant Program (Federal Lead) and Maine Lead-Paint Hazard Abatement Program (State Lead), collectively referred to as the "Lead Program," requirements and provides a list of things that property owners need to know, and need to do before making a commitment to receive funds from the Lead Program. The Community Action Agency will access the needs of the Applicant and make Lead Program funding recommendation based on Lead Program eligibility requirements. Applicants should retain this *Applicant Information* with their records.

1. HOW THE PROGRAM WORKS

ManeHousing's Lead Program is administered by Community Action Agencies (CAA). The CAA will take an *Owner Application*, perform all necessary eligibility verifications, and inspect the work as it is being performed. After the Owner has signed all necessary documents and if all guidelines are met, MaineHousing will fund the project with Federal Lead Program and/or State Lead Program funds being held on the Owner's behalf. MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. FEDERAL LEAD PROGRAM GENERAL INFORMATION

- a. Federal Lead Grants are available to eligible property owners of rental properties (Owner). The maximum number of rental units a for-profit or non-profit Owner can enroll is ten. The maximum Federal Lead Grant amount an owner can receive is \$10,000 per unit or \$100,000. Owners who have enrolled 10-unit limits under a separate grant are eligible to enroll an additional 10 units, which can consist of different properties. Owners will be required to lease the enrolled units to low-income families for a period of three years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$10,000 per unit, Owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of Lead Program inspections and abatement design will be funded by MaineHousing for eligible rental units and is not included in the Federal Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard control work.
- c. Owners must also provide proof of building ownership and property insurance (e.g., current property tax bill). Owners also must agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- e. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the three-year Grant term, MaineHousing may recoup the Grant funds.
- f. The Owner is be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- g. The Owner must agree to lease at least 50% of the Lead 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 which guidelines I acknowledge are maintained by the MaineHousing, and agree to lease the remaining rental units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, Owners must obtain a "waiver" from MaineHousing.
- h. The Owner must agree to screen prospective tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with MaineHousing to confirm that the income requirements are being satisfied as often as may be required by MaineHousing.
- i. The Owner must agree to advertise vacant/vacated LEAD Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

3. STATE LEAD PROGRAM GENERAL INFORMATION

- a. State Lead Grants are available to eligible Owners of rental properties. The maximum State Lead Grant amount an owner can receive is \$15,000 per unit. Owners will be required to lease the enrolled units to income eligible families for a period of four (4) years and must sign a *Declaration of Covenants and Restrictions* promising such.
- b. If costs exceed \$15,000 per unit, owners must pay the difference. If Owners cannot or refuse to pay the difference, MaineHousing reserves the right to deny the project. The cost of lead paint inspections and abatement/remediation design will be funded by MaineHousing for eligible rental units and not included in the State Lead Grant amount. MaineHousing may also help with the costs of tenant relocation during the lead hazard abatement work.
- c. An Owner of property that receives lead abatement assistance under the State Lead Program shall pay a portion of abatement costs as follows: At least 10% of the costs of abatement if not under abatement order; at least 25% of the costs of abatement if the building is under abatement orders.

- d. For a period of no less than four (4) years, beginning on the date on which the State Lead Grant is awarded, Owner must agree to lease 100% of the Lead Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- e. The Owner must agree to limit the monthly rental charges in the Lead Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.org.
- f. Owners must also provide proof of building ownership (e.g. a property deed). Owners must also agree to pay all taxes due on the Property and keep the Property free from all future claims against it.
- g. Owners must agree to keep the Property in good condition and make all repairs needed to comply with local code requirements
- h. Owners will be required to sign several documents, including an *Application*, a *Declaration of Covenants*, grant documents, a *Construction Contract* and other documents necessary for completion of lead hazard control work.
- i. If the Owner transfers title, refinances, foreclosed on, sells the property or breaks the affordability requirements prior to the maturation of the four-year State Lead Grant term, MaineHousing may recoup the Grant funds.

4. TEMPORARY RELOCATION

- a. Owners must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Owners are strongly encouraged to seek vacant units for the temporary placement of families during the work.
- b. Tenants may be eligible for federally-funded grants of up to \$1,450 or state-funded grants of up to \$1,250 to help with temporary relocation costs.
- c. It is the Owner's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- d. Owners and tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Owners and tenants must find alternative housing for pets.

5. RETURNING HOME

The Owner (and tenants) cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the property. This can be done safely while the occupants live in the home.

6. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided to me/us under the Lead Program may not be sufficient to address all lead hazards in or around the Property. The Owner will be responsible for providing any additional funds which may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Program funding guidelines. MaineHousing will review each project on a case by case basis.

7. OTHER REQUIREMENTS

- a. Property insurance is required for all properties enrolled in the Lead Program.
- b. Owners with properties located in a FEMA recognized Special Flood Hazard Area will not be allowed to participate in the Federal Lead Program.
- c. Only qualified, licensed abatement contractor can perform the work. Owners cannot use grant proceeds to pay for his/her own labor or to purchase his/her own materials to perform the work. **Note**: Owners who are licensed lead abatement contractors may seek pre-approval from MaineHousing for reimbursement of materials only. Owners who are licensed lead abatement contractors must receive pre-approval from MaineHousing in order to seek reimbursement for costs related to materials for the lead abatement project. Please contact the Community Action Agency for additional information.
- d. Work cannot commence until the *Application* is approved **AND** the required Lead Program Grant documents and other required Federal Program Grant documents have been signed. Any work started prior to Lead Program Grant closing will not be funded by MaineHousing.
- e. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the Owner.
- f. Site visits will be conducted by staff from the CAA and MaineHousing during the construction phase.

8. CONTRACTOR PROPOSALS

- a. The CAA will obtain a minimum of three bids from separate, qualified contractors to perform the work. The contractor must be a Maine Department of Environmental Protection licensed lead abatement contractor and or a Lead Smart Renovator (if the type of work allows for a Lead Smart Renovator).
- b. Owners should check the Contractor's past performance through references and the Better Business Bureau. The CAA may be able to assist.
- c. The CAA will award the project to the lowest bidder. If Owners choose a contractor whose bid is higher than another, **the Owner will be responsible** for paying the difference between the low bid and the bid the Owner choses.

9. CONTRACTS

MaineHousing's Federal Lead Program and State Lead Program require a *Construction Contract* to be signed by the Owner and the chosen contractor. The CAA will provide the *Construction Contract*.

10. CONTRACTOR PAYMENTS

- a. No payments will be released to the contractor until the CAA authorizes payment. Final payment will be withheld until the contractor passes a visual inspection and a lead dust wipe clearance test performed by the CAA.
- b. The Owner, the chosen contractor and the CAA will enter into a *Construction Escrow Agreement*. This enables the CAA to hold and distribute the construction funds on the Owner's behalf and in accordance with program rules.

11. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed *Construction Contract* or the performance by the parties, contact the CAA immediately and describe the complaint. If the CAA is unable to informally resolve the dispute, the CAA will assist the parties through the following process:

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact the CAA first, not MaineHousing.
- b. <u>Informal Conference.</u> The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution</u>. The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS APPLICANT INFORMATION, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY FOR CLARIFICATION BEFORE SIGNING.

DECLARATION OF COVENANTS AND RESTRICTIONS

Grantee	Co-Grantee:	
Address:	Address:	
Rental Property Address:		

This Declaration of Covenants and Restrictions ("Declaration") is made the above-named Grantee(s) residing at the above-identified mailing address(es) (which term shall mean the Applicant(s) under the Maine State Housing Authority (MaineHousing) Lead Hazard Reduction Grant Program (Federal Lead Program) and/or Maine Lead Paint Hazard Abatement Program (State Lead Program), collectively referred to as the "Lead Program," to induce MaineHousing, with a mailing address of 26 Edison Drive, Augusta, Maine 04330, which term shall include its successors and assigns, to grant funds to the Grantee under MaineHousing's Lead Program.

Whereas, Grantee is the owner of a above referenced rental housing property ("Property") and made application for a Lead Program grant; and

Whereas, MaineHousing may provide State Lead Program grants up to \$15,000 per unit and/ Federal Lead Program grants up to \$10,000 per unit for the for the abatement of lead paint hazards in the Property ("Program Units"); and

Whereas, in consideration of the benefit received by Grantee from the Lead Program, Grantee has agreed to abide by the covenants and restrictions set forth in this Declaration.

Now, therefore, Grantee hereby agrees as follows:

1. Enforceability of Covenants

The covenants and restrictions set forth in this Declaration are intended to be and shall be considered covenants that run with the real estate described in **Exhibit A** attached hereto and made a part hereof and shall bind all subsequent owners of the real estate described in **Exhibit A** for the Declaration Period as defined herein. The covenants of Grantee set forth herein are enforceable by MaineHousing as a contract beneficiary. The covenants and restrictions set forth herein shall survive a sale, transfer, or other disposition of the Property by Grantee, except that such covenants and restrictions shall not survive a sale or transfer by foreclosure to a party other than Grantee or any member of Grantee's household or a transfer by deed in lieu of foreclosure.

2. Covenants and Restrictions

☐ Grantee is the recipient of a Federal Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for three (3) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby.

- a. Grantee agrees to lease 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 which guidelines I acknowledge are maintained by the Administrator, and agree to lease the remaining Program Units to tenants with household incomes at or below 80% of the area median income as established by HUD. If for any reason the 50/50 area median income requirement explained above cannot be met, I will obtain a "waiver" from the Program Administrator.
- b. Grantee agrees to screen prospective Program Unit tenants to determine income eligibility so that income requirements are satisfied, and agree to verify tenant income eligibility with the Program Administrator to confirm that the income requirements are being satisfied as often as may be required by the Program Administrator.
- c. Grantee agrees to advertise vacant/vacated Program Units on the MaineHousingsearch.org website and to include in the advertisement that the Program Unit has been lead abated, priority will be given to those families with children under the age of 6 years, and the household must be income eligible for the Program Unit.

- Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- e. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

☐ Grantee is the recipient of a State Lead Program Grant and agree to the following:

Grantee hereby covenants and agrees that for four (4) years from the date of the recording of this Declaration in the applicable County Registry of Deeds, the following conditions and restrictions will be and remain in effect and Grantee shall be bound thereby:

- a. Grantee agrees to lease 100% of the Program Units to tenants with a household income at or below 100% of the area median income as established by United States Department of Housing and Urban Development ("HUD") guidelines.
- b. The Grantee agrees to limit the monthly rental charges in the Program Units to Fair Market Rents ("FMR") for the unit size and geographical area, as determined annually by the U.S. Department of Housing and Urban Development and available at www.mainehousing.org.
- c. Grantee agrees to pay all taxes due on the Property and keep the Property free from all future claims against it.
- d. Grantee agrees to keep the Property in good condition and make all repairs needed to comply with local code requirements

3. Remedies for Breach by Grantee

MaineHousing and any tenant who meets the income qualifications contained herein shall be entitled to all rights and remedies available at law and in equity, including injunctive relief and specific performance, to enforce the covenants and obligations of Grantee and the restrictions set forth in this Declaration.

4. Discharge

П	•	ad Program Grant, this Declaration shall automatically expired from the date of recording with no additional action necessation.	
	•	Program Grant , this Declaration shall automatically expire a the date of recording with no additional action necessary by	
Ву:		Date:	_
Grantee Na	me:	Witness:	_
Its:			
Ву:		Date:	_
Co-Grantee	Name:	Witness:	
Its:			
State of Mai	ine	Date:	_
	-	oath to the foregoing and acknowledged before me the foregoing and doad of	joing
	r free act and deed [in his/her said capacity]	land the free act and deed of	
		Notary Public/Attorney-at-Law	_
		Printed name:	_

Commission expires: ___

EXHIBIT A TO DECLARATION OF COVENANTS AND RESTRICTIONS LEGAL DESCRIPTION OF PROPERTY

Project Funding: ☐ State N261 ☐ Federal Lead ☐ Hea	althy Homes DHHS	
Agency (CAA):	OM Bur Name	
Project Type: ☐ Single-Family ☐ Multi-Family	CAA Dan Title.	
Applicant (Owner): Address:	Co-Applicant: Address:	
Property:	Grant Amount: \$	
Your application for one or more of the following been reviewed and approved as follows:	g Lead Program Grants with the above-named CAA ha	S
TOTAL FUNDS	\$	
2. 3. 4. Your Closing is scheduled on:		
•		
Date:	Place:	
Date: Time:	Place:	
Time:	items (if applicable) to the Grant closing to avoid any dela	
Time: It is important that you bring the above-mentioned	items (if applicable) to the Grant closing to avoid any dela	

	State Lead (Z267) GRANT AG	REEMENT	
Project Fundir	- '	Ithy Homes DHHS	S
Agency (CAA	A):	CAA Rep N	Name:
		CAA Rep 1	Fitle:
Project Typ	e: ☐ Single-Family ☐ Multi-Family	CAA Rep F	Phone:
		CAA Rep E	Email:
Applicant/Gr	rantee:	Co-Applicant:	
Address:		Address:	
Property:		Grant Amount:	\$
4 5	UNDS:	Grant Date:	
<u>1. F</u>	UNDS.		
А	 CAA will provide a total of \$	to the Applicate Housing Author	ant/Grantee from the Lead Program(s) rity as follows (Grant Amount):
В.	The Applicant/Grantee will provide a tota referenced Property (Owner Contribution		_ to the Lead project for the above
C	Total Project Funds in the amount of \$ with the Construction Escrow Agreement		
C ir C a	ISE OF FUNDS: The Grant Funds will be used Contract executed by the Owner and contractor and the Construction Contract requires a written Clack. The Applicant acknowledges that the Grant batement/remediation work and that these funds elated repair.	and approved by C nange Order appro t Funds are to be	AA. Any change to the work outlined oved by the contractor, the Owner, and used for necessary lead
	DISBURSEMENTS: CAA will hold the Grant Fur ayments to the contractor in accordance with the		
	COOPERATION: The Owner agrees to allow co erform the work.	ntractor and CAA	reasonable access to the home to
APPLIC	ANT:	CAA:	
Applicant	Signature	CAA Representat	ive Signature
Co-Applica	ant Signature	CAA Representat	ive Name
Date		Date	

CONSTRUCTION CONTRACT

	State Lead (Z267)	NSTRUCTION CONTRACT	
Project Funding:	☐ State Lead (N261) ☐ Fede	eral Lead □ Healthy Homes DHHS	
Escrow Agent		CAA Rep Name	
(CAA):		CAA Rep Title:	
Project Type:	☐ Single-Family ☐ Multi-Family	CAA Rep Phone	:
		CAA Rep Email:	
Applicant:		Co-Applicant:	
Address:		A dalaa a a a	
Property:		Contractor:	
-		Address:	
		Contract Amount:	\$
		Contract Date:	
certain right herein, in coowner. Ow 2. PRO The Owner Program ("Foollectively home/apartiremediation	s under this Contract as Escrophnection with the Project, and ner and Contractor (collectively DGRAM) has been selected to receive fixederal Lead" Program) and/or referred to as the "Lead Programent(s), and as a result, the Orat the above address (the "Program of the selected to the selected Program of the selected to the selected to the selected Program of the selected to the s	Maine Lead Paint Hazard Abatemer am," to remediate lead-based paint h wner and the Contractor are entering	also the Consultant, as defined the Contract by Contractor and ows: Housing Lead Hazard Reduction Grant It Program ("State Lead" Program), azards in the Owner's
3. WO			
Documents' Conditions,), which are incorporated here a copy of which is provided to	ped in, and in accordance with, the for in by reference (the "Work"): (1) Lead the Owner and Contractor; and (2) L hazard design consultant ("Consulta	d Contractor Standards and ead Design Plan Specifications
4. WO	RK COMMENCEMENT/COMI	PLETION	
a.	Interior Start Date: Contra of the Project on	actor shall commence the portion of t	he Work involving interior portions
b.	Interior End Date: Contra	ctor shall complete the portion of the	Work involving interior portions

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C.

d.

portions of the Project on

the Project on

Exterior Start Date: Contractor shall commence the portion of the Work involving exterior

Exterior End Date: Contractor shall complete the portion of the Work involving exterior portions of

COSTS

In consideration for completion of the Work and in accordance with the Lead Design Plan Specifications attached as Exhibit C, the CAA will pay Contractor up to the "Contract Total" set forth below for Work completed to the Owner's satisfaction:

Funding Source	Interior	Exterior	Total
PROJECT TOTAL	\$	\$	\$

1. Radon remediation costs are \$1,200.00 max for single family homes and \$500.00 max per unit for multi-family/multi-unit buildings. Radon remediation is available to applicable projects funded with federal lead.

6. PAYMENTS

The Contractor and the Owner hereby acknowledge that, because the Owner is the recipient of Program funds due the Contractor under this Contract, funds shall be paid to the Contractor by MaineHousing through the CAA within 30 days of the CAA's receipt of all invoice and supporting materials received by the CAA from the Contractor. Payments the CAA issues to the Contractor depends on the size of the project. Advancing federal funds to Contractors is prohibited. Contractor should request payment for work completed and submit their request to the CAA with signed authorization from the Owner. Contractor's request for payment must include documentation that describes the scope and nature of the work for which the contractor is requesting payment. The CAA shall act as the "Escrow Agent". Contractor and Owner agree to comply with the terms of a Construction Escrow Agreement among the Escrow Agent, the Contractor and Owner.

If owner does not receive financing to cover the cost of the Contractor's bid, this Contract is null and void.

- a. No monies will be disbursed up front in advance of the work. A sum of ten percent of the total Contract amount shall be withheld by the CAA until completion and approval of all work.
- b. Prior to issuing payment to the Contractor, the *Contractor Payment Request* form must be completed and approved/signed by the Contractor and the Owner. CAA must obtain a *Certificate and Release of Liens* for each payment being requested by the Contractor, prior to issuing payment.
- c. CAA must issue payment for work performed within thirty (30) calendar days of receipt of the contractor's invoice. This requirement applies to any and all work performed under the Program(s). Upon receipt of the Contractor's invoice, the corresponding Contractor Payment Request forms and Release of Liens, CAA will perform required inspections of the Contractor's work within this thirty day time period.
- d. The CAA shall act as the "Escrow Agent" and will hold the funds for the performance of this Contract.
- e. Contractor and Owner agree to comply with the terms of a *Construction Escrow Agreement* among the Escrow Agent, the Contractor and Owner, including:
 - Certificate of Final Inspection and Final Payment Acknowledgment (see Appendix Q) executed by the Owner and the appropriate Lead Inspector, as determined by the Escrow Agent;
 - ii. Certificate and Release of Liens (see Appendix I-B) executed by Contractor; and
 - iii. And any further documentation as may be required by the CAA under the *Lead Program Guidance* and *Procedures* (Lead Guide).

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7. HAZARDOUS WASTE EXPENSES

Hazardous waste expenses that are incurred, including waste disposal costs included in the Work performed for the Project shall be billed at cost. In order to receive payment for hazardous waste expenses, Contractor must submit a copy of the invoice from the hazardous waste transportation and disposal company that includes the company's name, address, phone number, and cost of transportation and disposal. Failure to provide such an invoice may result in nonpayment.

8. ACCESS TO WORK; MAINTENANCE OF RECORDS

The Owner, the CAA and/or MaineHousing shall have the right to inspect the Project, including, without limitation all Work done and all materials, supplies, equipment and fixtures furnished, installed or stored in, on or about the Project premises, and all books, subcontracts, and records of Contractor, at all reasonable times, which inspections the Owner acknowledges are for the sole benefit of MaineHousing. *Note: Entry into an active abatement area is strictly prohibited by any person(s) unlicensed to do so.*

9. FAILURE TO PERFORM

Failure by Contractor to perform any Work under this Contract for a period of two (2) consecutive working days at any time after commencement of the Work or failure by Contractor to complete the portion of the Work involving interior portions of the Project by the Interior End Date, without written consent of Owner, shall constitute a breach of the Contract, and Owner may, by written notice, terminate the Contract, and/or assess liquidated damages in the amount of \$50.00 per day for every working day that Contractor is not at the site without Owner approval.

