

DOCUMENTS THAT THE LANDLORD MUST PROVIDE

(for the property being enrolled)

- 1) COPY OF YOUR PROPERTY DEED
- 2) COPY OF YOUR MOST RECENT PROPERTY TAX BILL
- 3) COPY OF CURRENT HOME OWNERS/PROPERTY INSURANCE POLICY WITH CURRENT TERM DATES (Electronic communication is recommended. Your Insurance Agent can forward a copy of your policy to Dawn L Moody @ DMoody@Penquis.org)
- 4) MAINE STATE LEAD PAINT HAZARD ABATEMENT PROGRAM / LEAD HAZARD REDUCTION GRANT PROGRAM OWNER APPLICATION
- 5) TENANT APPLICATIONS, (*Completed & signed by the tenants*)
- 6) BLOOD TESTING RELEASE FORM
- 7) RELOCATION ASSISTANCE ACKNOWLEDGEMENT FORM
- 8) Tenants will need to provide:

3 months of income verification (pay stubs for wages or Social Security benefit letter, Veterans benefit determination letter, Unemployment monetary determination letter, EBT benefit letter). If Tenant has Zero Income, a Zero Income Worksheet can be requested

Any questions, please contact me at 207-814-0167 or DMoody@Penquis.org

Please mail all information to:

PENQUIS CAP INC.

ATTN: Dawn L Moody

262 HARLOW ST.

BANGOR ME 04401

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

OWNER APPLICATION

Date _____

Community Action Agency (CAA):

Name Penquis CAP Inc
Address 262 Harlow St., Bangor ME 04401
Street, City, State, Zip

Questions should be directed to:

CAA Rep Name Dawn L Moody
CAA Rep Title Housing Coordinator
CAA Rep Phone (207) 814-0167
CAA Rep Email DMoody@Penquis.org

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)

Entity or Owner (First MI Last) _____
Mailing Address _____
Street, City, State, Zip
Home Phone _____
Work Phone _____
Date of Birth _____

Co-Owner Name (as reflected on property deed)

Entity or Owner (First MI Last) _____
Mailing Address _____
Street, City, State, Zip
Home Phone _____
Work Phone _____
Date of Birth _____

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 people in the household, their age and full-time student status.

Name(s) of dependent children	Birthdate	Ages	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

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:

Street 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
a. Wages (gross monthly) from Employment	_____	_____	_____
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	_____	_____	_____
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):	\$ 0.00		

*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 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.
- (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 *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

Displaced Homemaker*

☐

☐

☐ Yes

☐ No

☐ 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

Dawn L Moody

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.

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

AUTHORIZATION TO RELEASE INFORMATION

Community Action Agency (CAA):

Name Penquis CAP Inc
Address 262 Harlow St., Bangor ME 04401

Questions should be directed to:

CAA Rep Name: Dawn L Moody
CAA Rep Title: Housing Coordinator
CAA Rep Phone: (207) 814-0167
CAA Rep Email: DMoody@Penquis.org

INSTRUCTIONS: Return completed and signed Authorization to Release Information to the above-named CAA.

Date _____ Project Type: ☐ Single Family ☐ Multi-Family
TO: _____
RE: _____
Name of Customer _____ Account or Other Identifying Number _____

I have applied for or obtained a grant from MaineHousing and the above-named CAA.

MaineHousing and/or the CAA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to MaineHousing and the CAA, for verification purposes, the following applicable information:

1. Past and present employment or income records.
2. Bank account, stock holdings, and any other asset balances.
3. Past and present landlord references
4. Other consumer credit references

If the request is for a new grant, I further authorize MaineHousing and/or the CAA to order a credit consumer report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., MaineHousing and the CAA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my grant and application will be available to MaineHousing and the CAA without further notice or authorization, but will not be disclosed or released by MaineHousing and the CAA to another government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the grant.

The recipient of this Authorization may rely on the Government's representation that the grant is still in existence.

The information MaineHousing and the CAA obtains is only to be used to process my request for a grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the notice to Applicant Regarding Privacy act Information. I understand that if I requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this Authorization may be accepted as an original. Your prompt reply is appreciated.

