

## DOCUMENTS THAT WE MUST HAVE FROM TENANT

- 1) **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS FOR THE PREVIOUS 3 MONTHS (Tenant must provide)** -RECENT PAY STUBS, SOCIAL SECURITY AWARD LETTERS, OR OTHER PROOF OF INCOME
- 2) **COPY OF YOUR MOST RECENT BANK STATEMENTS (ALL PAGES) FOR THE PREVIOUS 3 MONTHS (Tenant must provide)**- CHECKING, SAVINGS, CD, MONEY MARKET, STOCKS, BONDS, CASH
- 3) **TENANT APPLICATION & INFORMATION FORM** (Page 4 does not need to be completed at this time; Page 5 may not apply if there are no children under the age of 6 in the unit)- **Tenant must complete**
- 4) **AUTHORIZATION TO RELEASE INFORMATION-** **All Adult tenants must sign one**

If you have any questions regarding the application or any of the required additional documents, please feel free to call Rebecca Grant at 973-3665.

Please mail all information to:

**PENQUIS CAP INC.**

**ATTN: REBECCA GRANT – LEAD PROGRAM**

**PO BOX 1162**

**BANGOR ME 04402-1162**

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

AMI \_\_\_\_\_

Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM

TENANT APPLICATION AND INFORMATION

Community Action Agency (CAA)

Questions should be directed to:

CAA Name PENQUIS CAP INC.  
CAA Address PO BOX 1162  
CAA City/State/Zip BANGOR ME 04402-1162

Name of Intake Staff: REBECCA GRANT  
Telephone of Intake Worker: (207) 973-3665  
Email of Intake Worker: RGRANT@PENQUIS.ORG

**Return completed and signed applications to the above-named CAA.**

Tenant Name: \_\_\_\_\_  
                    First            MI            Last  
Co-Tenant Name: \_\_\_\_\_  
                    First            MI            Last  
Date of Birth: \_\_\_\_\_  
Social Sec #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Apartment #: \_\_\_\_\_  
#Bedrooms: \_\_\_\_\_  
Rent Amount: \_\_\_\_\_

Total number in house (including you): \_\_\_\_\_

Name(s) of dependent children	Birthdate	Ages	Blood Lead Levels VEBL's ug/dl
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Household Income and Assets:**

**Occupants must complete the section below to be enrolled in the Program.**

**Tenant Employment:**

Self-Employed:  Yes  No *If yes, provide 2 years tax returns, including all Schedules.*  
Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
No. of Years \_\_\_\_\_

**Co-Tenant Employment:**

Self-Employed:  Yes  No *If yes, provide 2 years tax returns, including all Schedules.*  
Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
No. of Years \_\_\_\_\_

**Head of Household Employment:**

Self-Employed:  Yes  No *If yes, provide 2 years tax returns, including all Schedules.*  
Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_ Position \_\_\_\_\_  
No. of Years \_\_\_\_\_

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**Gross Income:**

**Occupants must provide verification of all income.**

GROSS AMOUNT	(a) TENANT	(b) CO-TENANT	(c) Head of Household
<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 Compensation	_____	_____	_____
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.</b> Other**	_____	_____	_____
<b>D.</b> Gross Monthly Income (Total A, B & C)	_____	_____	_____
<b>E.</b> Total (Line D Multiplied by 12)	_____	_____	_____
<b>F.</b> 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.

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

- 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
  - American Indian/Alaskan Native & Black/ African American
  - Other Multi-Racial

**Ethnicity:**  
 Hispanic or Latino   
 Not Hispanic or Latino:

Physically Disabled Head of Household     Yes     No  
 Displaced Homemaker\*     Yes     No

\*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.

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I certify that ALL the information I have provided on this form is **TRUE** and **CORRECT** and I acknowledge the lender's right to verify.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

The Gross Income as calculated pursuant to this Income Form and the Procedural Guide has been verified by the Administrator to be: \$ \_\_\_\_\_

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

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signed by CAA Representative

\_\_\_\_\_  
Name of CAA Representative

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Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM

**TENANT INCOME RECERTIFICATION**

TO BE COMPLETED ONLY IF THE LOAN DOES NOT CLOSE WITHIN FOUR MONTHS OF APPLICATION.