10. LIENS

The final payment due under the Contract shall not become due until the Contractor, delivers to the Owner a complete release of all liens arising out of the Contract and receipts in full; in lieu thereof and, if required in either case, an affidavit that, so far as he/she has knowledge or information, the releases and receipts include all the labor and material for which a lien could be filed. The Contractor may, however, if any subcontractor refuses to furnish a release or receipt in full, furnish a bond satisfactory to the Owner, for indemnification against any lien. If any lien remains unsatisfied after all payments are made, the Contractor shall refund to the Owner all moneys that the latter may be compelled to pay in discharging such a lien, including all costs and attorney's fees.

11. PERMITS AND FEES

- a. Contractor shall comply with all applicable building, zoning, environmental, and land use laws, regulations, and ordinances. Contractor shall give all notices required by and comply with all applicable laws, ordinances and codes of the municipality where work is being performed and the State of Maine.
- b. Permits, fees and licenses necessary for completion of the Work shall be procured and paid for by the Contractor. The Contractor shall give all notices and comply with all laws, ordinances, statutes and regulations bearing on the Work. The Contractor shall provide copies of all Work related permits and licenses to the Owner and CAA.

12. INDEMNITY

- a. The Contractor shall indemnify and hold harmless CAA, its agents and employees, MaineHousing, its agents and employees; the Owner, the Owner's agents and employees, and the Consultant working on the Project from and against all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting from the performance of the Work, provided that any such claim, damage, losses or expense (a) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom, and (b) caused in whole or in part by any negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.
- b. In any and all claims against the Owner, the Owner's agents or employees, or the Consultant working on the Project, CAA, its agents or employees, by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable

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by or for the Contractor or any subcontractor under Worker's Compensation Acts. disability benefit acts or other employee benefit acts.

INSURANCE 13.

Commercial General Liability Insurance. The Contractor shall procure and maintain during the a. life of the Contract, at its own cost, and show evidence to the Owner and CAA of Commercial General Liability Insurance, including special broad form property damage coverage, to protect it from claims and damages which may arise from operations under the Contract, whether such operations shall be performed by Contractor or by anyone directly or indirectly employed by it in the types and minimum amounts set forth below:

Description	Coverage	Each Occurrence		
Commercial General Liability		\$1,000,000		
Lead-Based Paint Liability		\$1,000,000		
Owners & Contractor's Protective*		\$1,000,000		
Pollution Occurrence Insurance		\$1,000,000		
Property Damage	Vehicle Liability, including owned, hired, or non-owned	\$1,000,000		
Employer's Liability	B.I./Death	\$1,000,000		
*In the event the Contractor should employ subcontractors.				

- b. Worker's Compensation Insurance. Contractor shall procure and maintain, at its own expense, and show evidence to the Owner and CAA of Worker's Compensation coverage, as well as Employer's Liability Coverage, for their employees, including employees engaged in hazardous work. All such policies which are in any way related to the Work and which are secured and maintained by the Contractor shall include clauses requiring that each underwriter shall waive all its right of recovery under subrogation or otherwise against the Owner.
- Deductible Amount. The Contractor will reimburse the Owner and hold the Owner harmless for C. the cost of any losses for which it is responsible and to which a deductible amount may apply. The deductible amount in any such policy may not exceed Twenty Five Hundred Dollars (\$2,500) without the written consent of the Owner and either MaineHousing or CAA.
- d. Certificate of Insurance. The Contractor will provide Owner with either certificates of insurance or certified copies of the applicable policies, showing that it has complied with these provisions, and such certificates shall provide that thirty (30) days' written notice of non-renewal, material modification, or cancellation must be given to the Owner and MaineHousing or its duly authorized agent prior to the effective date of such non-renewal, material modification, or cancellation.
- Owner as Additional Insured. The Owner shall be named as an additional insured in all such e. policies.
- f. Subcontractors. All subcontractors shall provide the insurance coverage described below:

Description	Coverage	Each Occurrence
Commercial General Liability		\$500,000
Property Damage		\$500,000
Vehicle Liability, including owned, hired, or non-owned	B.I./Death	\$1,000,000
Worker's Compensation		Maine statutory limits

14. **CLEANING UP**

The Contractor shall at all times keep the Project premises free from the accumulation of waste materials or rubbish; and, at the completion of the Work, Contractor shall remove all rubbish from and about the Project and all tools, scaffolding and surplus materials and shall leave the Project "Broom Clean". In case of failure to comply by the Contractor, the Owner may perform the clean-up and deduct the cost from any monies due the Contractor.

RELOCATION OF TENANTS 15.

The CAA shall be responsible for the relocation of occupants during construction activities, including, but not limited to the provision of temporary living accommodations in accordance with the applicable relocation

requirements contained in the Lead Guide. In the event that temporary housing becomes unavailable, CAA shall provide a minimum 48 hour notice prior to the Work Start Date to the Contractor, and Owner and Contractor shall establish a new Project Start Date.

16. COOPERATION WITH CONTRACTOR

The Owner shall cooperate with Contractor to facilitate performance of the Work, including the reasonable movement of household furnishings away from the Work area. Owner shall permit Contractor to make reasonable use of existing utilities for the performance of the Work and such use shall be at the expense of the Owner. Owner shall be responsible for obtaining permission from abutting property owners to move work people and materials onto abutting properties for the purposes of completing the Work. Owner shall also ensure that no other contractor will interfere with Contractor's work. If the Owner or an unauthorized general contractor breaches Contractor's containment or otherwise causes lead contamination of an area already cleaned by the Contractor, the re-testing and re-cleaning of the contaminated areas shall be at the expense of the Owner. Furthermore, any duly authorized agent of MaineHousing shall not be obligated to release any funds to the Owner until such time as the Owner has re-cleaned and re-tested the areas that have been re-contaminated by the Owner or the Owner's general contractor.

17. ASSIGNMENT

Contractor shall not assign this Contract nor delegate its duties hereunder without the written consent of the Owner and MaineHousing.

18. PROJECT MONITORING

Contractor and subcontractors will be monitored by the Program CAA or MaineHousing. The CAA, Consultant or MaineHousing has the authority to monitor the Work and to ensure that the project is being performed in accordance with this Contract and the *Lead Design Plan Specifications* attached as Exhibit C. Consultant has the authority to direct Contractor to remedy any unsafe or illegal work practice and to ensure that the lead-based paint hazard control process is being performed in accordance with the Occupational Health and Safety Administration Lead in Construction Standards (29 CFR 1926.62), and in accordance with applicable United States Department of Housing and Urban Development guidelines and Maine Department of Human Services regulations. In the event of a dispute between Program CAA and Contractor, MaineHousing shall have the authority to determine the dispute and Consultant's decision shall be final. Both the Contractor and the Program CAA should describe the dispute in their daily logs and inform MaineHousing of the decision.

19. WARRANTY

The Contractor warrants to the Owner that materials and equipment furnished under the Contract will be of good quality and new, fit for the purposes for which they are intended and of merchantable quality, unless otherwise required or permitted by the Contract Documents; that the Work will be free from defects not inherent in the quality required or permitted; and that the Work will conform with the requirements of the Contract Documents. Work not conforming to these requirements, including substitutions not properly approved and authorized, may be considered defective. The Contractor's warranty excludes remedy for damage of defect caused by abuse, modifications not executed by the Contractor, improper or insufficient maintenance, improper operation, or normal wear and tear under normal usage. If required by the Owner, the Contractor shall furnish satisfactory evidence as to the kind and quality of materials and equipment.

20. RELEASE AND HOLD HARMLESS

Owner agrees to assume all risk of injury, harm or damage to his/her person or property which may arise as a result of the performance of the Contract by Contractor and does hereby release and agree to indemnify and hold harmless MaineHousing, the CAA and their agents, officers and employees from any and all liability actions, damages and claims of any kind and nature whatsoever for injury or harm that might arise in connection with the use of the Contract, the Contractor's performance of the Contract and/or Applicant's participation in the Program.

21. COMPLIANCE

- a. The Contractor and all sub-contractors will comply in all respects with all applicable federal, state and local laws and regulation, including, without limitation, those relating to "hazardous materials", as defined herein.
- b. The term "hazardous materials" shall mean any substance, material, or waste which is or becomes regulated by any governmental authority, including, but not limited to: (i) petroleum; (ii)

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friable or non-friable asbestos; (iii) polychlorinated biphenyls; (iv) those substances, materials or wastes designated as a "hazardous substance", pursuant to Section 311 of the Clean Water Act or listed pursuant to Section 307 of the Clean Water Act or any amendments or replacements to these statutes; (v) those substances, materials or wastes defined as a "hazardous waste", pursuant to Section 1004 of the Resource Conservation and Recovery Act or any amendments or replacements to that statute; (vi) those substances, materials or wastes defined as a "hazardous substance", pursuant to Section 101 of the Comprehensive Environmental Response, Compensation and Liability Act, or any amendments or replacements to that statute or any other similar statute, rule, regulation or ordinance now or hereafter in effect; or (vii) any "hazardous waste", "hazardous substance" or "chemical substance or mixture" or similarly regulated substances or material as such phrases are defined in or regulated pursuant to any applicable state or local law, regulation or ordinance governing the generation, storage, discharge, transportation or disposal of the same.

- c. The Contractor, at its own expense, will promptly take all actions which may be necessary to abate, remove, clean up, and otherwise cure any violation of environmental laws caused by any hazardous materials used, generated, released, discharged, stored, or disposed of in connection with the Project and which were either brought onto the Project site or employed by the Contractor in connection with the Project. The Contractor shall not be responsible for hazardous materials present on the site or in the building at the time of the commencement of the Project, unless the Contract Documents impose such an obligation upon Contractor.
- d. Contractor will defend, indemnify and hold the Owner, the CAA, and MaineHousing harmless from any cost, expense, claims or liability resulting from violations of any environmental laws hereunder by Contractor or any subcontractor.

22. CHANGES IN SCOPE OF WORK

Neither the Owner nor the Contractor shall make any changes in the plans and specifications developed by the Consultant, or changes by altering or adding to the Work contemplated, or orders for extra work which will result in a net construction cost increase, or will change the design concept, or will result in a construction cost decrease of more than 2% of the Contract amount without the prior written approval of MaineHousing.

23. RESOLUTION OF DISPUTES

Disputes between the Applicant and the Contractor may arise from time to time during the life of the rehabilitation project. Under Maine law 10 M.R.S.A. §§1487 (8), the parties to a home construction contract may agree to settle disputes arising under the contract by jointly paying for one of the following: **Please select one of the following options:**

	binding arbitration as regulated by	the Maine Uniform Arbitrat	ion Act with the p	parties agreeing to accept	as
fina	al the arbitrator's decision.	If selected: Client initials		Contractor initials	_
	non-binding arbitration, with the parough other means, including a laws				
	mediation, with the parties agreeir empt to resolve their differences.				rder to

24. The Program that finances this work requires disputes to be resolved in accordance with the above selected option. ROLE OF MAINEHOUSING

Notwithstanding any reference to MaineHousing and/or the CAA contained herein, Owner and Contractor recognize and acknowledge that MaineHousing, its agents and employees are not parties to this Contract. Contractor and Owner shall have no claim against MaineHousing or any person acting on its behalf for any action taken pursuant to this Contract.

It is further understood between the parties hereto that Owner has agreed to the selection of all contractors, subcontractors, material men, as well as all others furnishing services or materials to the Project and MaineHousing has, and shall have, no responsibility whatsoever for them or for the quality of their materials or workmanship. MaineHousing's sole function is that of program coordinator and to distribute Lead Program Grant funds in accordance with Program guidelines as may be promulgated by MaineHousing. Owner shall have no right to rely on any procedures required by MaineHousing, because such procedures are for the protection of MaineHousing.

Owner and Contractor agree, both jointly and severally, to indemnify and hold harmless MaineHousing its agents

and employees from and against any and all liability, suits, actions, and claims for property damage and/or personal injury (including death) arising directly or indirectly from the execution of the Work or otherwise under this Contract.

25. COMPLETE AGREEMENT

This Contract represents the entire and integrated agreement between Owner and Contractor. No changes, modifications, nor amendments in the terms and conditions of this Contract shall be effective, unless reduced to writing, signed by duly authorized representatives of Owner and Contractor, and approved by MaineHousing.

26. GOVERNING LAW; GENDER

This Contract shall be governed by the laws of the State of Maine. Any noun or pronoun, when used herein, shall mean the singular or plural and the masculine or feminine, as the context requires.

27. MAINE ATTORNEY GENERAL ADVISORY

Owners are strongly advised to visit the Maine Attorney General's publicly accessible website to obtain current information on how to enforce their rights when constructing or repairing a home at: http://www.maine.gov/ag/consumer/housing/home_construction.shtml or contact the Attorney General's Office by mail or phone at: 6 State House Station, Augusta, ME 04333 (207) 626-8800 / TTY # 711. By signing below, Owner acknowledges he/she has read the attached Maine Attorney General Home Construction warning Addendum.

IN WITNESS WHEREOF, the Owner, Contractor and CAA hereto have caused this Contract to be duly executed on the Contract Date written above.

Signature of Owner Signature of Co-Owner CONTRACTOR Signature of Contractor Representative Contractor Representative Name CAA Signature of CAA Representative Date Date

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CONTRACT ADDENDUM

MAINE ATTORNEY GENERAL HOME CONSTRUCTION WARNING STATEMENT

If you are thinking about building a new home or repairing your existing home, here are some things you should know.

Contractors Are Not Licensed – Buyer Beware!

Home contractors are not licensed or regulated by the State of Maine. The old saying "Buyer Beware" applies. While some towns and cities have adopted building codes and enforced them, others have not. We recommend that you talk to your town's code officials before you begin construction. Although home construction contractors are not licensed, some building trades are licensed. Plumbers, electricians, oil burner technicians, and installers of mobile and modular homes are licensed in Maine. For more information on these licensed trades, go to: http://www.maine.gov/pfr/index.shtml

Always Check Contractor References

The Attorney General receives more complaints about home contractors than about almost any other business. We <u>strongly</u> recommend that you ask any contractor you are considering hiring for several references and that you follow up on them. It is also a good idea to check with your local building supply companies or real estate brokers. They will know the dependable contractors in your area.

Written Contracts Are Required

For all home construction and home improvement projects over \$3,000, Maine law requires a written contract with a specific provision that prohibits payment up front of more than one third of the contract price. When a contractor asks you for any money up front, make sure that the money is being used to purchase materials for your project. Ask for receipts and for a lien waiver from subcontractors. A model contract that meets State law can be found in Chapter 18 of the Maine Attorney General's Consumer Law Guide. Go to http://www.maine.gov/ag/consumer/law guide article.shtml?id=27938

Be Careful with Construction Loans

If a lender is financing your construction project, make sure that you know your lender and that you understand how your loan proceeds will be disbursed and how subcontractors will be paid.

Home Contractor Complaints Received by the Attorney General

For a listing of home contractors the Attorney General's Consumer Mediation Service has received complaints against, go to: http://www.maine.gov/ag/consumer/housing/home_construction.shtml
You can also call the Attorney General's Consumer Protection Division at 1-800-436-2131. The Better Business Bureau also provides information on companies. Go to www.bosbbb.org or call (207) 878-2715.

Home Contractors the State Has Sued

In the recent past the State has successfully sued the following home contractors for poor workmanship or failure to complete jobs: State of Maine v. CBS Enterprises (Kimberly Mark Smith and David J. Blais), Default Judgment in CBS Enterprises, State of Maine v. Frederic Weinschenk d/b/a Ric Weinschenk Builders Inc., State of Maine v. Stephen Lunt d/b/a Lakeview Builders, Inc., State of Maine v. Bob Burns d/b/a Better Homes, State of Maine v. Albert H. Giandrea d/b/a AG's Home Quality Improvements, Inc., State of Maine v. Al Verdone, State of Maine v. Mikal W. Tuttle, d/b/a MT Construction, DMI Industries, and MT Construction, Inc. The Androscoggin County District Attorney has obtained a theft conviction against home contractor Harold Soper. State of Maine v. Harold Soper. Even when our law suits have been successful, we have been unable to collect a significant portion of the judgments because the builders are bankrupt, judgment proof, or have left the state. We strongly recommend that you research a contractor's record before you begin any construction project.

Your Home Construction Rights

Chapter 17 of the Maine Attorney General's Consumer Law Guide explains your rights when constructing or repairing your home. Chapter 18 of the Consumer Law Guide is a model home construction contract that meets the statutory requirements for any home construction contract over \$3,000. Go to http://www.maine.gov/ag/consumer/law_guide_article.shtml?id=27938

As of September 1, 2006, this entire statement must be an addendum to any home construction contract for more than \$3,000, as required by 10 M.R.S.A. Chapter 219-A.

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State Lead (Z267) CONSTRUCTION ESCROW AGREEMENT

Project Funding:	☐ State Lead(N261) ☐ Federal Lead	☐ Healthy Homes DHHS
Escrow Agent (CAA):		CAA Rep Name:
(OAA).		CAA Pop Title:
Duciest Tyme: D S	ingle Femily	CAA Rep Phone:
Project Type: ☐ Single-Family ☐ Multi-Family		CAA Rep Email:
Applicant:		Co-Applicant:
Address:		Address:
Property:		Contractor:
		Address:
		Contract Amount: \$
		Contract Date:

This Agreement is entered into on the above written Agreement Date in conjunction with a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program (State Lead), collectively referred to as the "Program," from the above-referenced Escrow Agent to the above referenced Applicant ("Owner") in the amount of the above written Escrowed Funds.

1. DEPOSIT

The Owner has deposited the above referenced Owner Contribution (if applicable) and Maine State Housing Authority ("MaineHousing") is depositing the above referenced Program Fund amount(s), together referenced as the Escrowed Funds, with the Escrow Agent for work described in Exhibit C to a *Construction Contract* of near or even date between the Owner and the Contractor as may be modified by change orders executed by the Owner, the Contractor, and the Escrow Agent (the "Work"). The Owner and the Contractor agree to comply with the terms of the *Construction Contract* and *Lead Contractor Standards and Conditions* which are incorporated herein.

2. AUTHORIZATION

Contingent upon receipt of funds the Escrow Agent is authorized and directed to disburse the Escrowed Funds in accordance with this Agreement. If owner and/or Escrow Agent does not receive financing to cover the cost of Contractor's price, this Agreement is null and void.

3. DISBURSEMENTS

The Escrow Agent shall withhold ten percent of the Escrowed Funds until all Work has been completed to the satisfaction of the Escrow Agent and the Owner. The Escrow Agent shall not make any disbursements until the Contractor has provided the Escrow Agent and Owner with copies of any required permits. The Escrow Agent shall disburse funds only for any of the Work which is (a) completed, (b) approved by the Owner, (c) inspected by the Escrow Agent, and (d) approved by the Escrow Agent. For each requisition the Contractor shall submit invoices for materials and the portion of the Work completed through the date of the requisition and lien waivers from all subcontractors who performed any of the Work through the date of the requisition. The Escrow Agent shall withhold final payment until the Escrow Agent has received a certificate of occupancy from the municipality where the Work was performed, if applicable, and has conducted a final inspection of the Work and certified that the Work is complete. Completed Work includes the achievement of lead dust clearance levels as described by the United States Department of Housing and Urban Development Lead-based Paint Poisoning Prevention in Certain Residential Structures regulations, 24 CFR Part 35.

IT IS THE CONTRACTOR'S RESPONSIBILITY TO ACHIEVE THE LEAD DUST CLEARANCE STANDARDS REQUIRED BY 24 CFR PART 35. IF DUST WIPE TESTING INDICATES LEAD DUST LEVELS ARE HIGHER THAN ALLOWABLE, CONTRACTOR MUST RECLEAN THE AREAS THAT FAILED AT CONTRACTOR'S

EXPENSE. ALL DIRECT AND INDIRECT COSTS INCURRED BY OWNER AND ESCROW AGENT TO RE-INSPECT AND RE-TEST SHALL BE DEDUCTED FROM PROCEEDS DUE CONTRACTOR.