Customer Signature _____

Date _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

MSHA and the CAA are an Equal Opportunity Lender

UNIT # _____

AMI _____

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)**TENANT APPLICATION****Community Action Agency (CAA):**Name Penquis CAP Inc
Address 262 Harlow St., Bangor ME 04401**Questions should be directed to:**CAA Rep Name: Dawn L Moody
CAA Rep Title: Housing Coordinator
CAA Rep Phone: (207) 814-0167
CAA Rep Email: DMoody@Penquis.org**INSTRUCTIONS:** Return completed and signed Application and Applicant Information Form to the above-named CAA.

Date _____

Project Type☐ Single-Family Rental☐ Multi-Family**I. PROPERTY INFORMATION**Address: _____ Apartment # _____
#Bedrooms: _____
Rent Amount: _____**II. HOUSEHOLD INFORMATION**Tenant Name: _____ Co-Tenant Name: _____
First MI Last First MI Last
Date of Birth: _____ Date of Birth: _____
Telephone: _____ Telephone: _____Total number in house (including you) _____ ☐ No dependent children under six years of age reside in the home.

Name(s) of dependent children	Birthdate	Ages	Blood Lead Levels VEBL 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

Does your home serve as a child care location? Meaning, does a child other than your 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

If yes, have any of the children who received services been determined to have lead poisoning?

☐ Yes ☐ No**III. HOUSEHOLD INCOME AND ASSETS**

Occupants must provide the employment information requested below to be considered for enrollment 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 _____
Street, City, State, Zip No. of Years _____

UNIT # _____

Co-Tenant Employment:

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

Employer Name _____

Employer Telephone _____

Employer Address _____

Position _____

Street, City, State, Zip

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 _____

Street, City, State, Zip

No. of Years _____

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

	A TENANT	B CO-TENANT	C) Head of Household
GROSS AMOUNT			
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

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

Signature of Tenant (Occupant)

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

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

Displaced Homemaker*

☐ Yes ☐ No

☐ Yes ☐ No

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 Tenant Application has been verified by the CAA to be:

\$ _____

Maximum Eligible Income for this Tenant/ is:

\$ _____

Percentage of AMI: _____

Dawn L Moody

CAA Representative Signature

Date

CAA Representative Name

UNIT # _____

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 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.
- 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. 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.
- b. 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.
- c. Dispute Resolution. 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.**

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

BLOOD TESTING RELEASE

Project Funding: State Lead Federal Lead Healthy Homes

Project Type: ☐ Single-Family ☐ Multi-Family

Agency (CAA): Penquis CAP Inc
262 Harlow St., Bangor ME 04401

CAA Rep Name: Dawn L Moody
CAA Rep Title: Housing Coordinator
CAA Rep Phone: (207) 814-0167
CAA Rep Email: DMoody@Penquis.org

Applicant (Owner): _____

Co-Applicant: _____

Property: _____

INSTRUCTIONS: Return completed and signed Blood Testing Release to the above-named CAA.

Date _____

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 Grant 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 Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name

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

RELOCATION ASSISTANCE ACKNOWLEDGEMENT

Project Funding: ☐ State Lead ☐ Federal Lead ☐ Healthy Homes

Project Type: ☐ Single-Family ☐ Multi-Family

Agency (CAA): Penquis CAP Inc

262 Harlow St., Bangor ME 04401

CAA Rep Name: Dawn L Moody

CAA Rep Title: Housing Coordinator

CAA Rep Phone: (207) 814-0167

CAA Rep Email: DMoody@Penquis.org

Applicant (Owner): _____

Property: _____

Contractor: _____

Co-Applicant: _____

Tenant: _____

Unit#: _____

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 \$1,250 is the maximum amount 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

Apartment/Unit #

Date

Occupant Name

Co-Occupant Signature

Apartment/Unit #

Date

Co-Occupant Name

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

CAA Representative Signature

Date

Dawn L Moody

CAA Representative Name