

DOCUMENTS THAT THE OWNER 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) AUTHORIZATION TO RELEASE INFORMATION
- 6) RELOCATION ASSISTANCE ACKNOWLEDGEMENT
- 7) BLOOD TESTING RELEASE FORM (children 6 years of age or younger)
- 8) Income verification is required for all members of the household who receive income: **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 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)

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 _____

Date of Birth _____

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

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

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)

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)

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

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): _____	Co-Applicant: _____
Property: _____	Tenant: _____
Contractor: _____	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