4. CHECK DISBURSEMENTS

All disbursements shall be in the form of a check payable to the Contractor.

5. CHANGE ORDERS

The Escrow Agent will not pay for any work beyond that called for in the original Construction Contract unless a written change order has been approved and signed by the Escrow Agent, the Contractor, and the Owner. The Escrow Agent may require additional funds to be deposited into the Escrowed Funds to pay for increased costs so that at all times there remain sufficient Escrowed Funds to pay for the Work.

6. DISPUTE RESOLUTION

The Contractor and the Owner will notify the Escrow Agent of any disputes between them. The Escrow Agent shall, within fifteen working days from receipt of a complaint, organize an informal meeting with the Owner and the Contractor. MaineHousing may inspect any of the Work at any time and may participate in any informal meeting. If the informal conference produces a resolution to the dispute, the Escrow Agent shall prepare and the Contractor and Owner shall sign a document that plainly states the agreed upon resolution. If the meeting does not result in a resolution, the Escrow Agent shall document the results of the meeting and how the parties disagree. If the Escrow Agent, the Contractor, and the Owner cannot come to a resolution of the matter, then the issue shall be resolved through binding arbitration as regulated by the Maine Uniform Arbitration Act. The parties shall participate in a binding arbitration as soon as possible after the informal conference. The binding arbitration shall be in accordance with the construction industry arbitration rules of the American Arbitration Association unless the Escrow Agent, Owner, and Contractor otherwise agree. The Owner and Contractor shall submit all disputes or claims regardless of the extent of the Work's progress to the arbitrator. The award rendered by the arbitrator shall be final and judgment may be entered upon it in any court having jurisdiction thereof. MaineHousing may, at its sole discretion, pay for the costs of an arbitrator. The parties will each pay their own attorneys' fees and other costs.

7. MECHANICS LIENS

The Escrow Agent assumes no liability for mechanics liens filed in connection with any of the Work.

8. REMAINING PROCEEDS

Regarding Federal Lead Program funded projects, if there are Escrowed Funds remaining after final payment, those funds which are the proceeds shall be applied as a principal reduction to the outstanding balance of the grant.

9. MISCELLANEOUS

If any part of this Agreement is held to be unenforceable or void, such fact shall not affect the validity or enforceability of the remaining parts of this Agreement. The provisions of this Agreement shall be binding upon and inure to the benefit of the heirs, successors, and assigns of the parties. This Agreement shall be construed in accordance with and governed by the laws of the State of Maine.

This Agreement is duly executed by the parties on the above written Agreement Date.

OWNER	
Signature of Owner	Date
Signature of Co-Owner	Date
CONTRACTOR	
Signature of Contractor Representative	Date
Contractor Representative Name	
ESCROW AGENT	
Signature of Escrow Agent Representative	Date
Escrow Agent Representative Name	

HEALTHY HOMES ASSESSMENT AND INTERVENTION COMPLIANCE AGREEMENT

Project Funding: Agency (CAA):	☐ Federal Lead ☐ Healthy He	omes	Project Type: CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:	☐ Single-Family	-
Applicant:		Co	-Applicant:		
Property:		Co	ntractor:		
Contract Date	ə: 	He:	althy Homes Amount:	3	
I have been info	rmed of the Healthy Homes Ass	sessment and Inte	rvention Program.		
□ і снооѕ	SE NOT TO PARTICIPATE.				
Signature of A	pplicant	Date	Signature of Co-Applicant		Date
	SE TO PARTICIPATE.				
By choosing	g to participate in the Healthy Ho	omes Assessmen	t and Intervention Program	m, I agree to the	following:
1. 1	The CAA will conduct a Healthy	Homes Assessme	ent.		
t	understand that this work will b he lead paint abatement work th be provided to me from the CAA	nat will be perform			
	further understand that the Hea Healthy Homes grant, separate t				plemental
le	agree it is my responsibility to rocation that may need to be clear work.				
Signature of A	pplicant	Date	Signature of Co-Applicant		Date

State Lead (Z267) BID TABULATION SHEET

Project Funding:	State Lead (N261) Federal Lead	Healthy Homes DHHS
Agency (CAA):		CAA Rep Name:
. ,		CAA Rep Name: CAA Rep Title:
Project Type:		CAA Rep Phone:
Troject Type. 🖂 Siligle-Fa	апшу 🗀 миш-ғапшу	CAA Rep Email:
Applicant:		Co-Applicant:
Property:		
rroperty.		
	BID	1
Contractor Name	<u> </u>	□ Not on Debarment List
Date Bid Submitted		☐ Current Insurance Certificates
Bid Amount	\$	☐ Available / Can meet project timeline
	,	
Comments:		
	DID	
O a matura ant a m Ni a ma a	BID	I
Contractor Name		□ Not on Debarment List
Date Bid Submitted		☐ Current Insurance Certificates
Bid Amount	\$	☐ Available / Can meet project timeline
Comments:		
	BID	3
Contractor Name		☐ Not on Debarment List
Date Bid Submitted		☐ Current Insurance Certificates
Bid Amount	\$	☐ Available / Can meet project timeline
Comments:		
AWARDED TO:		
Comments:		
CAA Representative Signatu	ıre	Date
CAA Representative Name		
CAA Kepresentative Name		

CAA Representative Name

CONTRACTOR DECLARATION OF REFUSAL TO BID FORM

ect Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
ency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:	
	□ Single-i aniliy	□ Multi-i airiliy		CAA Rep Email:	
Applicant:			Co-	Applicant:	
Property: _					
ı	(Contractor		of	(0.1	actor Business Name)
	(Contractor	Name)		(Contra	actor Business Name)
Reason of Re	fusal:				
Contractor Repres	entative Signature				Date
Contractor Repres	entative Name			_	

PRE-CONSTRUCTION CONFERENCE REPORT

ncy (CAA):		State Lead (N261)	Federal Lead	Healthy Home CAA Rep Name:	
				CAA Rep Title:	
5 -				CAA Rep Phone	:
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Email:	
Applicant (Owne	er):		Co-A	pplicant:	
Property:			Cont	ractor:	
			Cont	ract Amount:	\$
			Cont	ract Date:	
the Contract, role of the C/ explanations the Lead Haz Program (Sta assumes no	the project designed, and our responsions, and content to our questions, and Reduction Grate Lead"), staff a responsibilities for a Part 35: I (we)	In specifications exponsibilities during to if any, and are aw rant Program ("Fes requested. I (Worthe work perform further certify that	xplaining the so he construction ware that assist deral Lead") ar e) further under ned and does n	cope work to be phase. I (we) ance will be produced with the maine retand and acknot warrant any en made aware	that I (we) understand the terms of performed by the Contractor, the have been given adequate ovided by the CAA, administrator of Lead Paint Hazard Abatement nowledge that the Program work performed. of the dangers of lead based pair mphlet. I (we) understand that we
will be require	ed to be relocated		omplete and du		nces are achieved. I (we)
will be require	ed to be relocated hat we may not re	d until all work is c	omplete and du	notified by the (nces are achieved. I (we)
will be requir understand t	ed to be relocated hat we may not re	d until all work is c	omplete and du	notified by the (nces are achieved. I (we) CAA.
will be requirunderstand the Signature of O Signature of C Building Perr	ed to be relocated hat we may not re dwner	d until all work is center the verter or enter the verter or enter the verter the verter of the ver	omplete and du	notified by the (nces are achieved. I (we) CAA. Date
Signature of C Signature of C Building Perryou know that I, the undersign homeowner(s standards regions)	ed to be relocated hat we may not re hat a permit is not re	d until all work is certain or enter the vertical three vertical t	omplete and du work area until If yes copy of truction confere understand and ovironmental Pro	must be placed muse was held or agree that the votection and the	Date Date In project file. If No, explain how this date between the work performed must meet the Federal Lead and/or State Lead
Signature of C Signature of C Building Perryou know that I, the undersign homeowner(s standards regions)	ed to be relocated hat we may not re hat we may not re hat we may not re hat a permit is not re gned, hereby certification,) CAA, Contracto quired by the Maintestablished by the	d until all work is certurn or enter the verturn or enter the verturn of	omplete and du work area until If yes copy of truction confere understand and ovironmental Pro	must be placed muse was held or agree that the votection and the	Date Date In this date between the work performed must meet the Federal Lead and/or State Lead ntract.
Signature of C Signature of C Building Perryou know that I, the undersign homeowner (signature of C) Signature of C Signature of C	ed to be relocated hat we may not re hat we may not re hat we may not re hat a permit is not re gned, hereby certification,) CAA, Contracto quired by the Maintestablished by the	d until all work is certurn or enter the verturn or enter the verturn of	omplete and du work area until If yes copy of truction confere understand and ovironmental Pro	must be placed must be placed agree that the votection and the Construction Co	Date Date In this date between the vork performed must meet the Federal Lead and/or State Lead ntract.
Signature of C Building Perryou know that I, the undersignature of C In the undersignature of C Signature of C Contractor Rep	ed to be relocated hat we may not re hat a permit is not re	d until all work is certurn or enter the verturn or enter the verturn of	omplete and du work area until	must be placed must be placed agree that the wotection and the Construction Co	Date Date In this date between the work performed must meet the Federal Lead and/or State Lead ntract.

UNIT #			
	IIN	IIT #	
	1117		

AMI for this tenant:	
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TENANT APPLICATION

Community Action Ag	ency (CAA	\) :			Questions sho	uld be directed to:		
Name		_	CAA Rep Name	:				
Address			CAA Rep Title:					
					CAA Rep Phone	e:		
					CAA Rep Email	:		
INSTRUCTIONS: Retu	rn complete	ed and sign	ed Application and Ap	plica	nt Information Fo	orm to the above-named	CAA.	
Date			Project	-			Multi-Family	
			I. PROPEI	RTY	'INFORMATI	ON		
Address:				Ar	partment #			
			-	-	Bedrooms:	_		
				Re	ent Amount:			
								
			II. HOUSEH	OL	D INFORMAT	ION		
Tenant Name:				Co	-Tenant Name:			
Fi	rst l	MI	Last			First MI	Last	
Tenant Age				Co	o-Tenant Age			
Telephone:				Τe	elephone:			
Total number in house (including y	ou)	□ No depe	ende	nt children under	six years of age reside	in the home.	
Name(s) of Ch	ild (age 18	or younger)	Full time stude	ent?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
Does your home serve of age spend at least the home?	ree hours p	er day, on	two separate days per	wee	k (at least 60 hou	irs or more per year) in	s	□ No
If yes, have any of the o	hildren who	received s	services been determir	ned t	o have lead poiso	oning?	□ 163	
		III.	HOUSEHOLI) IN	COME AND A	ASSETS		
Occupants must provide	e the emplo	yment info	rmation requested belo	ow to	be considered fo	or enrollment in the Prog	ıram.	
Tenant Employment	:							
Self-Employed:	☐ Yes	□ No	If yes, provide 2 yea	rs ta.	x returns, includir	ng all Schedules.		
Employer Name					Employer Teleph	one		
Employer Address		04	Otata Zin		Position	-		
		Street, City,	State /in		No. of Years			

UNIT #	_				
Co-Tenant Employ	ment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit	If yes, provide 2 yea			
Head of Household	Employment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit.	If yes, provide 2 yea			
Occupants must provid	le gross income informa	ation and verification to	o be consider	red for enrollment in the Pro	gram.
a. Wages (grown b. Additional Months of the following states of the following	GROSS AMOUNT as monthly) from Employment as me Employment as administration Compatal Income aployment* assistance (TANF/WIC/ Becurity Benefits a syment Compensation athly Income (Total A, E) b Multiplied by 12) sehold Income (Total 6) se provide most recent 2 y	### TEN	A NANT	B CO-TENANT	C) Head of Household
verify. I further certif		ovided on this form	is TRUE an	AND ASSETS d CORRECT and I acknow	owledge the CAAs right to tion contained in the
	hat I/we have receive From Lead in Your H				Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

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Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White

Black/African American & White

Asian & White

Office Use Only						
The Gross Income as calculated pursuant to this Te	enant Application has been	verified by the CAA to be:	\$			
Maximum Eligible Income for this Tenant/ is:	ximum Eligible Income for this Tenant/ is:		MI:			
CAA Representative Signature	Date	CAA Representative Name				

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

UNIT #

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
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Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

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Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

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The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

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- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
gency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family ☐	Multi-Family			
i roject rype.	Li Single-Family L	ı Mulli-Family			
Applicant (Own	er):		Co-App	licant:	
Property:			Tenant:		
			Apt#:		
in your home. child's primary		not received a bloc r or the local health	od test in the pa department to a	st three (3) mont arrange for a test.	ested prior to hazard control work ths , you should contact your
NA la il ala	d l l-			th - 11 - 1 Abrus - (22) mantha Diagon identifi.
My childr) months. Please identify
Provider Nam	e authorize the provide			Date of Te	•
Provider Nam I hereby a Grant Pro	e authorize the provide ogram.	er to release the res	sults of this (the	Date of Tease) blood test (s)	st
Provider Nam I hereby a Grant Pro My childr them test	eauthorize the provide ogram. en under six have n ed at this time.	er to release the res	sults of this (the	Date of Tease) blood test (s)	st to the Lead Hazard Reduction
Provider Nam I hereby a Grant Pro My childr them test For Relig	eauthorize the providence of t	er to release the resort had their blood leads or personal reasons ormation. I/We unde	sults of this (the ead levels teste , I choose not t erstand that disc	Date of Tease) blood test (s) d in the past three o have my child (to the Lead Hazard Reduction e (3) months and I agree to have
Provider Nam I hereby a Grant Pro My childr them test For Relig	eauthorize the providence of t	er to release the resort had their blood leads or personal reasons ormation. I/We unde	sults of this (the ead levels teste , I choose not t erstand that disc	Date of Tease) blood test (s) d in the past three o have my child (to the Lead Hazard Reduction e (3) months and I agree to have (children's) tested for lead.

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead	(Z267) State	Lead (N261)	Federal Lea	d Healthy Hom	es DHHS		
(0, 2, 4,	-				CAA Rep Name:	-		
					CAA Rep Title:			
Project Type:	Single-Fa	mily 🗖 Multi-l	Family		CAA Rep Phone:			
, , , , , , , , , , , , , , , , , , ,					CAA Rep Email:			
Applicant (Owner)	:			Co-	Applicant:			
Property:				Ter	ant:			
,,,,,	-			Apt	·			
INSTRUCTIONS: F	Return coi	mpleted and sig	ned Certificati	ion to the abov	re-named CAA.			
Date								
On your <i>Application</i> age spends a "sighthours a day on two	nificant a	amount of time	" visiting you	ır home. A "s	ignificant amour			
Please fill in the ta	able belo	w, showing the	e number of	hours per da	y a child under s	ix years old v	isits your ho	me:
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day	,							
If the number of h	ours vari	es from week	to week, ple	ase explain:				
By signing below,	you are	certifying that	this stateme	ent and inform	nation is true and	I correct.		
Date:			Owner/∩	ccupant Sigr	nature:			
				ccupant Nan				
			Owner/O	ocupant Nan				
Date:			Co-Owne	er/Occupant	Signature:			
			Co-Owne	er/Occupant				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: Agency (CAA):		State Lead (Z267)	es DHHS				
(gen	cy (CAA):			(CAA Rep Name:		
					CAA Rep Title:		
	D	_	_		CAA Rep Phone:		
	Project Type:	☐ Single-Family	☐ Multi-Family	(CAA Rep Email:		
App	olicant (Own	er):		Co- <i>A</i>	Applicant:		
Pro	perty:						
Cor	ntractor:						
1.	relocation e referenced above-refer to verify ex such relocations Contractor	expenses associal Property. I/We use renced Commun coenses incurred ation assistance, to prepare the Property in the Property of the Property in the Property	ated with lead paint I understand that in or nity Action Agency ("C as a result of tempo that I/we have a res	hazard abatementer to receive receive receive receive receive receive receive receive receive relocation. Sponsibility to coard abatement/receiver.	ent work in our/ eimbursement, ther documents I/We also unde operate with the emediation wor	to help cover the costs of temporal my home located at the above we must provide receipts to the which may be required by the CA erstand that in the event I/we receive CAA and the above referenced rk, including moving furniture out or edite the work.	A, ve
2.	following: (iv) laundry rental fees other than relocation of	i) moving expensity; (v) extra gasolifor other alternatelecation, I/we usexpenses. Furth	ses; (ii) hotel/motel of ine/transportation co ative housing arrange understand that this	costs; (iii) securests due to the tements. If the reduced ones not entitle stand that the C	ity deposits and emporary reloca elocation assist me/us to reque AA is under no	ude, but are not limited to, the dimonthly rent for apartment units; ation to another dwelling; and (vi) cance I/we receive is spent on itemest additional money for actual obligation to reimburse for unverif	
3.	property ov property du	ner/representati ring my/our reloce eimbursement I/	ive. I/We, understand cation, I/we may be r	d if I/we are dee responsible for	emed responsib the cost associa	Il policies set forth by the relocation le for damages to the relocated ated with said damages. Any ate with damages determined my/o	
4.	By signing	this agreement,	I/We acknowledge the	he conditions of	f receiving reloc	cation reimbursements and that	
	\$1,450 for t	federally-funded	projects or \$1,250 fe	or state-funded	projects are the	e maximum amounts of money to I	е
	received fo	r temporary reloc	cation expenses.				
			·	t where lead h	azard abateme	ent work is being carried out. If y	ou
	do not uno	lerstand this ac	greement, do not si	ign it.			
	Occupant Sign			<u></u>			
-	Occupant Nar	me		Apartm	ent/Unit #	Date	_
-	Co-Occupant	Signature					
-	Co-Occupant	Name				Date	_
-		below, the CA er(s) or renter(s	A acknowledges re	 eceipt of this d	ocument signe	ed by the above	
		ntative Signature	•			Date	
-	CAA Represe	ntative Name					_

UNIT#	
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AMI for this tenant:	
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TENANT APPLICATION

Community Action Agency (CAA):	Que	estions sh	ould be directed to:				
Name							
Address	CAA Rep Name: CAA Rep Title:						
	CAA Rep Phone:						
		A Rep Ema					
		•					
INSTRUCTIONS: Return completed and signed Application a	nd Applicant In	formation F	Form to the above-named (CAA.			
Date Pr	oject Type	☐ Sing	le-Family Rental 🔲 🛭	/lulti-Family			
I. PRO	OPERTY IN	FORMAT	ION				
Address:	Apartm	ent#					
	#Bedro	oms:					
	Rent A	mount:					
II. HOU	SEHOLD IN	IFORMA	TION				
Tenant Name:	Co-Ter	ant Name:					
First MI Last			First MI	Last			
Tenant Age:	Co-Te	nant Age:					
Telephone:	Teleph	one:					
Total number in house (including you)	o dependent ch	ildren unde	er six years of age reside ir	the home.			
			Blood Lead Levels	Covered I	ΟV		
Name(s) of Child (age 18 or younger) Full time	student?	Age	VEBL ug/dl	MaineCar			
Yes	No			Yes	No		
Yes	No			Yes	No		
Yes Yes	No No				No No		
				Yes Yes	No		
Yes	No			Yes			
Yes Yes Does your home serve as a child care location? Meaning, does	No No			Yes Yes Yes	No No		
Yes Yes	No No			Yes Yes Yes	No		
Yes Yes Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day	No No se a child other ye per week (at	least 60 ho	ours or more per year) in	Yes Yes Yes	No No		
Yes Yes Yes Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home?	No No se a child other ye per week (at	least 60 ho	ours or more per year) in	Yes Yes Yes Yes	No No		
Yes Yes Yes Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home? If yes, have any of the children who received services been defined as the home.	No No se a child other ye per week (at	least 60 ho	ours or more per year) in soning?	Yes Yes Yes Yes	No No		
Yes Yes Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home? If yes, have any of the children who received services been de	No N	least 60 ho	ours or more per year) in soning? ASSETS	Yes Yes Yes Yes Yes	No No		
Yes Yes Does your home serve as a child care location? Meaning, doe of age spend at least three hours per day, on two separate day the home? If yes, have any of the children who received services been de	No N	least 60 ho	ours or more per year) in soning? ASSETS	Yes Yes Yes Yes Yes	No No		
Does your home serve as a child care location? Meaning, does of age spend at least three hours per day, on two separate day the home? If yes, have any of the children who received services been described by the companion of the children who received services been described by the children who received services by the children who received by the children who receive	No N	ve lead pois ME AND considered	ours or more per year) in soning? ASSETS	Yes Yes Yes Yes Yes	No No		
Does your home serve as a child care location? Meaning, does of age spend at least three hours per day, on two separate day the home? If yes, have any of the children who received services been described by the companion of the children who received services been described by the children who received services by the children who received by the children who receive	No N	ve lead pois ME AND considered	soning? ASSETS for enrollment in the Progra	Yes Yes Yes Yes Yes	No No		

