

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

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes Healthy Homes Production DHHS

Agency (CAA):

CAA Rep Name: _____
CAA Rep Title: _____

Project Type: ☐ Single-Family ☐ Multi-Family

CAA Rep Phone: _____
CAA Rep Email: _____

Applicant (Owner): _____ **Co-Applicant:** _____

Property: _____

Contractor: _____

1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with lead paint hazard abatement work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for lead hazard abatement/remediation work, including moving furniture out of critical work areas and packing or otherwise securing other belongings to expedite the work.
2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) security deposits and monthly rent for apartment units; (iv) laundry; (v) extra gasoline/transportation costs due to the temporary relocation to another dwelling; and (vi) rental fees for other alternative housing arrangements. If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that \$1,450 for federally-funded projects or \$1,250 for state-funded projects are the maximum amounts of money to be received for temporary relocation expenses.

Signature of occupant of home or rental unit where lead hazard abatement work is being carried out. If you do not understand this agreement, do not sign it.

Occupant Signature

Occupant Name

Apartment/Unit #

Date

Co-Occupant Signature

Co-Occupant Name

Date

By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s) or renter(s).

CAA Representative Signature

Date

CAA Representative Name