Tenant Name: \_\_\_\_\_  
                                    First                    MI                    Last

Co-Tenant Name: \_\_\_\_\_  
                                    First                    MI                    Last

Property Address: \_\_\_\_\_

STATE OF MAINE

COUNTY OF \_\_\_\_\_, xs

\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_

being duly sworn, depose and say that his/her/their Gross Income as calculated pursuant to the Income Eligibility Worksheet, Pages 1 and 2 is now: \$ \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Tenant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Tenant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

Subscribed and sworn to before me on \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Name: \_\_\_\_\_

Notary Public/Attorney-at-Law

Commission Expires: \_\_\_\_\_

Notaries Public must have each person signing raise his or her hand and licit an affirmative response to the following oath: "DO YOU (SWEAR/AFFIRM) UNDER PENALTY OF LAW THAT YOU HAVE READ AND UNDERSTOOD THIS INCOME RECERTIFICATION AND THAT THE STATEMENTS WITHIN ARE TRUE BASED UPON YOUR PERSONAL KNOWLEDGE (SO HELP YOU GOD)?"

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Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM

**BLOOD TESTING RELEASE FORM**

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past **three (3) months**, you should contact your child's primary health care provider or the local health department to arrange for a test.

*Please check one of the following- the one which best describes your children:*

My children under six **have** had their blood lead levels tested in the past **three (3) months**. Please identify

**Provider Name** \_\_\_\_\_ **Date of Test** \_\_\_\_\_

I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction Demonstration Program.

My children under six **have not** had their blood lead levels tested in the past **three (3) months** and I agree to have them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Demonstration Program

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name

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Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM  
**TENANT APPLICATION AND INFORMATION FORM**

This Applicant and Information Form 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 Demonstration Program Loan/Grant from MaineHousing.

**HOW THE PROGRAM WORKS:**

MaineHousing's Lead Hazard Reduction Demonstration Program is 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 your loan 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 program.

**TEMPORARY RELOCATION**

- Landlords must advise tenants living in units that are enrolled into the program, that they will have to be relocated during the work. Landlords are strongly encouraged to seek vacant units for the temporary placement of families during the work. Tenants may be eligible for 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.
- Single family homeowners may be eligible for relocation grants of up to \$1,250 to help with temporary relocation costs not to exceed ten days. This money can be used for moving expenses, costs for alternative housing and other relocation related expenses. Homeowners are responsible for having the home vacant and ready for contractor work prior to commencement of work.
- Homeowners and 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.

**OTHER REQUIREMENTS**

- 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.**
- Site visits will be conducted by staff from the CAA and MaineHousing during the construction phase.

**RETURNING HOME:**

You or your 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 you or your tenants live in the home.

**RESOLUTION OF DISPUTES:** MaineHousing uses a standard procedure for resolving disputes among the owner, the contractor, and the CAA concerning the rehabilitation of a home. 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.

- *Notice of Dispute.* 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.
- *Informal Conference.* 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.
- *Binding Arbitration.* The lead hazard construction contract and/or the general construction contract between the contractor and you will contain a binding arbitration clause. If the informal conference does not produce a resolution,

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the CAA will issue a document stating that no resolution was reached and that the parties will participate in a binding arbitration proceeding to be held as soon as possible after the informal conference. Unless the CAA, owner, and contractor otherwise agree, the arbitration shall be conducted in accordance with the construction industry arbitration rules of the American Arbitration Association. The decision of the arbitrator will be final.

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

I certify that I have read, understand, and agree to the responsibilities and information contained in this Applicant Information Form.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MAINE HOUSING (PENQUIS CAP) LEAD**  
**HAZARD CONTROL PROGRAM**  
**RELOCATION & REIMBURSEMENT TIPS**  
**FOR TENANTS**

- IF YOU ARE RESIDING IN A UNIT THAT HAS BEEN IDENTIFIED AS HAVING LEAD, YOU WILL NEED TO BE RELOCATED DURING THE ABATEMENT WORK OF YOUR UNIT FOR UP TO A MAXIMUM OF 10 DAYS. PENQUIS WILL PUT YOU UP IN A HOTEL/MOTEL FOR THE RELOCATION PERIOD OR YOU DO HAVE THE OPTION OF STAYING WITH FRIENDS AND/OR FAMILY INSTEAD, IF YOU PREFER. HOWEVER, WE WILL NOT PAY FOR YOUR STAY WITH FRIENDS AND/OR FAMILY. WE WILL ONLY PAY FOR COMMERCIAL "TEMPORARY STAY" ESTABLISHMENTS SUCH AS HOTELS/MOTELS. YOUR LANDLORD MAY ALSO GIVE YOU THE OPTION OF STAYING IN A VACANT UNIT OF THE BUILDING, IF THERE IS ONE AVAILABLE TO DO SO.
  