No. of Years

Street, City, State, Zip

UNIT	#				

Co-Tenant Emplo	yment:					
Self-Employed: Employer Name Employer Address	☐ Yes	□ No	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Head of Househo	ld Employn	nent:				
Self-Employed: Employer Name Employer Address	☐ Yes ————	□ No	If yes, provi	ide 2 years tax returns, including all Employer Telephone Position No. of Years		
Occupants must pro	/ide gross inc	ome inform	ation and veri	fication to be considered for enrollm	ent in the Pro	ogram.
b. Additional 1. Overt 2. Part- 3. Pensi 4. Veter 5. Net R 6. Self E 7. Child 8. Public 9. Social 10. Unem c. Other** d. Gross Mole e. Total (Lin *If self-employer, ple	Fime Employmons an's Administration and Income Employment* Support C Assistance (* I Security Beneficial Income apployment Correction and Income and Multiplied cusehold Income	from Emplome From: ment ration Comp TANF/WIC efits mpensation e (Total A, iby 12) ome (Total ost recent 2	pensation	TENANT CO-TE	BENANT trusts, income	C) Head of Household
			rovided on th	SEHOLD INCOME AND ASSI his form is TRUE and CORRECT and agree to the responsibilities	「and I ackno	
Tenant Information		. 5 1000170	a a copy of c	and agree to the responsibilities	and informa	as somanios in the
				the United States Environmenta nection with our apartment unit.	I Protection	Agency pamphlet entitled
Signed by all Tenar	nts of the pro	perty				
Signature of Tenan	t (Occupant)			Da	nte	
Signature of Co-Te	nant (Co-Occup	ant)		Da	nte	

CAA Representative Signature

			Applic	ant Demographic Profile			
lender's compliance with e encouraged to do so. The choose to furnish it. Howe	qual credit law provide ver, if you o	opportunites that a lead	ty and fair ender may ot to furnis	ernment for certain types of loans related housing laws. You are not required to a neither discriminate on the basis of the the information, under federal regulation or surname. If you do not wish to furn	o furnish th his informa ations the le	nis information, but are ation, nor on whether you ender is required to note rac	ce or
I do not wish to furnish t			☐ Yes	s □ No all that apply)			
Sex of Head of Household Single Married Elderly Single Parent with Childrer Two Parents with Childrer Other (specify)	□ Male	☐ Female	` } ;	# of Household Members Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander			
Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head Household	of	□ □ □ Yes	□No	American Indian/Alaskan Native & Whi Asian & White Black/African American & White	_		
Household Displaced Homemaker* 'A displaced homemaker means an adult individual who: years, worked primarily without pay to care for the home a upgrading employment.							uch
				Office Use Only			
The Gross Income as calculat	ed pursuant	to this Ten	ant Applica	tion has been verified by the CAA to be:		\$	
Maximum Eligible Income for	this Tenant/	s:	\$	Perce	entage of AM	Л:	

Date

CAA Representative Name

UNIT#	
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TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

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PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):			C	AA Rep Name:	
			C/	AA Rep Title:	
Project Type:	☐ Single-Family ☐	Multi-Family	CA	AA Rep Phone:	
		·	CA	AA Rep Email:	
Applicant (Own	er):		Co-Appli	cant:	
Property:			Tenant:		
Troporty.			Apt#:	-	
			Αрι#.		
INSTRUCTIONS	: Return completed ar	nd signed Blood Testin	g Release to the	above-named CAA	l.
Date					
in your home. I	f your children have		test in the past	three (3) month	ted prior to hazard control work s , you should contact your
Please check	one of the following	g- the one which be	est describes v	our children:	
rioudd diiddii			.o. uooo/1200 y	our ormarom.	
My childre	en under six have ha	d their blood lead le	vels tested in th	ne past three (3) i	months. Please identify
					·
Provider Name	·			Date of Test	<u> </u>
I hereby a Grant Pro		r to release the resul	Its of this (these	e) blood test (s) to	the Lead Hazard Reduction
1 1 -	en under six have no ed at this time.	ot had their blood lea	d levels tested	in the past three	(3) months and I agree to have
For Religi	ous purposes and/o	personal reasons, I	choose not to	have my child (c	hildren's) tested for lead.
		rmation. I/We unders Reduction Grant Pro		osure of this infor	mation is not required for
Parent or Guardian	Signature			Date	
	Name				

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

oject Funding: State Lead (Z	267) State Lead	d (N261)	Federal Lead	Healthy Homes	S DHHS		
				CAA Rep Name: CAA Rep Title:			
Project Type: Single-F	amily 🗖 Multi-F	amily		CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):			Co-	Applicant:			
Property:			Ten Apt	·			
INSTRUCTIONS: Return co	mpleted and signe	ed Certificati	ion to the abov	e-named CAA.			
Date							
On your <i>Application</i> for fur age spends a "significant a hours a day on two separates". Please fill in the table below	amount of time" vate days a week	visiting you and a total	ur home. A "s I of 60 hours	ignificant amour per year."	nt of time" visit	ting is define	ed as, "three
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours var	ies from week to	week, plea	ase explain:				
By signing below, you are	certifying that th	is stateme	ent and inform	ation is true and	l correct		
by digiting below, you are	oor ary mg and ar	io otatomo	in and intern		. 0011001.		
Date:		Owner/O	ccupant Sigr	ature:			
		Owner/O	ccupant Nan	ne:			
Date:		Co-Owne	er/Occupant S	Signature:			
	_	Co-Owne	er/Occupant I				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

-	t Funding: cy (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
					Rep Name:	
		-			Rep Title:	
Р	roject Type:	☐ Single-Family	■ Multi-Family		Rep Phone: Rep Email:	
				CAF	. Кер Еттап.	
Арр	licant (Own	ner):		Со-Арр	licant:	
Pro	perty:					
Con	tractor:					
	relocation or referenced above-refe to verify ex such relocations.	expenses associated Property. I/We understand Community of the penses incurred a cation assistance, the to prepare the Property.	ed with lead paint handerstand that in ord y Action Agency ("C, s a result of tempora that I/we have a response	azard abatement er to receive rein AA"), and/or othe ary relocation. I/\ onsibility to coop d abatement/rem	work in our/my hon hoursement, we man r documents whice We also understant erate with the CAA ediation work, inc	o cover the costs of temporary ome located at the above nust provide receipts to the h may be required by the CAA, d that in the event I/we receive A and the above referenced luding moving furniture out of the work.
	following: (iv) laundry rental fees other than relocation	(i) moving expense y; (v) extra gasolin for other alternative relocation, I/we ur expenses. Furthe	es; (ii) hotel/motel co e/transportation cost ve housing arrangen nderstand that this d	ests; (iii) security ts due to the tem nents. If the relo oes not entitle mand that the CAA	deposits and mon- porary relocation to cation assistance e/us to request ad to is under no obliga-	out are not limited to, the thly rent for apartment units; o another dwelling; and (vi) l/we receive is spent on items ditional money for actual ation to reimburse for unverified
	property ov property du	wner/representative uring my/our reloca reimbursement l/w	e. I/We, understand ation, I/we may be re	if I/we are deeme sponsible for the	ed responsible for cost associated w	cies set forth by the relocation damages to the relocated with said damages. Any the damages determined my/our
4.	By signing	this agreement, I/	We acknowledge the	e conditions of re	ceiving relocation	reimbursements and that
	\$1,450 for	federally-funded p	rojects or \$1,250 for	state-funded pro	jects are the max	imum amounts of money to be
	received fo	or temporary reloca	ition expenses.			
	Signature	of occupant of h	ome or rental unit	where lead haza	ard abatement wo	ork is being carried out. If you
	do not un	derstand this agr	eement, do not sig	n it.		
	Occupant Sig		, and the second			
_	Occupant Na	me		Apartment	Unit #	Date
_	Co-Occupant	Signature				
_	Co-Occupant	Name				Date
_		g below, the CAA er(s) or renter(s).	acknowledges rec	eipt of this doc	ument signed by	the above
		entative Signature				Date
_	CAA Darras	entative Name				
	CAA Keprese	ептануе гуагле				

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AMI	for	this	tenant:			
AMI	tor	this	tenant:			

TENANT APPLICATION

Community Action Ag	ency (CAA):		Questions sh	nould be directed to:					
Name			CAA Rep Nan	me:					
Address			CAA Rep Title:						
			CAA Rep Ema	ail:					
INSTRUCTIONS: Retu	rn completed and sigr	ned Application and Applic	ant Information	Form to the above-named C	AA.				
Date		Project Ty	rpe □ Sing	gle-Family Rental 🔲 M	ulti-Family				
		I. PROPERT	Y INFORMAT	TION					
Address:			partment #						
		#	Bedrooms:						
		F	ent Amount:						
		II. HOUSEHOL	.D INFORMA	ATION					
Tenant Name:			o-Tenant Name						
	rst MI	Last		First MI	Last				
Tenant Age:			o-Tenant Age:						
Telephone:		Т	elephone:						
Total number in house (<u></u>							
	including you)	☐ No depend	ent children und	ler six years of age reside in	the home.				
	including you)		ent children und	ler six years of age reside in					
	including you) hild (age 18 or younger			er six years of age reside in Blood Lead Levels VEBL ug/dl	Covered MaineCar				
			? Age	Blood Lead Levels	Covered				
) Full time student	? Age	Blood Lead Levels	Covered MaineCar	e?			
		Full time student Yes No	Age	Blood Lead Levels	Covered MaineCar	e? No			
		Yes No	Age	Blood Lead Levels	Covered MaineCar Yes Yes Yes	No No No			
		Yes No	Age	Blood Lead Levels	Covered MaineCar Yes	No No			
Name(s) of C	hild (age 18 or younger	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl	Covered MaineCar Yes Yes Yes	No No No			
Name(s) of C	hild (age 18 or younger	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl	Covered MaineCar Yes Yes Yes	No No No			
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years yours or more per year) in	Covered MaineCar	No No No No			
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years yours or more per year) in	Covered MaineCar Yes Yes Yes Yes Yes Yes	No No No No No No			
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger as a child care location ree hours per day, on children who received	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning?	Covered MaineCar Yes Yes Yes Yes Yes Yes	No No No No No No			
Does your home serve a of age spend at least the the home? If yes, have any of the or	hild (age 18 or younger as a child care location ree hours per day, on hildren who received	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years rours or more per year) in isoning?	Covered MaineCar	No No No No No No			
Does your home serve of age spend at least the the home? If yes, have any of the concept of the	hild (age 18 or younger as a child care location ree hours per day, on hildren who received III.	Yes No Ye	Age Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in isoning?	Covered MaineCar	No No No No No No			
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	hild (age 18 or younger as a child care location ree hours per day, on children who received III. the the employment info	Yes No Ye	Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years rours or more per year) in isoning? DASSETS If for enrollment in the Progra	Covered MaineCar	No No No No No No			
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	hild (age 18 or younger as a child care location ree hours per day, on hildren who received III.	Yes No Ye	Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years rours or more per year) in isoning? DASSETS If for enrollment in the Progra	Covered MaineCar	No No No No No No			
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	hild (age 18 or younger as a child care location ree hours per day, on children who received III. the the employment info	Yes No Ye	Age O O O O O O O O O O O O O	Blood Lead Levels VEBL ug/dl dependent, under six years rours or more per year) in isoning? DASSETS If for enrollment in the Progra	Covered MaineCar	No No No No No No			

UNIT	#					

Co-Tenant Employm	ent:					
Self-Employed:	☐ Yes	□ No	If yes, provid	de 2 years tax returns	s, including all Schedules.	
Employer Name				Employe	er Telephone	
Employer Address				Position		
		Street, Cit	y, State, Zip	No. of Y	ears	
Head of Household	Employm	ent:				
Self-Employed:	☐ Yes	□ No	If yes, provid	de 2 years tax returns	s, including all Schedules.	
Employer Name				Employe	er Telephone	
Employer Address				Position		
		Street, Ci	ty, State, Zip	No. of Y	ears	
Occupants must provide	gross inco	me informa	ation and verifi	ication to be conside	red for enrollment in the Pro	ogram.
	GROSS AN	IOUNT		A TENANT	B CO-TENANT	C) Head of Household
a. Wages (gross			vment	ILIVANI	OO-ILIANI	Household
b. Additional Mo	- /	-				
1. Overtime	-			·		
2. Part-Time	e Employme	ent				
3. Pensions	;					
4. Veteran's	s Administra	ition Comp	ensation			
5. Net Rent	al Income					
6. Self Emp	loyment*					
7. Child Sup	oport					
	ssistance (T		GA)			
	curity Bene					
10. Unemplo	yment Com	pensation				
c. Other**						
d. Gross Month	-	-	3 & C)			
e. Total (Line D	Multiplied b	y 12)	_			
f. Gross House	ehold Incon	ne (Total e	e(A)+e(B)+e(C	;):		
*If self-employer, please ** Includes bonuses, div or investments.					Schedule C. nt, income from trusts, income	from business activities
		IV.	HOUS	EHOLD INCOME	AND ASSETS	
					id CORRECT and I ackn sponsibilities and informa	owledge the CAAs right to tion contained in the
I/We, acknowledge the Protect Your Family F						Agency pamphlet entitled
Signed by all Tenants	of the prop	erty				
					Date	
Signature of Tenant (Od	ccupant)					
Signature of Co-Tenant	(Co-Occupa	nt)			Date	

CAA Representative Signature

		Appli	cant Demographic Profile	
lender's compliance with equal encouraged to do so. The law p choose to furnish it. However, i	credit opportuni provides that a l f you choose no	ty and fa ender ma ot to furni	vernment for certain types of loans related to ir housing laws. You are not required to fur ay neither discriminate on the basis of this in sh the information, under federal regulation on or surname. If you do not wish to furnish	rnish this information, but are information, nor on whether you as the lender is required to note race or
I do not wish to furnish this ir	nformation	□Ye	es □ No	
He	ad of Househo			
Sex of Head of Household	ale □ Femal	е	# of Household Members Race: White	
Elderly Single Parent with Children Two Parents with Children			Black/African American American Indian/Alaska Native Asian	
Other (specify)			Native Hawaiian/Other	
Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head of			Pacific Islander American Indian/Alaskan Native & White Asian & White	
Household	☐ Yes	□ No	Black/African American & White	
			Other Multi-Racial not worked full-time, full-years in the labor force f amily and is employed or under employed and is	
			Office Use Only	
The Gross Income as calculated pu	rsuant to this Ten	ant Applic	eation has been verified by the CAA to be:	\$
Maximum Eligible Income for this To	enant/ is:	\$	Percentaç	ge of AMI:

Date

CAA Representative Name

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TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

1. HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT,
PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):			C	CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family ☐	Multi-Family		CAA Rep Phone:	
	□ Single-Family □	J Multi-Family	C	CAA Rep Email:	
Applicant (Own	er):		Co-Appl	icant:	
Property:			Tenant:		
			Apt#:		
INSTRUCTIONS	3: Return completed	and signed Blood Testi	ng Release to the	e above-named CA	A .
Date					
in your home. I	f your children have		d test in the pas	t three (3) montl	sted prior to hazard control worns, you should contact your
D/					
Please check	one of the following	ng- the one which b	est describes	your chilaren:	
My childre	en under six have h	ad their blood lead le	evels tested in t	he past three (3)	months. Please identify
Provider Nam	e			Date of Tes	t
I hereby a		er to release the resu	ults of this (thes	e) blood test (s) t	o the Lead Hazard Reduction
	en under six have n ed at this time.	oot had their blood le	ad levels tested	I in the past three	(3) months and I agree to have
For Relig	ious purposes and/o	or personal reasons,	I choose not to	have my child (c	children's) tested for lead.
		ormation. I/We unde I Reduction Grant Pr		losure of this info	rmation is not required for
Parent or Guardian	n Signature			Date	

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

Project Funding:	State Lead	(Z267) Sta	ate Lead (N261)	Federal Lea	ad Healthy Ho	mes DHHS	3	
Agency (CAA):					CAA Rep Name:			
					CAA Rep Title:			
Project Type: [7 Single-Es	amily \Box Mul	lti-Family		CAA Rep Phone:			
	⊒ omgic-i e		id-i airilly		CAA Rep Email:			
Applicant (Owner	·):			Co-	Applicant:			
Property:				Ter	nant:			
. roporty.				Apt				
INSTRUCTIONS:	Return co	mpleted and s	igned Certificat	ion to the abov	e-named CAA.			
Date								
O	· · · · · · · · · · · · · · · · · · ·		NA - 5 1 1 5-				9.1	
On your <i>Applicat</i> age spends a "si								
hours a day on to						it of tille visit	ing is define	su as, tillee
,	•	,			, ,			
Please fill in the	table belo	w, showing t	he number of	hours per da	y a child under s	six years old v	isits your ho	ome:
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per da	ay							
If the number of	hours vari	ies from wee	k to week, ple	ase explain:				
By signing below	, you are	certifying tha	nt this stateme	ent and inform	nation is true and	d correct.		
, , ,		, 0						
Date:			Owner/C	ccupant Sigr	nature:			
			Owner/C	occupant Nan	ne:			
Date:			Co-Owne	er/Occupant	Signature:			
				er/Occupant				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	unding: (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: _ AA Rep Title: _	DHHS
	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: _ AA Rep Email: _	
	plicant (Own	er):		Co-A	oplicant:	
Со	ntractor:					
1.	relocation e referenced above-refer to verify exp such relocations Contractor	expenses associate Property. I/We use renced Commun penses incurred attion assistance, to prepare the P	ated with lead paint hunderstand that in ordity Action Agency ("Cas a result of tempore that I/we have a resp	hazard abatemer der to receive recay (CAA"), and/or ot rary relocation. ponsibility to coord abatement/re	nt work in our/my eimbursement, we her documents wh I/We also underst operate with the C emediation work, in	telp cover the costs of temporary home located at the above must provide receipts to the nich may be required by the CAA, and that in the event I/we receive AA and the above referenced including moving furniture out of e the work.
2.	following: ((iv) laundry rental fees other than relocation e	(i) moving expen- γ; (v) extra gasoli for other alterna relocation, I/we u expenses. Furth	ses; (ii) hotel/motel coine/transportation costive housing arrange understand that this contents.	costs; (iii) securit sts due to the te ements. If the re does not entitle stand that the CA	y deposits and momporary relocation location assistance me/us to request and his under no object.	e, but are not limited to, the conthly rent for apartment units; in to another dwelling; and (vi) se I/we receive is spent on items additional money for actual ligation to reimburse for unverified
3.	property ow property du	vner/representati ıring my/our reloo eimbursement I/	ive. I/We, understand cation, I/we may be re	d if I/we are deer responsible for the	med responsible for ne cost associated	olicies set forth by the relocation or damages to the relocated d with said damages. Any with damages determined my/our
4.	By signing	this agreement,	I/We acknowledge th	ne conditions of	receiving relocation	on reimbursements and that
	\$1,450 for 1	federally-funded	projects or \$1,250 fc	or state-funded	orojects are the m	aximum amounts of money to be
	received fo	r temporary reloc	cation expenses.			
			•	t where lead ha	zard abatement v	work is being carried out. If yo
	Signature	of occupant of	home or rental unit		zard abatement	work is being carried out. If yo
	Signature	of occupant of derstand this ag	•		zard abatement v	work is being carried out. If yo
	Signature	of occupant of derstand this ag	home or rental unit	<u>gn i</u> t.	zard abatement v	work is being carried out. If you
	Signature do not uno Occupant Sign	of occupant of derstand this agnature	home or rental unit	<u>gn i</u> t.		
	Signature do not uno Occupant Sign Occupant Nar	of occupant of derstand this agnature me Signature	home or rental unit	<u>gn i</u> t.		Date
	Signature do not und Occupant Sign Occupant Nar Co-Occupant Co-Occupant	of occupant of derstand this agnature me Signature Name	home or rental unit greement, do not sign A acknowledges re	gn_it. Apartme	ent/Unit #	Date
	Signature do not und Occupant Sign Occupant Nar Co-Occupant Co-Occupant By signing homeowne	of occupant of derstand this agnature me Signature Name	home or rental unit greement, do not sign A acknowledges re	gn_it. Apartme	ent/Unit #	Date

