UNIT #\_\_\_\_\_

### AMI for this tenant\_

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

# **TENANT APPLICATION**

-	gency (CAA):		Questions sho	uld be directed to:		
Name		CAA Rep Name:				
Address			CAA Rep Title:			
			CAA Rep Phone			
			CAA Rep Email:			
INSTRUCTIONS: Ref	turn completed and signed A	pplication and Applica	nt Information Fo	rm to the above-named	CAA.	
Date		Project Ty	<b>5e</b> 🛛 Single	-Family Rental	Multi-Family	
	l.	PROPERTY		ON		
Address:		Ap	partment #			
		#E	Bedrooms:			
		Re	ent Amount:			
	И.	HOUSEHOL	D INFORMAT	ION		
Tenant Name:		Co	-Tenant Name:			
-	First MI L	ast		First MI	Last	
Date of Birth:		Da	ate of Birth:			
Telephone:		Те	elephone:			
			1			
Total number in house	e (including you)			six years of age reside i	n the home.	
	e (including you) Child (age 18 or younger)			six years of age reside in Blood Lead Levels VEBL ug/dl	n the home. Covered b MaineCare	У
		I No depende	nt children under	Blood Lead Levels	Covered b	У
		□ No depende	nt children under	Blood Lead Levels	Covered b MaineCare	у ?
		□ No depende Full time student? Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes	y ? No
		□ No depende Full time student? Yes No Yes No Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes Yes Yes	y ? No No No
		□ No depende Full time student? Yes No Yes No Yes No	Age	Blood Lead Levels	Covered b MaineCare Yes Yes	y ? No No
Name(s) of	Child (age 18 or younger)	□ No depende         Full time student?         Yes       No	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	y ? No No No
Name(s) of	Child (age 18 or younger)	□ No depende         Full time student?         Yes       No	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	y ? No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger)	□ No depende         Full time student?         Yes       No         Separate days per wee	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	y ? No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger) e as a child care location? M hree hours per day, on two s	□ No depende         Full time student?         Yes       No         Separate days per wee	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	y ? No No No
Name(s) of Name(s) of Does your home serve of age spend at least t the home?	Child (age 18 or younger) e as a child care location? M hree hours per day, on two s	□ No depende         Full time student?         Yes       No         Separate days per wee       Separate days per wee         Ces been determined to       Separate days per wee	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes	y ? No No No
Name(s) of         Does your home serve of age spend at least t the home?         If yes, have any of the	Child (age 18 or younger) e as a child care location? M hree hours per day, on two s children who received servio III.	□ No depende         Full time student?         Yes       No         Separate days per wee       Separate days per wee         Cess been determined to       HOUSEHOLD IN	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes D Yes Ves	y ? No No No
Name(s) of         Does your home serve of age spend at least t the home?         If yes, have any of the	Child (age 18 or younger) e as a child care location? M hree hours per day, on two s children who received servio III. de the employment information	□ No depende         Full time student?         Yes       No         Separate days per wee       Separate days per wee         Cess been determined to       HOUSEHOLD IN	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes D Yes Ves	y ? No No No
Name(s) of         Name(s) of         Does your home serve         of age spend at least t         the home?         If yes, have any of the         Occupants must provid         Tenant Employment	Child (age 18 or younger) e as a child care location? N hree hours per day, on two s children who received servic III. de the employment information nt:	□ No depende         Full time student?         Yes       No         Ieaning, does a child o       Separate days per wee         ces been determined t       HOUSEHOLD IN         fon requested below to       Separate days	Age Age ther than your de (at least 60 hou o have lead poisc COME AND A be considered fo	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes D Yes Ves	y ? No No No
Name(s) of         Name(s) of         Does your home served         of age spend at least to         the home?         If yes, have any of the         Occupants must provide	Child (age 18 or younger) e as a child care location? N hree hours per day, on two s children who received servic III. de the employment information nt:	□ No depende         Full time student?         Yes       No         Separate days per wee       Separate days per wee         ces been determined to       Separate days per wee         fon requested below to       Separate days per wee         fon requested below to       Separate days per wee         Yes       No	Age Age ther than your de (at least 60 hou o have lead poisc COME AND A be considered fo	Blood Lead Levels VEBL ug/dl pendent, under six years irs or more per year) in oning? ASSETS or enrollment in the Progr	Covered b MaineCare Yes Yes Yes Yes D Yes Ves	y No No No No
Name(s) of         Name(s) of         Does your home serve         of age spend at least t         the home?         If yes, have any of the         Occupants must provid         Tenant Employment         Self-Employed:	Child (age 18 or younger) e as a child care location? N hree hours per day, on two s children who received servic III. de the employment information nt:	□ No depende         Full time student?         Yes       No         Reaning, does a child or separate days per weet         ces been determined to         HOUSEHOLD IN         fon requested below to         res, provide 2 years tax	nt children under	Blood Lead Levels VEBL ug/dl	Covered b MaineCare Yes Yes Yes Yes D Yes Ves	y No No No No

Co-Tenant Employm	ent:				
Self-Employed: Employer Name Employer Address	□ Yes	□ No Street, Cit	If yes, provide 2 year. y, State, Zip	tax returns, including <b>all</b> Schedules. Employer Telephone Position No. of Years	
Head of Household	Employm	ent:			
Self-Employed:	□ Yes	🗆 No	lf yes, provide 2 year	tax returns, including <b>all</b> Schedules.	
Employer Name				Employer Telephone	
Employer Address				Position	
		Street, City	ι, State, Zip	No. of Years	

Occupants must provide gross income information and verification to be considered for enrollment in the Program.

	GROSS AMOUNT	A TENANT	B CO-TENANT	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					
с.	Other**					
d.	Gross Monthly Income (Total A, B & C)					
e.	Total (Line D Multiplied by 12)	_		. <u>.</u>		
f.	Gross Household Income (Total e(A)+e(B)+e(C):					

# 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 to 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 entitled *Protect Your Family From Lead in Your Home* in connection with our apartment unit.

Signed by all Tenants of the property		
	Date	
Signature of Tenant (Occupant)		
	Date	
Signature of Co-Tenant (Co-Occupant)		

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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 furni	ish this inform	nation	□ Yes	□ No			
Head of Household (check all that apply)							
Sex of Head of							
Household	Male	Femal	e #	of Household Members			
Single			R	ace:			
Married				White			
Elderly				Black/African American			
Single Parent with Children				American Indian/Alaska Native			
Two Parents with Children				Asian			
Other (specify)				Native Hawaiian/Other			
Ethnicity:		=		Pacific Islander			
Hispanic or Latino				American Indian/Alaskan Native & White			
Not Hispanic or Latir	10:			Asian & White			
Physically Disabled I Household	Head of	□ Yes	□ No	Black/African American & White			
Displaced Homemaker* □ Yes □ No			□ No	Other Multi-Racial			
*A displaced homomake	r moone on adul	t individual	who: has not	worked full time full years in the labor force for	or a number of years but has during such		

\*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 Tenan	\$				
Maximum Eligible Income for this Tenant/ is:	\$ Percentage of AMI:				
CAA Representative Signature	Date	CAA Representative Name			

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

# **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. <u>The cost for the use of these</u> <u>utilities will be at the expense of the owner.</u>
- b. 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,