- **\$1,250** IS THE MAXIMUM ALLOWABLE REIMBURSEMENT FOR TOTAL RELOCATION EXPENSES UNDER THE LEAD ABATEMENT PROGRAM. YOU WILL ONLY BE REIMBURSED FOR THE PORTION YOU PAY DIRECTLY SUCH AS FOOD AND NOT FOR EXPENSES THAT PENQUIS PAYS DIRECTLY SUCH AS HOTEL STAY. IF YOUR DIRECT EXPENSES COMBINED WITH PENQUIS' EXPENSES EXCEED \$1,250, YOU WILL ONLY BE REIMBURSED FOR THE AMOUNT BEYOND PENQUIS' EXPENSES UP TO THE MAXIMUM \$1,250. (Example: \$500 family submits in receipts for food/travel expenses + \$800 Penquis pays for hotel = \$1300 in relocation expenses. Family will only be reimbursed for \$450 of their directly paid expenses.)
  
- YOU MUST SUBMIT ALL ORIGINAL RECEIPTS FOR APPROVAL. WE WILL MAKE COPIES AS NECESSARY FOR THE FILE ONCE WE ARE THROUGH WITH THE ORIGINALS.
  
- ALL RECEIPTS MUST LIST THE DATE & TIME OF PURCHASE. THE DATE AND TIME MUST FALL IN THE RELOCATION PERIOD IN ORDER TO RECEIVE REIMBURSEMENT.
  
- ALL RECEIPTS MUST BE ITEMIZED. (HINT: IF YOU GO TO A RESTAURANT DURING YOUR RELOCATION PERIOD FOR A MEAL, YOU MUST SPECIFY TO YOUR SERVER THAT YOU MUST HAVE AN ITEMIZED RECEIPT.) WE WILL NOT REIMBURSE YOU FOR ANY RECIEPTS THAT ARE NOT ITEMIZED. YOU WILL

ONLY BE REIMBURSED FOR MEAL ITEMS AND NON-ALCOHOLIC DRINKS ON AN ITEMIZED RECEIPT. APPETIZERS, DESSERTS & ALCOHOLIC DRINKS ARE NOT ELIGIBLE FOR REIMBURSEMENT.

- ALL RECEIPTS MUST HAVE A TOTAL (NOT JUST A SUBTOTAL) WITH THE SPECIFICS OF HOW YOU PAID FOR THE ITEMS. FOR EXAMPLE: CASH, CREDIT CARD, DEBIT, ETC.
- YOU WILL NOT BE REIMBURSED FOR ANYTHING THAT YOU DO NOT HAVE RECEIPTS FOR.
- IF IT IS NOT CLEAR ON THE RECEIPT AS TO WHAT YOU PURCHASED, SUCH AS SOMETHING LISTED AS "GREAT VALUE" ON A WALMART RECEIPT, YOU WILL NOT BE REIMBURSED FOR THAT ITEM .
- IF YOU ARE PURCHASING ITEMS THAT ARE NOT FOOD OR OBVIOUS NECESSITIES FOR YOUR RELOCATION PERIOD, YOU WILL NOT BE REIMBURSED FOR THEM. EXAMPLE: TOYS OR ACTIVITY ITEMS FOR CHILD, GUM, TIC TAC'S, CANDY, ETC. WE RECOMMEND THAT YOU SEPARATE YOUR PURCHASES. ONE COMPLETE PURCHASE WITH ELIGIBLE ITEMS AND ONE PURCHASE WITH INELIGIBLE ITEMS.
- IF YOU ARE SUBMITTING RECEIPTS FOR TRAVEL TO & FROM WORK, YOU MUST KEEP A COMPLETE LOG OF YOUR TRAVEL (TIME, DATES, SPECIFIED START LOCATION TO SPECIFIED END LOCATION & MILEAGE TRAVELED FOR THAT TRIP) AND YOU MUST SUBMIT YOUR COMPLETED LOG WITH YOUR GAS RECEIPTS. For example: 3/15/2013 7:30am drove from Fairfield Inn in Bangor, ME (place of relocation) to Home Depot in Bangor, ME (employer).  
\*TRAVEL EXPENSES WILL BE CONSIDERED ON A CASE BY CASE BASIS.

Please contact Rebecca Grant at 207-973-3665 to arrange your required relocation during the Lead abatement of your rental unit if relocation is necessary.

(\*Penquis Office hours are Monday – Friday, 8am to 4:30pm)