ι	J١	l۱	Т	#	
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AMI for ti	his tenant:	
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TENANT APPLICATION

Community Action Ag	ency (CAA	A):		Q	uestions sh	nould be directed to:		
Name				C/	AA Rep Nar	me:		
Address				C	AA Rep Title	e:		
					AA Rep Pho	·		
				C	AA Rep Ema	ail:		
INSTRUCTIONS: Retu	rn complet	ed and signed	Application and	d Applicant l	nformation	Form to the above-nam	ed CAA.	
Date			Pro	ject Type	☐ Sing	gle-Family Rental	☐ Multi-Family	
			I. PRO	PERTY IN	IFORMA	TION		
Address:				Apart	ment #			
				#Bed	rooms:			
				Rent	Amount:			
		li i	ПОП	SEHOLD I	NEODMA	TION		
		''	. 11000	JEHOLD I	INI OINIA	ATTON		
Tenant Name:	rst M	MI	Last	Co-Te	enant Name	e:	Last	
	st r	VII	Lasi	Co T	onant Agai	FIFST IVII	Last	
Tenant Age: Telephone:					enant Age: hone:			
releptione.				_ reiep	mone.	_		
Total number in house (including y	ou)	D No	dependent of	children und	ler six years of age resid	de in the home.	
			Full time st	tudent?	A	Blood Lead Levels	Covered I	by
Name(s) of C	hild (age 18	8 or younger)		ladonii	Age	VEBL ug/dl	MaineCar	e?
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
				121.0				
Does your home serve a of age spend at least the the home?								□ No
If yes, have any of the o	hildren who	o received serv	vices been dete	ermined to h	ave lead po	isoning?	☐ Yes	□ No
	-	III.	HOUSEH	OLD INC	OME AND	ASSETS		-
Occupants must provide	the emplo	yment informa	ition requested	below to be	considerea	for enrollment in the Pi	rogram.	
Tenant Employment	:							
Self-Employed:	☐ Yes	□ No If	yes, provide 2	years tax re	eturns, inclu	ding all Schedules.		
Employer Name				Em	ployer Telep	phone		
Employer Address				Pos	sition			

No. of Years

Street, City, State, Zip

UNIT	#_				
	_				

Co-Tena	ant Employn	nent:					
Self-Emp Employe	-	☐ Yes	□ No	If yes, pro	ovide 2 years tax returns, in Employer T		
Employer Address			Position				
					No. of Year	s	
Head of	Household	Employm	nent:				
Self-Emp	oloved:	☐ Yes	□ No	If ves. pro	ovide 2 years tax returns, in	cludina all Schedules.	
Employe	-			, , , ,	Employer T		
	r Address				Position	•	
					No. of Year	s	
Occupan	ts must provid	e gross inco	ome inform	ation and ve	erification to be considered	for enrollment in the Pr	ogram.
		GROSS AI	MOUNT		A TENANT	B CO-TENANT	C) Head of Household
a.	Wages (gros			ovment	IENANI	CO-TENANT	nouselloid
b.	Additional M		=	oyinon.			
	Overtime	-					
	2. Part-Tim	ie Employm	ent				
	3. Pension						
	4. Veteran'	s Administr	ation Com	pensation			
	5. Net Ren	tal Income					
	6. Self Em	oloyment*					
	7. Child Su	pport					
	8. Public A	ssistance (TANF/WIC	/GA)	<u> </u>		
	9. Social S	ecurity Ben	efits				
	10. Unemplo	yment Con	npensatior	1			
C.	Other**						
d.	Gross Mont	hly Income	(Total A,	B & C)			
e.	Total (Line L	Multiplied 1	by 12)				
f.	Gross Hous	ehold Inco	me (Total	e(A)+e(B)+e	e(C):		
** Inclu	-employer, pleas udes bonuses, di estments.	e provide mo vidends, inte	ost recent 2 rest, royaltio	years of comp es, alimony, s	pleted tax returns including Scl ick pay, disability, retirement, i	nedule C. ncome from trusts, income	e from business activities
			IV	. HOU	ISEHOLD INCOME A	ND ASSETS	
verify. I					this form is TRUE and C f and agree to the respon		nowledge the CAAs right to ation contained in the
					of the United States Envi nnection with our apartm		Agency pamphlet entitled
Signed b	y all Tenants	of the prop	perty				
						Date	
Signat	ure of Tenant (C	occupant)					
						Date	
Signat	ure of Co-Tenan	t (Co-Occupa	ant)				

UNIT #

			Applic	ant Demograpi	hic Profile		
The following information is lender's compliance with edencouraged to do so. The lendose to furnish it. However, national origin and sex on the sex of the following the f	qual credit law provide ver, if you o	opportunites that a lead	ty and fair ender may ot to furnish	housing laws. You neither discrimina the information, u	i are not required to furn te on the basis of this in nder federal regulations	ish this inf formation, the lender	formation, but are nor on whether you r is required to note race or
I do not wish to furnish th	is informa	ation	□ Yes	□ No			
	Head of	Househo		all that apply)			
Sex of Head of Household Single Married Elderly Single Parent with Childrer Two Parents with Children	☐ Male	☐ Female		f of Household Memb Race: White Black/African Ame American Indian/ Asian	erican		
Other				Native Hawaiian/0	Other		
(specify) Ethnicity: Hispanic or Latino Not Hispanic or Latino: Physically Disabled Head of	nf			Asian & White	Alaskan Native & White		
Household Displaced Homemaker* *A displaced homemaker mea years, worked primarily without upgrading employment.	ns an adult				l I-years in the labor force fo		
				Office Use On	lv		
The Creek Income as a selection	-d	4 - 4hi - Tau	A Ii		-		\$
The Gross Income as calculate Maximum Eligible Income for the			апт Аррііса \$	uon nas been venned	Percentage	e of AMI:	Φ
CAA Representative Signa	ture			Date	CAA Representative Nam	е	

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UNIT#	
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TENANT INFORMATION

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The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family ☐	Multi-Family			
, ,,		. Maid I dillily			
Applicant (Own	er):		Со-Арр	olicant:	
Property:			Tenant	:	
			Apt#:		
INSTRUCTIONS	: Return completed	and signed Blood Test	ting Release to th	ne above-named CAA	١.
Date	•	•			
Date					
_		ng- the one which I			months . Please identify
Provider Nam	e			Date of Tes	t
☐ I hereby a Grant Pro	authorize the provic				o the Lead Hazard Reduction
1 1 7	en under six have i ed at this time.	not had their blood lo	ead levels teste	d in the past three	(3) months and I agree to have
For Relig	ious purposes and/	or personal reasons	, I choose not t	o have my child (c	hildren's) tested for lead.
		formation. I/We unde d Reduction Grant P		closure of this infor	mation is not required for
	in the Lead Hazar			closure of this infor	mation is not required for

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

	ad (Z267)	State Lead	(N261)	Federal Lead	Healthy Homes	DHHS		
cy (CAA): Project Type: ☐ S			- amily		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (Owner):				Co				
Property:					nant:			
INSTRUCTIONS: Re	turn complet	ed and sign	ned Certificat	tion to the abo	ve-named CAA.			
Date								
hours a day on two	e below, sh					ix years old v	isits your ho	ome:
# of hours per day	3	unuay	Worlday	Tuesday	wednesday	Thursday	Filliay	Saturday
If the number of hou	ırs varies fr	om week t	o week, ple	ease explain:				
By signing below, yo	ou are certi	fying that t				correct.		
Date:				Dccupant Sigi Dccupant Nar				
			Owner/C	occupant Nai				
Date:			Co-Own	er/Occupant	Signature:			
			Co Own	er/Occupant	Nama.			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	ding: AA):	State Lead (Z267)	State Lead (N261)	Federal Lead Healthy Hom CAA Rep Name:	es DHHS
				CAA Rep Name. CAA Rep Title:	
	Drainet Tymes		П	CAA Rep Phone:	
	Project Type:	☐ Single-Family	☐ Multi-Family	CAA Rep Email:	
	olicant (Owne	er):		Co-Applicant:	
Cor	ntractor:				
1.	relocation e referenced above-refer to verify exp such reloca Contractor	expenses associal Property. I/We usenced Communition on the control of the contro	ted with lead paint han nderstand that in order ty Action Agency ("CA as a result of tempora that I/we have a respondently for lead hazard	zard abatement work in our/or to receive reimbursement, A"), and/or other documents ry relocation. I/We also undepossibility to cooperate with the	to help cover the costs of temp my home located at the above we must provide receipts to the which may be required by the erstand that in the event I/we re the CAA and the above reference k, including moving furniture of edite the work.
2.	I/We, the u following: (iv) laundry rental fees other than relocation e	ndersigned, under i) moving expens ; (v) extra gasolir for other alternat relocation, I/we u expenses. Furthe	erstand that reimbursa ses; (ii) hotel/motel cos- ne/transportation cost- ive housing arrangem nderstand that this do ermore, I/We understa	able relocation expenses inclusts; (iii) security deposits and as due to the temporary relocation assistates not entitle me/us to reque	ude, but are not limited to, the monthly rent for apartment unation to another dwelling; and (vance I/we receive is spent on it est additional money for actual obligation to reimburse for unv
3.	property ow property du	ner/representativ ring my/our reloc eimbursement l/v	ve. I/We, understand i ation, I/we may be res	f I/we are deemed responsible for the cost associated a	Il policies set forth by the relocated le for damages to the relocated ated with said damages. Any late with damages determined r
4.	By signing	this agreement, I	/We acknowledge the	conditions of receiving reloc	ation reimbursements and that
	\$1,450 for f	ederally-funded	projects or \$1,250 for	state-funded projects are the	e maximum amounts of money
	received for	temporary reloc	ation expenses.		·
			•	vhere lead hazard abateme	nt work is being carried out.
	_	-	reement, do not sigr		g
	Occupant Sign				
-	Occupant Nan	ne		Apartment/Unit #	Date
-	Co-Occupant	Signature		<u> </u>	
=	Co-Occupant	Name		_	Date
=		below, the CAA		eipt of this document signe	ed by the above
		ntative Signature	•		Date
	CAA Represei			<u></u>	

UNI	т#	

AMI	for	this	tenant:				

TENANT APPLICATION

Community Action Ag	ency (CAA):	1	Questions sh	ould be directed to:		
Name			CAA Rep Nam	ne:		
Address		ł	CAA Rep Title:	·		
		1	CAA Rep Phor	ne:		
			CAA Rep Ema	il:		
INSTRUCTIONS: Retu	ırn completed and signed A	application and Applican	t Information F	Form to the above-named 0	CAA.	
Date		Project Type	e ☐ Sing	le-Family Rental 🔲 N	Iulti-Family	
	I.	PROPERTY	INFORMAT	ION		
Address:		Apa	ertment #			
		#Be	edrooms:			
		Rer	nt Amount:			
	II.	HOUSEHOLD	INFORMA	TION		
Tenant Name:		Co-	Tenant Name:			
Fi	irst MI La	ast		First MI	Last	
Tenant Age:		Co-	Tenant Age:			
Telephone:		Tel	ephone:			
Total number in house ((including you)	☐ No dependen	t children unde	er six years of age reside ir	the home.	
rotal Hambel III Hodeo (inicidanily you)					
Name(s) of C	child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL ug/dl	Covered by MaineCare	
		Yes No			Yes	No
		Yes No			Yes	No
		Yes No				
		163 110			Yes	No
		Yes No			Yes Yes	No No
of age spend at least th the home?	as a child care location? M ree hours per day, on two s children who received servio	Yes No Meaning, does a child other separate days per week	(at least 60 ho	ours or more per year) in	Yes	
of age spend at least th the home?	ree hours per day, on two s	Yes No Meaning, does a child other separate days per week ces been determined to	(at least 60 ho	ours or more per year) in soning?	Yes	No No
of age spend at least th the home? If yes, have any of the o	ree hours per day, on two schildren who received service.	Yes No Meaning, does a child other separate days per week ces been determined to	(at least 60 ho	soning? ASSETS	Yes Yes Yes	No No
of age spend at least the the home? If yes, have any of the concept of the conce	ree hours per day, on two schildren who received service. III. e the employment informati	Yes No Meaning, does a child other separate days per week ces been determined to	(at least 60 ho	soning? ASSETS	Yes Yes Yes	No No
of age spend at least the the home? If yes, have any of the concept of the conce	children who received service III. e the employment information	Yes No Meaning, does a child other separate days per week ces been determined to HOUSEHOLD INC	have lead pois COME AND De considered	soning? ASSETS for enrollment in the Progra	Yes Yes Yes	No No
of age spend at least the the home? If yes, have any of the concept of the conce	children who received service III. e the employment information	Yes No Meaning, does a child other separate days per week ces been determined to HOUSEHOLD INC ion requested below to be wes, provide 2 years tax	have lead pois COME AND De considered returns, include	ours or more per year) in soning? ASSETS for enrollment in the Progra	Yes Yes Yes	No No
of age spend at least the the home? If yes, have any of the concept of the conce	children who received service III. e the employment information	Yes No Meaning, does a child other separate days per week ces been determined to the separate days per week ces been determined to the separate days per week ces, provide 2 years tax E	come and poise considered returns, include mployer Telep	ours or more per year) in soning? ASSETS for enrollment in the Progra	Yes Yes Yes	No No
of age spend at least the the home? If yes, have any of the concept of the conce	children who received service III. e the employment information	Yes No Meaning, does a child other separate days per week ces been determined to HOUSEHOLD INC from requested below to be the separate days per week ces, provide 2 years tax E P	have lead pois COME AND De considered returns, include	ours or more per year) in soning? ASSETS for enrollment in the Progra	Yes Yes Yes	No No

UNIT #	_				
Co-Tenant Employm	nent:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, C	If yes, provide 2 yea			
Head of Household	Employment:		140. 01 100		
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No	If yes, provide 2 yea			
Occupants must provide	e gross income inform	ation and verification to	be considere	d for enrollment in the Pro	gram.
a. Wages (gross b. Additional Mo 1. Overtime 2. Part-Tim 3. Pensions 4. Veteran's 5. Net Rent 6. Self Emp 7. Child Su 8. Public As 9. Social So 10. Unemplo c. Other** d. Gross Montl e. Total (Line D f. Gross House	e Employment s S Administration Completed Income ployment* pport ssistance (TANF/WIC ecurity Benefits pyment Compensation hly Income (Total A, 1) Multiplied by 12) ehold Income (Total e provide most recent 2	pensation /GA) B & C) e(A)+e(B)+e(C): years of completed tax ref		B CO-TENANT	C) Head of Household
		rovided on this form	is TRUE and	AND ASSETS CORRECT and I acknown and informations and informations.	owledge the CAAs right to tion contained in the
I/We, acknowledge the Protect Your Family F					Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White

Black/African American & White

Asian & White

	Office L	lse Only	
The Gross Income as calculated pursuant to this Tena	ant Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

Not Hispanic or Latino:

Household

Physically Disabled Head of

☐ Yes

□ No

UNIT	#	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

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IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

ct Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS	
cy (CAA):				CAA Rep Name:		
				CAA Rep Title:		
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:		
r roject rype.	☐ Single-Family	□ Multi-Family		CAA Rep Email		
Applicant (Owr	er):		Co-A	pplicant:		
Property:			Tena	nt:		
			Apt#:			
INSTRUCTIONS	3: Return complete	ed and signed Blood Te	esting Release to	the above-named (CAA.	
Date						
	f your children ha	ave not received a blue der or the local healt		o arrange for a tes		,
in your home. child's primary Please check	If your children ha health care provi	der or the local healt	th department t	es your children:	st.	
in your home. child's primary Please check	If your children hat health care proving one of the follower and under six have	der or the local healt wing- the one which had their blood lea	th department to the best described d levels tested	es your children: in the past three (st. 3) months. Please identi	
in your home. child's primary Please check My childr Provider Name	If your children hat health care provious one of the follower en under six have en under the provious the provious the provious forms of the provious the provious the provious forms of the provious	der or the local healt wing- the one which he had their blood lea	th department to the best described d levels tested	es your children: in the past three (Date of T	st. 3) months. Please identi	fy
in your home. child's primary Please check My childr Provider Nam I hereby Grant Pro My childr	If your children hat health care provious one of the follower and the foll	der or the local healt wing- the one which had their blood lea wider to release the re	th department to the best describe d levels tested esults of this (the	es your children: in the past three (Date of T nese) blood test (s	st. 3) months. Please identi	ify
in your home. child's primary Please check My childr Provider Nam I hereby Grant Pro My childr them tes	If your children hat health care provided the follows: one of the follows: en under six have authorize the provided and this time.	der or the local healt wing- the one which had their blood lea wider to release the re had their blood	th department to the best described	es your children: in the past three (Date of T nese) blood test (s	st. 3) months. Please identi est) to the Lead Hazard Red	fy duction ee to ha
in your home. child's primary Please check My childre Provider Nam I hereby Grant Pro My childre them tess I for Relig	one of the followen under six have en under six	der or the local healt wing- the one which had their blood lea wider to release the re had their blood d/or personal reasor	th department to the best describe d levels tested esults of this (the d lead levels tested as, I choose no	in the past three (Date of T nese) blood test (seted in the past three to have my child	st. 3) months. Please identi est) to the Lead Hazard Red ee (3) months and I agre	duction ee to ha

