

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

**OWNER APPLICATION**

Date \_\_\_\_\_

**Community Action Agency (CAA):**

**Questions should be directed to:**

**CAA Name:** \_\_\_\_\_

**CAA Rep Name** \_\_\_\_\_

**CAA Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Street, City, State, Zip*

**CAA Rep Title** \_\_\_\_\_

**CAA Rep Phone** \_\_\_\_\_

**CAA Rep Email** \_\_\_\_\_

**INSTRUCTIONS:** Return completed and signed Application to the above-named CAA.

**I. APPLICANT (OWNER) INFORMATION**

**1. List all owners of the property as reflected on the property deed.**

**Owner Name** (as reflected on property deed)

**Co-Owner Name** (as reflected on property deed)

\_\_\_\_\_ Entity or Owner (First MI Last)

\_\_\_\_\_ Entity or Owner (First MI Last).

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Street, City, State, Zip*

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Street, City, State, Zip*

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Owner Age \_\_\_\_\_

Co-Owner Age \_\_\_\_\_

If Owner is an entity, list member name(s) and % of ownership	
	%
	%
	%

If Co-Owner is an entity, list member name(s) and % of ownership	
	%
	%
	%

**2. This section 2 must be completed if Owner's unit is to be enrolled. If Owner's unit is not to be enrolled than skip this Section I(2) and complete Section II, Property Information.**

**a.** Total number in house (including you) \_\_\_\_\_

**b.** Do children under six years of age reside in the home?  Yes  No

**c. List all children in the household, full-time student status, age, blood levels, & MaineCare coverage**

Name(s) of Child (age 18 or younger)	Full time student?	Age	Blood Lead Levels VEBL's ug/dl	Covered by MaineCare?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

**d.** Does the home serve as a child care location? Meaning, does a child other than the Applicant's dependent, under six years of age spend at least three hours per day, on two separate days per week (at least 60 hours or more per year) in the home?  Yes  No

**e.** If yes, have any of the children who received services been determined to have lead poisoning?  Yes  No

**II. PROPERTY INFORMATION**

**1. Address of Property to be abated:**

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
*Street, City, State, Zip*

County \_\_\_\_\_

**2. Dwelling:**

Single-Family

Multi-Family # of Units: \_\_\_\_\_

Outbuildings:  Yes  No

**3. Year Built:** \_\_\_\_\_  Unknown

### 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. Owner Employment:**

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

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
*Street, City, State, Zip* No. of Years \_\_\_\_\_

**2. Co-Owner Employment:**

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

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
*Street, City, State, Zip* No. of Years \_\_\_\_\_

**3. Other Occupant Employment:**

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

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
*Street, City, State, Zip* No. of Years \_\_\_\_\_

**4. Gross Income (Owner must provide verification of all income):**

GROSS AMOUNT	(a) Owner	(b) Co-Owner	(c) Other Occupant
<b>a.</b> Wages (gross monthly) from Employment	_____	_____	_____
<b>b.</b> Additional Monthly Income From:			
1. Overtime	_____	_____	_____
2. Part-Time Employment	_____	_____	_____
3. Pensions	_____	_____	_____
4. Veteran's Administration	_____	_____	_____
5. Net Rental Income	_____	_____	_____
6. Self Employment*	_____	_____	_____
7. Child Support	_____	_____	_____
8. Public Assistance (TANF/WIC/GA)	_____	_____	_____
9. Social Security Benefits	_____	_____	_____
10. Unemployment Compensation	_____	_____	_____
<b>c. Other**</b>	_____	_____	_____
<b>d. Gross Monthly Income (Total A, B &amp; C)</b>	_____	_____	_____
<b>e. Total (Line D Multiplied by 12)</b>	_____	_____	_____
<b>f. Gross Household Income (Total E(a)+E(b)+E(c):</b>	_____		

\*If self-employer, please provide most recent 2 years of completed tax returns including Schedule C.

\*\* Includes bonuses, dividends, interest, royalties, alimony, sick pay, disability, retirement, income from trusts, income from business activities or investments.

## IV. 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 agree to assume any tenant housing relocation expenses in excess of MaineHousing's allowable reimbursement limit of \$1,450 for federally funded projects and \$1,250 for state-funded projects.
- (6) I/we understand that 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.
- (7) I/We understand that this Application shall remain with the CAA to which it is submitted and/or MaineHousing.
- (8) I/We understand that consumer reports (Merchant's Report) may be obtained in connection with this Application by the CAA.
- (9) I/We, acknowledge that I/we have received a copy of the United States Environmental Protection Agency pamphlet entitled Protect Your Family from Lead in Your Home.

**2. Certification:** I/We certify that the statements contained in this Application are true, accurate, and complete to the best of my/our knowledge and belief. I/We certify that I/we have read, understand, and agree to the responsibilities and information contained in the *Applicant Information* (Appendix A-2) to this Application.

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

**Signed by all owners of the property**

Signature of Applicant (Owner)	Date
Signature of Co-Applicant (Co-Owner)	Date

## V. 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

- Single
- Married
- Elderly
- Single Parent with Children
- Two Parents with Children
- Other (specify) \_\_\_\_\_

**Ethnicity:**

- Hispanic or Latino
- Not Hispanic or Latino:
- Physically Disabled Head of Household  Yes     No
- Displaced Homemaker\*  Yes     No

# of Household Members \_\_\_\_\_

**Race:**

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other
- Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- 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 Application has been verified by the CAA to be: \$ \_\_\_\_\_

Maximum Eligible Income for this applicant is: \$ \_\_\_\_\_ Percentage of AMI: \_\_\_\_\_

CAA Representative Signature	Date	CAA Representative Name
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**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.