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

t Funding:	State Lead (Z	267) State	e Lead (N261)	Federal Lead	Healthy Homes	DHHS		
cy (CAA): Project Ty	De: ☐ Single-F		Multi-Family		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:			
Applicant (O	wner):			Co-	-Applicant:			
Property:				Ter	nant:			
INSTRUCTIO	NS: Return co	ompleted and	d signed Certifica	ation to the abov	ve-named CAA.			
Date			_					
Please fill in	the table belo	ow, showing Sunday		1	y a child under s Wednesday	ix years old v	isits your ho	ome:
# of hours p	er dav	- Januar,	, menuay	laccaay	Trouncouu,	· · · · · · · · · · · · · · · · · · ·	rnaay	Juturuu
If the number	er of hours val	ries from we	eek to week, pl	ease explain:				
By signing b	elow, you are	certifying t		ent and inforn Occupant Sigr	nation is true and nature:	correct.		
				Occupant Nar				
Date:			_	ner/Occupant				
			Co-Owr	ner/Occupant	Name [.]			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	unding: CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead Healthy Hon	nes DHHS
•	•			CAA Rep Name:	
				CAA Rep Title:	
F	Project Type:	☐ Single-Family	☐ Multi-Family	CAA Rep Phone:	
	3,000	□ Single-raininy	☐ Ividiti-Family	CAA Rep Email:	
	plicant (Own				
_					
	ntractor:	. 1. 22 1 1			to help cover the costs of temporar
	relocation e referenced above-refer to verify ex such relocations.	expenses associate Property. I/We represed Communipenses incurred attion assistance, to prepare the P	ated with lead paint hunderstand that in ord ity Action Agency ("Cas a result of tempora that I/we have a resproperty for lead hazar	azard abatement work in our/der to receive reimbursement, AA"), and/or other documents ary relocation. I/We also undeponsibility to cooperate with the	my home located at the above we must provide receipts to the which may be required by the CA erstand that in the event I/we receive CAA and the above referenced rk, including moving furniture out of
2.	following: (iv) laundry rental fees other than relocation	(i) moving expen y; (v) extra gasoli for other alterna relocation, I/we usexpenses. Furth	ses; (ii) hotel/motel co ine/transportation cos itive housing arranger understand that this d permore, I/We underst	osts; (iii) security deposits and its due to the temporary reloca ments. If the relocation assistations not entitle me/us to reque	ude, but are not limited to, the dimonthly rent for apartment units; ation to another dwelling; and (vi) cance I/we receive is spent on items est additional money for actual obligation to reimburse for unverifications.
3.	property ov property du	vner/representati Iring my/our reloce eimbursement I/	ive. I/We, understand cation, I/we may be re	if I/we are deemed responsibe sponsible for the cost associated	Il policies set forth by the relocation ole for damages to the relocated ated with said damages. Any ate with damages determined my/c
4.	By signing	this agreement,	I/We acknowledge th	e conditions of receiving reloc	cation reimbursements and that
	\$1,450 for	federally-funded	projects or \$1,250 fo	r state-funded projects are the	e maximum amounts of money to b
	received fo	r temporary reloc	cation expenses.		
			·	where lead hazard abateme	ent work is being carried out. If y
	_	_	greement, do not sig		,
	Occupant Sign		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u> .	
	Occupant Nar	me		Apartment/Unit #	 Date
-					
-	Co-Occupant	Signature			
-	Co-Occupant	Signature			
-	Co-Occupant			_	Date
- - -	Co-Occupant By signing	Name j below, the CA		 ceipt of this document signe	
- - -	Co-Occupant By signing homeown	Name j below, the CA er(s) or renter(s		 eipt of this document sign	ed by the above
- -	Co-Occupant By signing homeown	Name j below, the CA		 eipt of this document signe	

UNI	т#	

AMI for this tenant:_____

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

TENANT APPLICATION

	(CAA):	Q	uestions sh	ould be directed to:		
Name		C	AA Rep Nam	e:		
Address	CAA Rep Title:					
		С	AA Rep Phor	ne:		
		С	AA Rep Ema	il:		
INSTRUCTIONS: Return com	npleted and signed	I Application and Applicant	Information F	form to the above-named	CAA.	
Date		Project Type	☐ Sing	le-Family Rental 🔲 I	Multi-Family	
		I. PROPERTY II	NFORMAT	ION		
Address:		Apar	tment #			
		#Bed	Irooms:			
		Rent	Amount:			
	I	I. HOUSEHOLD	INFORMA	TION		
Tenant Name:			enant Name:			
First	MI	Last		First MI	Last	
Tenant Age:		Co-T	enant Age:			
Telephone:		Telep	ohone:	-		
Total number in house (includi	··\	□ No dependent				
	ing you)	ino dependent	cniiaren unae	er six years of age reside i	n the home.	
	ing you)	u No dependent	children unde	er six years of age reside i		
Name(s) of Child (a		Full time student?	Age	Blood Lead Levels VEBL ug/dl	n the home. Covered b MaineCare	
,				Blood Lead Levels	Covered b	
,		Full time student?		Blood Lead Levels	Covered b MaineCare	?
,		Full time student? Yes No		Blood Lead Levels	Covered b MaineCare Yes	No No
		Full time student? Yes No Yes No		Blood Lead Levels	Covered b MaineCare Yes Yes Yes	No No No
,		Full time student? Yes No Yes No Yes No		Blood Lead Levels	Covered b MaineCare Yes	No No
Name(s) of Child (a	age 18 or younger)	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other	Age er than your o	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes Yes	No No No
Name(s) of Child (a	age 18 or younger)	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other	Age er than your o	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes Yes	No No No
Name(s) of Child (a Does your home serve as a ch of age spend at least three ho the home?	nild care location?	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other or separate days per week (Age er than your c	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Covered b MaineCare Yes Yes Yes Yes Yes	No No No No
Name(s) of Child (a	nild care location?	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other or separate days per week (Age er than your c	Blood Lead Levels VEBL ug/dl dependent, under six years ours or more per year) in	Covered b MaineCare Yes Yes Yes Yes Yes Yes	No No No No No No
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UNIT	#	_						
Co-Ten	ant Employm	nent:						
Co-Tenant Employm Self-Employed: Employer Name		☐ Yes	□ No	If yes, pro	-	s, including all Schedules. er Telephone		
Employe	Employer Address		Street, City, State, Zip			Position		
			Street, C	ity, State, Zip	No. of Y	ears		
Head o	f Household	Employn	nent:					
Self-Employed:		☐ Yes	☐ No	If yes, pro	vide 2 years tax returns	s, including all Schedules.		
	Employer Name							
Employe	Employer Address Street, City, State, Zip			Position No. of Y				
Occupai	nts must provide	e aross inc	ome inform	ation and ve	rification to be consider	red for enrollment in the Pro	ogram	
Сосири	no made provide	<i>y y 000 mo</i>		ation and vo	A	В	C) Head of	
		GROSS A	MOUNT		TENANT	CO-TENANT	Household	
a.	Wages (gros			oyment				
b.	Additional Mo		me From:	=				
	Overtime Dort Time		aant	=				
	 Part-Tim Pensions 	e Employn	nent	-				
	-		ration Com	neneation -				
		tal Income	auon Com	Jensauon _		-		
		oloyment*		=				
	7. Child Su	-		-				
	Public Assistance (TANF/WIC/GA)							
	Social Security Benefits							
	10. Unemplo	-		-				
c.	Other**	•	•	-				
d.	Gross Mont	hly Income	e (Total A, I	B & C)				
e.	Total (Line D	Multiplied	by 12)	-				
f.	Gross Hous	ehold Inco	ome (Total	e(A)+e(B)+e	(C):			
** Incl	f-employer, pleas ludes bonuses, di estments.	e provide movidends, inte	ost recent 2 gerest, royaltie	years of comp es, alimony, sid	leted tax returns including ck pay, disability, retireme	Schedule C. nt, income from trusts, income	from business activities	
			IV.	. HOU	SEHOLD INCOME	AND ASSETS		
verify.						d CORRECT and I ackn ponsibilities and informa	owledge the CAAs right to tion contained in the	
					of the United States E Innection with our apa		Agency pamphlet entitled	
Signed	by all Tenants	of the pro	perty					
						Date		

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify)

Pacific Islander

Asian & White

American Indian/Alaskan Native & White

Black/African American & White

☐ Yes

□ No

Office Use Only							
The Gross Income as calculated pursuant to this Tenant Application has been verified by the CAA to be: \$							
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:					
CAA Representative Signature	Date	CAA Representative Name					

Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

(CAA)-		State Lead (N261)	Federal Lead	Healthy Homes	DHHS
icy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Phone:	
7				CAA Rep Email	
Applicant (Owr	er):		Со-Ар	olicant:	
Property:			Tenant	::	
			Apt#:		
INSTRUCTIONS	3: Return complete	d and signed Blood Te	sting Release to t	ne above-named CA	Α.
Date					
		der or the local healt			hs, you should contact your
_		wing- the one which had their blood lead			months. Please identify
_	en under six hav e	e had their blood lead	l levels tested in	the past three (3)	months. Please identify
My childr	en under six have e authorize the prov	a had their blood lead	l levels tested in	the past three (3) Date of Tes	·
☐ My childr Provider Nam ☐ I hereby a Grant Pro ☐ My childr	en under six have e authorize the provogram.	e had their blood lead	d levels tested in	the past three (3) Date of Tesese) blood test (s) t	et
My childr Provider Nam I hereby a Grant Pro My childr them test	en under six have e authorize the provogram. en under six have led at this time.	had their blood lead vider to release the re	esults of this (the	Date of Teseses) blood test (s) ted in the past three	o the Lead Hazard Reduction
My childr Provider Nam I hereby: Grant Pro My childr them test For Relig	en under six have authorize the provogram. en under six have ed at this time. ious purposes an	whad their blood lead wider to release the re wider to release the re wider to release the re wider to release the re wider to release the re	esults of this (the lead levels tested in levels tested in lead levels tested in levels teste	Date of Teseses) blood test (s) to have my child (d	o the Lead Hazard Reduction (3) months and I agree to h

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

roject Funding:	State Lead	I (Z267)	State Le	ead (N261)	Federal Lea	d	Healthy Home	es DHHS		
gency (CAA): Project Type:	☐ Single-F			amily		CAA I	Rep Name: Rep Title: Rep Phone: Rep Email:			
Applicant (Own	er):				Co-	-Appli	cant:			
Property:					Ter	nant: :#:				
INSTRUCTIONS	: Return c	ompleted	and sign	ed Certificat	ion to the abov	/e-nan	ned CAA.			
On your Application age spends a "hours a day on Please fill in the	significant two sepai	: amount rate days	of time" s a week	visiting you and a tota	ur home. A "s I of 60 hours	ignific per y	cant amoun ear."	t of time" visi	ting is define	ed as, "three
Ticase illi ili uic		1	nday	Monday	Tuesday	- 	dnesday	Thursday	Friday	Saturday
# of hours per of	dav		,		1					
If the number o	f hours va	ries from	n week to	o week, ple	ase explain:					
By signing belo	ow, you are	e certifyii	ng that th		ent and inform Occupant Sigr			correct.		
				Owner/O	ccupant Nan	ne:				_
Date:				Co-Owne	er/Occupant	Signa	ture:			
					er/Occupant	•				-

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

_	Funding: y (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: AA Rep Title:	DHHS
	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: AA Rep Email:	
	oplicant (Own operty:	er):		Co-A _l	oplicant:	
Co	ontractor:					
1.	relocation e referenced above-refe to verify ex such reloca Contractor	expenses associated Property. I/We use renced Community penses incurred attion assistance, to prepare the Presence association assistance.	ated with lead paint handerstand that in ordity Action Agency ("Cas a result of temporthat I/we have a resp	nazard abateme der to receive re CAA"), and/or oth ary relocation. consibility to coord abatement/re	nt work in our/my limbursement, we her documents whe who also understaperate with the Comediation work, ir	elp cover the costs of temporary nome located at the above must provide receipts to the ich may be required by the CAA, and that in the event I/we receive AA and the above referenced icluding moving furniture out of the work.
2.	following: (iv) laundry rental fees other than relocation	(i) moving expensity; (v) extra gasoling for other alternation location, I/we usexpenses. Further	ses; (ii) hotel/motel cone/transportation costive housing arrange understand that this contact in the contact i	osts; (iii) securit sts due to the te ments. If the re does not entitle it tand that the CA	y deposits and mo mporary relocation location assistance me/us to request a AA is under no obli	but are not limited to, the anthly rent for apartment units; to another dwelling; and (vi) le l/we receive is spent on items additional money for actual agation to reimburse for unverified
3.	property ov property du	vner/representativiring my/our reloc reimbursement I/v	ve. I/We, understand cation, I/we may be re	l if I/we are deer esponsible for th	ned responsible for ne cost associated	licies set forth by the relocation or damages to the relocated with said damages. Any with damages determined my/our
4.	By signing	this agreement,	I/We acknowledge th	e conditions of	receiving relocatio	n reimbursements and that
	\$1,450 for	federally-funded	projects or \$1,250 fo	or state-funded p	orojects are the ma	aximum amounts of money to be
	received fo	r temporary reloc	ation expenses.			
	Signature	of occupant of	home or rental unit	where lead ha	zard abatement v	vork is being carried out. If you
	do not uno	derstand this ag	reement, do not sig	an it.		
	Occupant Sig			<u> </u>		
	Occupant Na	me		 Apartme	nt/Unit #	Date
	Co-Occupant	Signature				
	Co-Occupant	Name				Date
		g below, the CA/ er(s) or renter(s	A acknowledges re	 ceipt of this do	cument signed b	y the above
		entative Signature	<i>)</i> -			Date
	CAA Represe	entative Name				
	C. 1. 1 (Op1030					

UNIT #			
	IIT 4	4	
	II I Z	L	

AMI for this tenant:	
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TENANT APPLICATION

Community Action Ag	ency (CAA	\) :		C	uestions sho	uld be directed to:		
Name				_ c	AA Rep Name	<u> </u>		
Address				_ c	AA Rep Title:			
				C	AA Rep Phone	e:		
				C	AA Rep Email	:		
INSTRUCTIONS: Retu	rn complete	ad and sign	ad Application and Ar	nlicant	Information Fo	orm to the above-named	САА	
	m complete	za ana signi		•				
Date			Projec	t Type	□ Single	e-Family Rental 🔲	Multi-Family	
			I. PROPE	RTY I	NFORMATI	ON		
Address:				Apaı	rtment #			
				#Bed	drooms:			
				Ren	t Amount:			
			II. HOUSEH	IOLD	INFORMAT	ION		
Tenant Name:				Co-T	enant Name:			
	rst N	ΛI	Last			First MI	Last	
Tenant Age:					Tenant Age:			
Telephone:				Tele	phone:			<u>_</u>
Total number in house (including yo	ou)	□ No dep	endent	children under	six years of age reside	in the home.	
Name(s) of C	hild (age 18	3 or younger)	Full time stud	ent?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
	, 0	<u>, , , , , , , , , , , , , , , , , , , </u>	Yes	No		VEDE ug/ui		
			Yes	No				
			Yes	No				
			Yes	No				
				·	·			
Does your home serve of age spend at least th								_
the home?	ree nours p	er day, orr t	wo separate days per	WEEK	at least oo not	ars or more per year, in	☐ Yes	☐ No
If yes, have any of the o	hildren who	received s	ervices been determi	ned to I	nave lead poiso	oning?	☐ Yes	☐ No
		III.	HOUSEHOL	O INC	OME AND A	ASSETS		
Occupants must provide	e the emplo	yment infor	mation requested bel	ow to b	e considered fo	or enrollment in the Prog	gram.	
Tenant Employment	::							
Self-Employed:	☐ Yes	□ No	If yes, provide 2 yea	rs tax r	eturns, includir	ng all Schedules.		
Employer Name			-			_		
					nployer Teleph	one		
Employer Address		Street, City,			nployer releph esition			

Employer Name	Self-Em	nant Employm ployed:	nent: □ Yes	□ No	If yes, prov	vide 2 years tax returns	s, including all Schedules.	
Head of Household Employment: Self-Employed:		•				-	_	
Head of Household Employment: Self-Employed:	Employe	er Address		Street C	ity State 7in			
Self-Employer Name					ty, Otato, Zip	No. of Y	ears	
Employer Name								
Employer Address Street. City. State, Zip No. of Years Cocupants must provide gross income information and verification to be considered for enrollment in the Program. A B C) Head of Household 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 (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total e(A)+e(B)+e(C): *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax returns including Schedule C. *If self-employer, please provide most recent 2 years of completed tax return		•	⊔ Yes	⊔ No	If yes, prov	-		
Occupants must provide gross income information and verification to be considered for enrollment in the Program. A B C) Head of Household A CO-TENANT CO-TENANT Household							· · · · · · · · · · · · · · · · · · ·	
GROSS AMOUNT TENANT CO-TENANT A B CO-TENANT CO-TENANT B CO-TENANT CO-TENAN				Street, Cit	ty, State, Zip	No. of Y	ears	
GROSS AMOUNT TENANT CO-TENANT Household CO-TENANT CO	Occupai	nts must provide	e aross inco	ome inform	ation and ver	rification to be conside	red for enrollment in the Pro	ogram
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 (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total e(A)+e(B)+e(C): *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 INCOME AND ASSETS II certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information. I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entiti	-		9,000,1100					
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 (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total e(A)+e(B)+e(C): *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 INCOME AND ASSETS I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information. I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entities.			GROSS A	MOUNT				
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 (Total A, B & C) e. Total (Line D Multiplied by 12) f. Gross Household Income (Total e(A)+e(B)+e(C): *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 INCOME AND ASSETS I certify that ALL the information I have provided on this form is TRUE and CORRECT and I acknowledge the CAAs right verify. I further certify that I have received a copy of and agree to the responsibilities and information contained in the Tenant Information. I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entities.	a.				oyment _			
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	erify.	I further certify			rovided on t	his form is TRUE an	nd CORRECT and I ackn	
								Agency pamphlet entitle
	igned	by all Tenants	of the prop	perty				

Signature of Tenant (Occupant)

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Black/African American Elderly Single Parent with Children American Indian/Alaska Native

Asian

☐ Yes Black/African American & White □ No Household Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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. Office Use Only The Gross Income as calculated pursuant to this Tenant Application has been verified by the CAA to be: \$ Maximum Eligible Income for this Tenant/ is: Percentage of AMI:

Date

Native Hawaiian/Other

American Indian/Alaskan Native & White

CAA Representative Name

Pacific Islander

Asian & White

Two Parents with Children

Not Hispanic or Latino:

Physically Disabled Head of

CAA Representative Signature

Other

(specify) Ethnicity:

Hispanic or Latino

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

t Funding:	tate Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	☐ Multi-Family			
				CAA Rep Email	
Applicant (Own	er):		Co-A	pplicant:	
Property:			Tena	nt:	
			Apt#	.	
INSTRUCTIONS	: Return complete	ed and signed Blood	Testing Release to	the above-named C	CAA.
	•	-			* • · ·
Date					
	ded that all child			+ +lauaa /2\	
in your home. I	f your children h	ave not received a ider or the local hea			
in your home. I child's primary	f your children h health care prov	ave not received a	alth department t	o arrange for a tes	st.
in your home. I child's primary Please check	f your children h. health care prov	ave not received a ider or the local hea	alth department t ch best describ	o arrange for a tes es your children:	st.
in your home. I child's primary Please check	f your children he health care proven the folloone of the folloon under six have	ave not received a ider or the local hea	alth department t ch best describ ead levels tested	o arrange for a tes es your children: in the past three (st. (3) months. Please identify
in your home. I child's primary Please check My childre Provider Nam	f your children health care provone of the folloone of the folloonen under six have	ave not received a rider or the local her wing- the one whi	alth department t ch best describ ead levels tested	o arrange for a tes es your children: in the past three (Date of T	st. (3) months. Please identify
in your home. I child's primary Please check My childre Provider Nam I hereby a Grant Pro	f your children he health care provone of the followen under six have equathorize the propgram.	ave not received a rider or the local her wing- the one whi	alth department to the ch best describe ead levels tested eresults of this (the characteristic of the characteristic).	es your children: in the past three (Date of T hese) blood test (s	st. (3) months. Please identify rest
in your home. I child's primary Please check My childre Provider Nam I hereby a Grant Pro My childre them test	f your children health care provone of the followen under six have authorize the propram. en under six have authorize the propram.	ave not received a rider or the local her wing- the one while had their blood levider to release the re not had their blood	ch best describe ead levels tested e results of this (the best describe e results of this (the best dead levels tested ed lead levels tested ed lead levels tested ed lead levels tested en levels en leve	es your children: in the past three (Date of T hese) blood test (s	(3) months. Please identify fest b) to the Lead Hazard Reduction
in your home. I child's primary Please check My childre Provider Nam I hereby a Grant Pro My childre them test I For Relig	f your children health care provone of the followen under six have authorize the propagram. en under six have at this time. ious purposes are arily disclose this	ave not received a rider or the local her wing- the one while had their blood level and their blood had or personal reas	enth department to the ch best describe and levels tested are results of this (the characteristic pod lead levels tested ons, I choose no understand that characteristic podes.	es your children: in the past three (Date of T hese) blood test (s sted in the past three	(3) months. Please identify (est (a) to the Lead Hazard Reduction (b) to months and I agree to ha

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

ct Funding:	State Lead (Z26	7) State	e Lead (N261)	Federal Lead	Healthy Homes	DHHS		
ncy (CAA):					CAA Rep Name:			
					CAA Rep Title:			
Project Ty	/pe: ☐ Single-Fa	mily \square N	fulti-Family		CAA Rep Phone:			
	-		·		CAA Rep Email:			
Applicant (C	Owner):			Co-	Applicant:			
Property:				Ter	nant:			
				Apt	#:			
INSTRUCTIO	ONS: Return con	npleted and	signed Certifica	ation to the abov	ve-named CAA.			
Date								
·	on two separat	•			y a child under s	ix years old v	isits your ho	ome:
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours p	er day							
	er of hours varie							
By signing b	oelow, you are o	certifying th		ent and inforn Occupant Sigr	nation is true and	correct.		
			=	Occupant Nan				
Date:			Co-Owr	ner/Occupant	Signature:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

	nding: g CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
					CAA Rep Name:	
		-			CAA Rep Title: CAA Rep Phone:	
	Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Email:	
	plicant (Owr	ner):		Co-	Applicant:	
0						
	ntractor:	undersigned und	erstand that I/we may	v receive fina	ncial assistance to h	elp cover the costs of temperature
	referenced above-refer to verify ex such reloc Contractor	I Property. I/We rerenced Commun expenses incurred ation assistance, to prepare the P	understand that in ord lity Action Agency ("C as a result of tempor that I/we have a resp	der to receive AA"), and/or ary relocation consibility to conditional and abatement.	reimbursement, we other documents who live also understooperate with the Coremediation work, in	home located at the above must provide receipts to the sich may be required by the and that in the event I/we re AA and the above reference occluding moving furniture out the work.
2.	following: (iv) laundr rental fees other than relocation	(i) moving expen y; (v) extra gasol s for other alterna relocation, I/we expenses. Furth	ses; (ii) hotel/motel co ine/transportation cos tive housing arranger understand that this c	osts; (iii) secu sts due to the ments. If the does not entith tand that the	rity deposits and mo temporary relocation relocation assistance me/us to request a CAA is under no obl	e, but are not limited to, the onthly rent for apartment uning to another dwelling; and (vie I/we receive is spent on it additional money for actual igation to reimburse for unv
3.	property of property d	wner/representati uring my/our reloc reimbursement I/	ive. I/We, understand cation, I/we may be re	if I/we are de esponsible fo	emed responsible for the cost associated	olicies set forth by the relocated or damages to the relocated with said damages. Any with damages determined n
4.	By signing	this agreement,	I/We acknowledge th	e conditions	of receiving relocation	on reimbursements and that
	\$1,450 for	federally-funded	projects or \$1,250 fo	r state-funde	d projects are the m	aximum amounts of money
		or temporary relo			, ,	·
			·	where lead I	nazard abatement v	work is being carried out.
	_	-	greement, do not sig			g
	Occupant Sig		,,	<u></u> u		
	Occupant Na	ame		Apart	ment/Unit #	Date
•	Co-Occupan	t Signature				
,						
	Co-Occupan	t Name				Date
•		g below, the CA er(s) or renter(s	A acknowledges red	ceipt of this	document signed I	by the above
		entative Signature				Date
•	CAA Renress	entative Name				

AMI for this tenant:

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

TENANT APPLICATION

Community Action Ag	ency (CAA):	Qı	uestions sho	ould be directed to:		
Name		CA	AA Rep Name	e:		
Address		CA	AA Rep Title:			
		CA	AA Rep Phon	e:		
		CA	AA Rep Emai	l:		
INSTRUCTIONS: Retu	rn completed and signed	d Application and Applicant I	nformation Fo	orm to the above-named	CAA.	
Date		Project Type	☐ Single	e-Family Rental	Multi-Family	
		I. PROPERTY IN	IFORMATI	ON		
Address:		Apart	ment #			
		#Bed	rooms:			
		Rent	Amount:			
	ı	II. HOUSEHOLD I	NFORMAT	TON		
Tenant Name:			enant Name:			
	rst MI	Last		First MI	Last	
Tenant Age:			enant Age:			
Telephone:		Telep	hone:			
Total number in house (including you)	☐ No dependent of	children under	r six years of age reside i	n the home.	
Total number in house (including you)	□ No dependent o	children unde	r six years of age reside i		
	including you) hild (age 18 or younger)	□ No dependent o	children unde	r six years of age reside i Blood Lead Levels VEBL ug/dl	n the home. Covered b MaineCare	
				Blood Lead Levels	Covered b	
		Full time student?		Blood Lead Levels	Covered b MaineCare	?
		Full time student? Yes No		Blood Lead Levels	Covered b MaineCare Yes	No No
		Full time student? Yes No Yes No		Blood Lead Levels	Covered b MaineCare Yes Yes	No No No
		Full time student? Yes No Yes No Yes No		Blood Lead Levels	Covered b MaineCare Yes	No No
Name(s) of C	hild (age 18 or younger) as a child care location?	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other	Age r than your do	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes Yes	No No No
Name(s) of C Does your home serve a of age spend at least this	hild (age 18 or younger) as a child care location?	Full time student? Yes No Yes No Yes No Yes No Yes No	Age r than your do	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes Yes	No No No
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child othe o separate days per week (a	Age r than your do	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in	Covered b MaineCare Yes Yes Yes Yes Yes	No No No No
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other	Age r than your do	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Name(s) of C Does your home serve a of age spend at least the the home?	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other o separate days per week (and the content of the cont	r than your do at least 60 ho	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning?	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Name(s) of C Does your home serve a of age spend at least the the home? If yes, have any of the c	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child othe o separate days per week (and the content of the conte	r than your do at least 60 ho	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Name(s) of C Does your home serve a of age spend at least the the home? If yes, have any of the co Occupants must provide	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other o separate days per week (and the content of the cont	r than your do at least 60 ho	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child othe o separate days per week (a rvices been determined to he retain requested below to be	r than your do to least 60 house lead pois	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS for enrollment in the Program	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Name(s) of C Does your home serve a of age spend at least the the home? If yes, have any of the co Occupants must provided Tenant Employment Self-Employed:	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child othe o separate days per week (a rvices been determined to have attion requested below to be affine the provide 2 years tax recommends.	r than your do at least 60 ho ave lead pois	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS for enrollment in the Program all Schedules.	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Does your home serve a of age spend at least the the home? If yes, have any of the concept of t	hild (age 18 or younger) as a child care location? ree hours per day, on two	Full time student? Yes No Yes No Yes No Yes No Yes No Meaning, does a child other to separate days per week (and the separat	r than your do to least 60 house lead pois	Blood Lead Levels VEBL ug/dl ependent, under six years urs or more per year) in oning? ASSETS for enrollment in the Program all Schedules.	Covered b MaineCare Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No

UNIT #	<u> </u>	_					
Co-Tena	ant Employm	nent:					
Self-Emp		☐ Yes	□ No	If ves. pro	vide 2 vears tax retui	ns, including all Sched	dules.
Employe	-			y 00, p.0	-	_	
	r Address				Position	•	
			Street, C	ity, State, Zip	No. of	Years	
Head of	Household	Employn	nent:				
Self-Emp	oloyed:	☐ Yes	□ No	If yes, pro	vide 2 years tax retui	rns, including all Sched	dules.
Employe				, ,	-	_	
Employe	r Address				Position		
			Street, C	ity, State, Zip	No. of	Years	
Occupan	ts must provide	e gross inco	ome inform	nation and ve	rification to be consid	dered for enrollment in	the Program.
					Α	В	C) Head of
		GROSS A			TENANT	CO-TENANT	Γ Household
a.	Wages (gross			oyment		_	
b.	Additional Mo		me From:	-		_	
	Overtime			-		_	
		e Employm	nent	-			
	3. Pensions			-			
		s Administr	ation Com	pensation			
		tal Income		-			
		oloyment*		=			
	7. Child Su			-			
		ssistance (:/GA)			
		ecurity Ben		-		_	
	10. Unemplo	yment Cor	npensatior	١ _		_	
C.	Other**		(T-1-1 A			_	
d.	Gross Monti	-	•	B & C)			
e.	Total (Line D	і минтрігеа	Dy 12)	=			
f.	Gross House	ehold Inco	me (Total	e(A)+e(B)+e	(C):		
** Inclu	employer, please des bonuses, div stments.	e provide mo vidends, inte	ost recent 2 erest, royaltio	years of comp es, alimony, sid	leted tax returns includi ck pay, disability, retirer	ng Schedule C. nent, income from trusts,	income from business activities
			11.7	НОП	SELOI D INCOM	IE AND ACCETS	
			IV	. ноо	SEHOLD INCOM	IE AND ASSETS	
verify. I							I acknowledge the CAAs right to nformation contained in the
					of the United States nnection with our a		ection Agency pamphlet entitled
Signed b	y all Tenants	of the pro	perty				
	-	• •	-			Б.	
Signat	ure of Tenant (O	ccupant)				Date	

Signature of Co-Tenant (Co-Occupant)

Date

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other

☐ Yes

□ No

Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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.

Native Hawaiian/Other

American Indian/Alaskan Native & White

Black/African American & White

Pacific Islander

Asian & White

	Office U	lse Only	
The Gross Income as calculated pursuant to this Te	nant Application has beer	n verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

(specify) Ethnicity:

Hispanic or Latino

Household

Not Hispanic or Latino:

Physically Disabled Head of

UNIT #	U	J٨	II	Т	#				
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TENANT INFORMATION

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HOW THE PROGRAM WORKS

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MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
- b. <u>Informal Conference</u>. The CAA will set up an informal conference to be held within fifteen days from when the CAA becomes aware of the dispute. The CAA will notify all parties of the date, time and place of the informal conference giving reasonable consideration to the schedules of all parties and the severity of the dispute. If the informal conference produces a resolution to the dispute, the CAA will prepare a document signed by all parties involved in the dispute that plainly states the agreed upon resolution.
- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

	state Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
cy (CAA):				CAA Rep Name:	
				CAA Rep Title: CAA Rep Phone:	
Project Type:	☐ Single-Family	☐ Multi-Family		CAA Rep Email	
Applicant (Own	or):		Co-A1	oplicant:	
	eij				
Property:			Tenaı Apt#:		
			Αριπ.		
INSTRUCTIONS	: Return complete	d and signed Blood T	esting Release to	the above-named CA	VA .
Date					
	health care provide		•	-	•
child's primary	one of the follov	ving- the one whic	h best describe	es your children:) months . Please identify
child's primary	one of the followen under six have	ving- the one whic	h best describe	es your children:) months . Please identify
Please check of My children Provider Name	one of the follower and an area of the follower and a six have be authorize the provention of the prov	ving- the one whice had their blood lea	h best describe	es your children: in the past three (3)) months . Please identify
Please check of My children My children I hereby a Grant Pro My children My children	en under six have	wing- the one whice had their blood lead	h best describe	in the past three (3) Date of Tea) months. Please identify st
Please check of My children My children I hereby a Grant Pro My children them teste	en under six have unthorize the provingram. en under six have ed at this time.	wing- the one whice had their blood lead wider to release the report had their blood in the release the results.	h best describe ad levels tested i	in the past three (3) Date of Telese) blood test (s) ted in the past three) months. Please identify st to the Lead Hazard Reduction
Child's primary Please check of the check o	en under six have authorize the proving am. en under six have a death at this time. ous purposes and arily disclose this income.	wing- the one whice had their blood lead wider to release the re had their blood door personal reaso	h best described and levels tested in the standard levels tested i	in the past three (3) Date of Tennese) blood test (s) ted in the past three to have my child () months. Please identify st to the Lead Hazard Reduction e (3) months and I agree to

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

roject Funding:	State Lea	d (Z267)	State I	Lead (N261)	Federal Lead	Healthy Home	es DHHS		
agency (CAA):						CAA Rep Name:	-		
	-					CAA Rep Title: CAA Rep Phone:			
Project Type:	☐ Single	-Family	☐ Multi-F	amily		CAA Rep Email:			
						On the Email			
Applicant (Owr	ner):				Co-	Applicant:			
Property:					Ten	ant:			
					Apt	#:			
INSTRUCTIONS	S: Return	complete	ed and sign	ned Certificat	ion to the abov	e-named CAA			
Date									
	"significar	nt amour	nt of time'	" visiting yoເ	ur home. A "s	grams, you indi ignificant amour			
riours a day or	i two sope	nate da	ys a weel	K and a tota	10100110013	per year.			
Please fill in th	e table be	elow, sho	owing the	number of	hours per da	y a child under s	six years old v	isits your ho	ome:
		Su	ınday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per	day								
If the number of	of hours v	aries fro	m week t	to week, ple	ase explain:				
By signing belo	ow, you a	re certify	ying that t	his stateme	ent and inform	ation is true and	d correct.		
Date:					ccupant Sigr				
				Owner/O	ccupant Nam	ne:			
Date:				Co-Owne	er/Occupant s	Signature:			
				Co-Owne	er/Occupant I				

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

-	Funding: (CAA):	State Lead (Z267)	State Lead (N261)		Healthy Homes AA Rep Name: AA Rep Title:	DHHS
I	Project Type:	☐ Single-Family	☐ Multi-Family		AA Rep Phone: AA Rep Email:	
Ap	plicant (Own	er):		Co-An	plicant:	
_	pperty:					
Со	ntractor:					
1.	relocation or referenced above-refe to verify ex such relocations.	expenses associated Property. I/We used Communute Penses incurred ation assistance, to prepare the P	ated with lead paint hunderstand that in ordity Action Agency ("Cas a result of temporthat I/we have a resp	azard abatemer der to receive re AA"), and/or oth ary relocation. I consibility to coo d abatement/rel	nt work in our/my imbursement, we ler documents who whe also understaperate with the Comediation work, in	elp cover the costs of temporary home located at the above must provide receipts to the nich may be required by the CAA, and that in the event I/we receive AA and the above referenced including moving furniture out of the the work.
2.	following: (iv) laundry rental fees other than relocation	(i) moving expen- y; (v) extra gasoli for other alterna relocation, I/we u expenses. Furth	ses; (ii) hotel/motel co ine/transportation cos tive housing arranger understand that this c	osts; (iii) security its due to the ter ments. If the rel loes not entitle r tand that the CA	/ deposits and momporary relocation ocation assistance ne/us to request and its under the contraction of	e, but are not limited to, the conthly rent for apartment units; on to another dwelling; and (vi) see I/we receive is spent on items additional money for actual ligation to reimburse for unverified
3.	property ov property du	wner/representati uring my/our reloo reimbursement I/	ve. I/We, understand cation, I/we may be re	if I/we are deen esponsible for th	ned responsible for e cost associated	olicies set forth by the relocation or damages to the relocated diwith said damages. Any with damages determined my/our
4.	By signing	this agreement,	I/We acknowledge th	e conditions of r	eceiving relocation	on reimbursements and that
	\$1,450 for	federally-funded	projects or \$1,250 fo	r state-funded p	rojects are the m	aximum amounts of money to be
	received fo	or temporary reloc	cation expenses.			
	Signature	of occupant of	home or rental unit	where lead haz	zard abatement v	work is being carried out. If you
	do not une	derstand this ag	reement, do not sig	ın it.		
	Occupant Sig					
	Occupant Na	me		 Apartmer	nt/Unit #	Date
	Co-Occupant	Signature				
	Co-Occupant	Name				Date
		g below, the CA er(s) or renter(s	A acknowledges red	 ceipt of this do	cument signed l	by the above
		en(s) or remer(s entative Signature	7)•			Date
	o, a					Date

HIN	T 4		
HIN	I I II		

AMI fo	r this	tenant:	

TENANT APPLICATION

Community Action A	gency (CAA	\) :		Qı	uestions sh	ould be directed to:		
Name CAA Rep Na						ne:		
Address				CA	AA Rep Title:	: 		
				CA	AA Rep Phor	ne:		
				CA	AA Rep Ema	il:		
INSTRUCTIONS: Re	turn complete	ed and sign	ed Application and A	pplicant I	nformation F	Form to the above-name	d CAA.	
Date			Proje	ct Type	☐ Sing	le-Family Rental □] Multi-Family	
			I. PROPI	RTY IN	IFORMAT	TION		
Address:				Apart	ment #			
				#Bedi	rooms:			
				Rent	Amount:			
-			II. HOUSE	HOLD I	NFORMA	TION		
Tenant Name:				Co-Te	enant Name:			
	First N	MI	Last			First MI	Last	
Tenant Age:				Co-Te	enant Age:			
Telephone:				Telep	hone:			
Total number in house	(including v	on)	∏ No de	nendent d	:hildren unde	er six years of age reside	e in the home	
rotal Hambel III House	, (molading y	<u> </u>						
Name(s) of	Child (age 18	3 or younger)	Full time stu	dent?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			Yes	No			Yes	No
			,					
						dependent, under six yea		
of age spend at least the home?	three hours p	er day, on t	wo separate days pe	er week (a	it least 60 ho	ours or more per year) in	☐ Yes	☐ No
If yes, have any of the	children who	received s	ervices been determ	ined to ha	ave lead pois	soning?	☐ Yes	☐ No
•								
		III.	HOUSEHOL	D INCC	ME AND	ASSETS		
Occupants must provi	de the emplo					for enrollment in the Pro	aram.	
Tenant Employme	·	,	4				3	
a =p.oy.iio	III.							
Self-Employed:		□ No	If ves provide 2 ve	ars tax re	turns includ	ling all Schedules		
Self-Employed: Employer Name	□ Yes	□ No	If yes, provide 2 ye			_		
Self-Employed: Employer Name Employer Address		□ No	If yes, provide 2 ye	Em	<i>turns, includ</i> ployer Telep ition	_		

UNIT #	_					
Co-Tenant Employr	ment:					
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit.	If yes, provide 2 year	Employer Telephone Position No. of Years			
Head of Household	Employment:					
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, City	If yes, provide 2 year		er Telephone ersears		
Occupants must provid	le gross income informa	ntion and verification to	be consider	red for enrollment in the Pro	gram.	
b. Additional M 1. Overtim 2. Part-Tin 3. Pension 4. Veteran 5. Net Rer 6. Self Em 7. Child St 8. Public A 9. Social S 10. Unempl c. Other** d. Gross Mont e. Total (Line II f. Gross Hous *If self-employer, pleas	ne Employment is 's Administration Comp ital Income ployment* upport assistance (TANF/WIC/G Security Benefits oyment Compensation thly Income (Total A, B D Multiplied by 12) sehold Income (Total e se provide most recent 2 ye	### TEN SA	A IANT	Schedule C. nt, income from trusts, income	C) Head of Household from business activities	
		ovided on this form i	is TRUE and	AND ASSETS d CORRECT and I acknot ponsibilities and information	owledge the CAAs right to tion contained in the	
	nat I/we have receive From Lead in Your He				Agency pamphlet entitled	
Signed by all Tenants	of the property					
				Date		

Signature of Tenant (Occupant)

Date
Signature of Co-Tenant (Co-Occupant)

UNIT # **Applicant Demographic Profile** The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check 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 Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian

☐ Yes

□ No

Native Hawaiian/Other

American Indian/Alaskan Native & White

Black/African American & White

Pacific Islander

Asian & White

	Office Us	se Only	
The Gross Income as calculated pursuant to this Te	nant Application has been	verified by the CAA to be: \$	
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

Other

(specify) **Ethnicity**:

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Household

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Physically Disabled Head of

UNIT #

TENANT INFORMATION

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- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

Project Funding:	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
Agency (CAA):			CA	A Rep Name:	
-				A Dan Titler	
Project Type:		Multi-Family			
r roject rype.	ш Single-Family ш	і мин-гаппу			
1			0 . 4 !!	•	
Applicant (Owner	r):		Co-Applic	ant:	
Property:			Tenant:		
			Apt#:		
	5		5		
INSTRUCTIONS:	Return completed ar	nd signed Blood Testin	g Release to the	above-named CAA	۸.
Date					
It is no some and	- d th - t - II - h:I du- u	under eix veere ef ee		مما امريما امريما المما	tod maios to be soud control
					ted prior to hazard control work s, you should contact your
		or the local health d			s, you should contact your
orma o primary m	caitir dare provider	or the local ficality a	opartment to an	ange for a test.	
Plaasa chack a	ne of the following	g- the one which be	et describes v	our children:	
riease check of	ne or the ronowing	g- the one willon be	est describes y	our crinaren.	
☐ My childrer	n under six have ha	nd their blood lead le	vels tested in th	e nast three (3) :	months. Please identify
wiy ormaror	Tariadi dix Havo ne	ia triori bioca icaa ic	voio tootou iii tii	o paot timos (o)	monario. I lodos lasminy
Provider Name				Date of Test	<u> </u>
		r to release the resu	Its of this (these) blood test (s) to	the Lead Hazard Reduction
Grant Prog	ram.				
1 1 -		ot had their blood lea	ad levels tested	in the past three	(3) months and I agree to have
them tested	d at this time.				
For Religio	us purposes and/or	r personal reasons, I	choose not to	have my child (c	hildren's) tested for lead.
I/Ma valuntari	ilv disclase this info	rmation IMA under	stand that disals	scure of this infor	mation is not required for
		Reduction Grant Pro			mation is not required for
partioipation	2000 1 102010	caacaca Orant I IC	-g. a		
Doront on Consultant	Sign of the			Dete	
Parent or Guardian S	Signature			Date	
Parent or Guardian S				Date	

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

ject Funding:	State Lead (Z2	67)	State Lead	(N261)	Federal Lead	Healthy Home	es DHHS		
ency (CAA):						CAA Rep Name:			
						CAA Rep Title:			
Project Type	. По: . г	.,				CAA Rep Phone:			
r rojour rype	9: ☐ Single-Fa	imily	⊔ Multi-Fa	mily		CAA Rep Email:	-		
Applicant (Ow	ner):				Co-	Applicant:			
Property:					Ter	ant:			
					Apt	ш.			
					•				
INSTRUCTION	IS: Return cor	mpleted	and signe	d Certificat	tion to the abov	e-named CAA.			
Date									
						. ,.			
						grams, you indi ignificant amour			
hours a day o							it of tillie visi	ung is denin	eu as, lillee
•	•	,							
Please fill in t	he table belov	w, shov	wing the r	umber of	hours per da	y a child under s	six years old v	risits your ho	ome:
		Cun	dov	Mondov	Tuesday	Wadnaaday	Thursday	Eridov	Saturday
	-	Sun	day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per	r day								
		_							
If the number	of hours vari	es from	week to	week, ple	ease explain:				
By signing be	low. vou are	certifvir	ng that thi	s stateme	ent and inform	ation is true and	d correct.		
_,gg	, ,	· · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Date:				Owner/C	Occupant Sigr	oturo:			
						-			
				Owner/C	Occupant Nan	ne:			
Date:									
Date.				Co-Own	er/Occupant :	Signature:			

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

ct Funding: ncy (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS
				CAA Rep Name: CAA Rep Title:	
	-			CAA Rep Phone:	
Project Ty	/pe: Single-Family	☐ Multi-Family		CAA Rep Email:	
Applicant (0	Owner):		Co-	Applicant:	
Property:					
Contractor:					
relocati referen above- to verify such re Contrac	on expenses associced Property. I/We referenced Commun expenses incurred location assistance,	ated with lead paint understand that in c ity Action Agency (" as a result of tempo that I/we have a resroperty for lead haz	hazard abatem order to receive (CAA"), and/or or orary relocation sponsibility to card abatement	nent work in our/my reimbursement, we other documents what. I/We also underst coperate with the C remediation work, i	relp cover the costs of tempo home located at the above must provide receipts to the nich may be required by the C and that in the event I/we red AA and the above referenced including moving furniture out
2. I/We, the following (iv) lau rental for the the relocations of the following for the following followin	ne undersigned, und g: (i) moving expen ndry; (v) extra gasol ees for other alterna nan relocation, I/we	erstand that reimbu ses; (ii) hotel/motel ine/transportation co tive housing arrang understand that this ermore, I/We under	irsable relocation costs; (iii) securests due to the ements. If the does not entitle retand that the o	on expenses include rity deposits and mo temporary relocation relocation assistance e me/us to request a CAA is under no ob	e, but are not limited to, the conthly rent for apartment unit in to another dwelling; and (vice I/we receive is spent on ite additional money for actual ligation to reimburse for unverse.
propert propert	y owner/representati y during my/our relo on reimbursement l/	ve. I/We, understan cation, I/we may be	nd if I/we are de responsible for	emed responsible f the cost associated	plicies set forth by the relocated or damages to the relocated d with said damages. Any with damages determined m
4. By sigr	ning this agreement,	I/We acknowledge	the conditions of	of receiving relocation	on reimbursements and that
\$1,450	for federally-funded	projects or \$1,250	for state-funded	d projects are the m	aximum amounts of money t
roccivo	d for temporary relo	cation expenses.			·
receive	, , , , , , , , , , , , , , , , , , , ,	•	it where lead b	nazard ahatement y	work is being carried out
	ure of occupant of				
Signat	ure of occupant of understand this ac			azara abatement	work is being carried out.
Signat do not	ure of occupant of understand this ago the Signature			azara abatement	work is being carried out.
Signat <u>do not</u>	understand this ag t Signature		ign it.	nent/Unit #	Date
Signat do not Occupan	understand this ag t Signature		ign it.		
Occupan Occupan	understand this ag t Signature t Name		ign it.		
Occupan Co-Occu By sign	understand this age t Signature t Name pant Signature pant Name ning below, the CA	greement, do not s	i ign it. Apartr	nent/Unit #	Date
Signat do not Occupan Occupan Co-Occu By sign	t Signature t Name pant Signature pant Name	greement, do not s	i ign it. Apartr	nent/Unit #	Date

UNIT #			
	IIT 4	4	
	II I Z	L	

TENANT APPLICATION

Community Action Ag	ency (CAA):			Questions sho	ould be directed to:		
Name					CAA Rep Name	e:		
Address					CAA Rep Title:			
					CAA Rep Phon	e:		
					CAA Rep Email	l:		
INSTRUCTIONS: Retu	rn complete	ed and sign	ned Applicati	on and Applic	ant Information Fo	orm to the above-named (CAA.	
Date				Project Ty	r pe ☐ Single	e-Family Rental 🔲 N	/lulti-Family	
			I.	PROPERT	Y INFORMATI	ON		
Address:				А	partment #			
				#	Bedrooms:			
				F	ent Amount:			
			II. H	IOUSEHOL	.D INFORMAT	TION		
Tenant Name:				C	o-Tenant Name:			
	rst M	11	Last			First MI	Last	
Tenant Age:					o-Tenant Age:			
Telephone:				T	elephone:			
Total number in house (including yo	ou)	[☐ No depend	ent children unde	r six years of age reside ir	n the home.	
		, <u> </u>						
Name(s) of C	hild (age 18	or younger	Full t	ime student?	Age	Blood Lead Levels VEBL ug/dl	Covered b MaineCare	
			Ye	es No)	-	Yes	No
			Y	es No)		Yes	No
			Y	es No)		Yes	No
			Y	es No			Yes	No
					1	<u> </u>	100	110
						ependent, under six years	i	
of age spend at least th the home?	ree hours po	er day, on	two separate	e days per we	ek (at least 60 ho	urs or more per year) in	☐ Yes	□ No
If yes, have any of the o	hildren who	received s	services hee	n determined	to have lead nois	oning?	☐ Yes	□ No
in yes, have any or the c	midicii wilo	- TCOCIVCU (301 11003 200	TI determined	to nave lead pols	Offing:		
				251101 D III				
		III.			NCOME AND A			
Occupants must provide	e the emplo	yment info	rmation requ	ested below t	o be considered f	or enrollment in the Progr	am.	
Tenant Employment								
	::							
Self-Employed:	:: □ Yes	□ No	If yes, pro	vide 2 years ta	ax returns, includii	ng all Schedules.		
Self-Employed: Employer Name		□No	If yes, pro	vide 2 years ta	Employer Teleph	_		
Self-Employed:	☐ Yes		If yes, pro	vide 2 years to				

UNIT #	_				
Co-Tenant Employr	ment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, Cit.	If yes, provide 2 year		·	
Head of Household	Employment:				
Self-Employed: Employer Name Employer Address	☐ Yes ☐ No Street, City	If yes, provide 2 year		er Telephone ersears	
Occupants must provid	le gross income informa	ntion and verification to	be consider	red for enrollment in the Pro	gram.
b. Additional M 1. Overtim 2. Part-Tin 3. Pension 4. Veteran 5. Net Rer 6. Self Em 7. Child St 8. Public A 9. Social S 10. Unempl c. Other** d. Gross Mont e. Total (Line II f. Gross Hous *If self-employer, pleas	ne Employment is 's Administration Comp ital Income ployment* upport assistance (TANF/WIC/G Security Benefits oyment Compensation thly Income (Total A, B D Multiplied by 12) sehold Income (Total e se provide most recent 2 ye	### TEN SA	A IANT	Schedule C. nt, income from trusts, income	C) Head of Household from business activities
		ovided on this form i	is TRUE and	AND ASSETS d CORRECT and I acknot ponsibilities and information	owledge the CAAs right to tion contained in the
	nat I/we have receive From Lead in Your He				Agency pamphlet entitled
Signed by all Tenants	of the property				
				Date	

Signature of Co-Tenant (Co-Occupant)

Signature of Tenant (Occupant)

Prepared by MaineHousing

Date

Applicant Demographic Profile

The following information is required by the Federal Government for certain types of loans related to a dwelling or order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

Yes
No
Head of Household

Male

Female

of Household Members

national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below. Household ☐ Male ☐ Female # of Household Members Single Race: Married Elderly Black/African American Single Parent with Children American Indian/Alaska Native Two Parents with Children Asian Other Native Hawaiian/Other (specify) Ethnicity: Pacific Islander Hispanic or Latino American Indian/Alaskan Native & White Not Hispanic or Latino: Asian & White Physically Disabled Head of ☐ Yes Black/African American & White □ No Household Displaced Homemaker* ☐ Yes ПΝο Other Multi-Racial *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.

	Office U	se Only	
The Gross Income as calculated pursuant to this T	enant Application has been	verified by the CAA to be:	\$
Maximum Eligible Income for this Tenant/ is:	\$	Percentage of AMI:	
CAA Representative Signature	Date	CAA Representative Name	

TENANT INFORMATION

This *Tenant Information* describes program requirements and provides a list of things that you need to know, and need to do before making a commitment for a Lead Hazard Reduction Grant Program (Federal Lead) and/or Maine Lead Paint Hazard Abatement Program Grant (State Lead) (collectively the "Lead Programs") from MaineHousing. Tenants should retain this *Tenant Information* with their records.

HOW THE PROGRAM WORKS

MaineHousing's Lead Programs are administered by Community Action Agencies (CAA). The CAA will take your application, perform all necessary eligibility verifications, and inspect the work as it is being performed. After you have signed all necessary documents and if all guidelines are met, MaineHousing will fund a Lead Program grant with funds being held on your behalf.

MaineHousing uses funds from the U.S. Department of Housing & Urban Development, Real Estate Transfer Tax and other state and federal funds to provide funding for the Lead Program.

2. TEMPORARY RELOCATION

- a. Property owners (Landlord) must advise tenants living in units that are enrolled into the Lead Program that they will have to be relocated during the work. Property Owners (Landlords) are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for federal grants of up to \$1,450 or state grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. It is the Landlord's responsibility to have the rental units vacant and ready for contractor work prior to commencement of work.
- b. Tenants may have to move furniture and belongings out of work areas so that the contractor can perform the work. Homeowners and tenants must find alternative housing for pets.

3. OTHER REQUIREMENTS

- a. During the work, the contractor will need to use water, electricity and other utilities. The cost for the use of these utilities will be at the expense of the owner.
- Staff from the CAA and MaineHousing will conduct site visits during the construction phase.

4. RETURNING HOME

Tenants cannot return home until all of the interior work is completed and the dust wipe clearance test passes. There may be additional work that needs to be completed on the exterior of the home. This can be done safely while tenants live in the home.

5. ACKNOWLEDGEMENT OF LIMITED FUNDS

Funds being provided under the Lead Program may not be sufficient to address all lead hazards in or around your apartment. The Owner(s) will be responsible for providing any additional funds that may be necessary to address all such hazards. MaineHousing reserves the right to deny any project if completion of project cannot be met under Lead Program funding guidelines. MaineHousing will review each project on a case-by-case basis.

6. RESOLUTION OF DISPUTES

The dispute will be resolved in accordance with the terms outlined in the Construction Contract. The CAA is initially responsible for resolving disputes. If a dispute arises concerning the provisions of the signed contract or the performance by the parties, contact your CAA immediately and describe your complaint. If your CAA is unable to informally resolve your dispute, your CAA will assist you through the following process.

- a. <u>Notice of Dispute</u>. Within five business days of becoming aware of a dispute that is not readily resolved, the CAA will send MaineHousing a notice of the dispute with a copy of any written correspondence from the complainant. The CAA will also send a copy of the notice of dispute to the complainant. If MaineHousing learns of the dispute first, MaineHousing shall, within three working days send the CAA a notice of dispute along with any correspondence from the complainant. For the most efficient process, contact your CAA first, not MaineHousing.
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- c. <u>Dispute Resolution.</u> The lead hazard construction contract and/or the general construction contract between the contractor and the Owner will contain three (3) options to resolve a dispute: 1) binding arbitration as regulated by the Maine Uniform Arbitration Act with the parties agreeing to accept as final the arbitrator's decision, 2) non-binding arbitration, with the parties free to not accept the arbitrator's decision and to seek satisfaction through other means, including a lawsuit., 3) mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences. If the informal conference does not produce a resolution, the CAA will issue a document stating that no resolution was reached and the CAA will arrange the dispute resolution in accordance with the choice the parties agreed upon in the Construction Contract as soon as possible after the informal conference. The parties shall be responsible for splitting the cost of the dispute resolution option agreed upon in the Construction Contract.

IF YOU DO NOT UNDERSTAND ALL OF THE INFORMATION CONTAINED IN THIS DOCUMENT, PLEASE CONTACT YOUR COMMUNITY ACTION AGENCY.

BLOOD TESTING RELEASE

ct Funding:		State Lead (N261)		Healthy Homes	
cy (CAA):				CAA Rep Name:	
				CAA Rep Title:	
Project Type:	☐ Single-Family	∏ Multi₋Family		CAA Rep Phone:	
	□ Single-Faililly	inditi-r armiy		CAA Rep Email	
Applicant (Owr	ner):		Со-Ар	plicant:	
Property:			Tenan	t:	
			Apt#:		
INSTRUCTIONS	S: Return complete	ed and signed Blood To	esting Release to t	he above-named CA	A.
Date					
It is recommer	nded that all child	ren under six years o	of age have their	blood lead level te	sted prior to hazard control wo
					hs , you should contact your
in your nome.				arrange for a test	
		ider or the local heal	th department to	arrange for a test.	
child's primary	health care prov	ider or the local heal wing- the one whic	·	-	
child's primary Please check	one of the follo	wing- the one whic	h best describe	s your children:	months. Please identify
child's primary Please check	one of the follo	wing- the one whic	h best describe	s your children: In the past three (3)	months . Please identify
Please check My childr Provider Name	one of the followen under six have authorize the province.	wing- the one which	h best describe	s your children: the past three (3) Date of Tes	n months . Please identify st
Please check My childr Provider Nam I hereby Grant Pro My childr	one of the follower and the provider of the follower and	wing- the one which e had their blood lea vider to release the r	h best describe	s your children: the past three (3) Date of Tesese) blood test (s) the	months. Please identify st to the Lead Hazard Reduction
Please check My childr Provider Nam I hereby Grant Pro My childr them test	one of the follower under six have authorize the propagam. The under six have been under six have been under six have been under six have ted at this time.	wing- the one which e had their blood lead vider to release the re e not had their blood	th best describe	s your children: the past three (3) Date of Tesese) blood test (s) the	months . Please identify
Child's primary Please check My childr Provider Nam I hereby Grant Pro My childr them test For Relig	one of the followen under six have authorize the propagram. The under six have ted at this time. This is a six have the propagram arily disclose this	wing- the one which e had their blood lead vider to release the re e not had their blood	th best describe and levels tested in the results of this (the described lead levels tested in the levels tested in the lead levels tested in the lead levels tested in the levels t	s your children: the past three (3) Date of Tesese) blood test (s) the past three din the past three to have my child (a)	months. Please identify st to the Lead Hazard Reduction e (3) months and I agree to ha

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

ct Funding:	State Lead (Z26	7) State	Lead (N261)	Federal Lead	Healthy Homes	DHHS				
	ype: ☐ Single-Fa		fulti-Family		CAA Rep Name: CAA Rep Title: CAA Rep Phone: CAA Rep Email:					
Applicant (Owner):			Co	-Applicant:					
Property:				A 4.44 .						
INSTRUCT	IONS: Return con	mpleted and	signed Certifica	tion to the abov	/e-named CAA.					
age spend hours a da	s a "significant a y on two separa	amount of ti te days a v	me" visiting yo veek and a tota	ur home. A "s al of 60 hours	ograms, you indio significant amoun per year." y a child under s	t of time" visit	ting is define	ed as, "three		
# of hours		Sunday			Wednesday	Thursday	Friday	Saturday		
If the num	per of hours vari	es from we	ek to week, ple	ease explain:						
By signing Date:	•	certifying th		ent and inforn Occupant Sigr	nation is true and	I correct.				
			Owner/0	Occupant Nar	ne:					
Date: _	Date:			Co-Owner/Occupant Signature:						
				er/Occupant						

Prepared by MaineHousing

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

ct Funding: ncy (CAA):	State Lead (Z267)	State Lead (N261)	Federal Lead	Healthy Homes	DHHS					
,			C	AA Rep Name:						
			C	AA Rep Title:						
Project Tv	pe: ☐ Single-Family	□ Model Comillo	C	AA Rep Phone:						
r roject ry	PG:	☐ Multi-Family	C	AA Rep Email:						
Applicant (C	·			oplicant:						
011										
Contractor:		1			elp cover the costs of tempora					
referend above-i to verify such re Contrac	ced Property. I/We referenced Commun expenses incurred location assistance, ctor to prepare the P	understand that in or nity Action Agency ("C as a result of tempor that I/we have a resp	der to receive re CAA"), and/or oth rary relocation. I consibility to coord abatement/re	eimbursement, we ner documents what I/We also understance with the C/I/mediation work, ir	home located at the above must provide receipts to the ich may be required by the Coand that in the event I/we received and the above referenced acluding moving furniture out to the work.					
followin (iv) lau rental f other th relocat	g: (i) moving expen ndry; (v) extra gasol ees for other alterna nan relocation, I/we on expenses. Furth	nses; (ii) hotel/motel coline/transportation costive housing arrange understand that this contents.	osts; (iii) security sts due to the telements. If the reledoes not entitle related that the CA	y deposits and mo mporary relocation location assistance me/us to request a AA is under no obli	, but are not limited to, the onthly rent for apartment units in to another dwelling; and (vi) is I/we receive is spent on iter additional money for actual rigation to reimburse for unvertices.					
property property	re undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated of during my/our relocation, I/we may be responsible for the cost associated with said damages. Any on reimbursement I/we request, may be offset to cover the cost associate with damages determined my/sibility.									
4. By sign	By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that									
\$1,450	\$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to									
	received for temporary relocation expenses.									
	Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If									
_	do not understand this agreement, do not sign it.									
<u>-</u>	Signature		3							
Occupan	t Name		 Apartme	nt/Unit #	Date					
Co-Occu	pant Signature									
C0-Occu	Jani Signature									
Co-Occu	pant Name				Date					
	By signing below, the CAA acknowledges receipt of this document signed by the above									
homeo	wner(s) or renter(s	s).								
					Data					
CAA Rep	resentative Signature				Date					