



LANDLORD APPLICATION

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Dear Property Owner,

Your rental property may have lead-based paint hazards that pose a health risk to your tenant's children - we can help.

The City of Lancaster's Lead Hazard Control Program, funded by the Department of Housing and Urban Development (HUD), helps qualified homeowners, landlords and renters reduce risks related to lead-based paint exposure and improve the safety and overall condition of their homes.

The Lead Hazard Control Program targets low- to moderate-income households in four census tracts south of King St. within the City of Lancaster (including census tracts 9, 10, 14, and 147). Please contact our office to determine your eligibility based on property location and household income.

Please note that applications will be processed on a first-come, first-served basis and tenants must also submit an accompanying application to enroll. Priority is given to households with children that have an Elevated Blood Lead Level (EBLL) and units occupied by children under the age of six. Vacant units may also be eligible with landlord agreement to affirmatively market the rental property to families with children under the age of six.

Please submit the completed application along with the requested supporting documents to:

City of Lancaster
Attention: Bureau of Lead Safety & Community Development – Lead Safety Office
120 N Duke Street
Lancaster, PA 17602

If you have any questions or need assistance filling out the application, please reach out to our office at (717) 291-4730 or lead@cityoflanasterpa.com.

Sincerely,

Lead Safety &
Community Development Team

APPLICANT INFORMATION

Name:		
Date of Birth:	Social Security Number:	
Home Address:		
City:	State:	Zip Code:
Home Phone #:	Email Address:	

CO-APPLICANT INFORMATION

Name:		
Date of Birth:	Social Security Number:	
Home Address:		
City:	State:	Zip Code:
Home Phone #:	Email Address:	

MANAGEMENT COMPANY INFORMATION

Name:		
Home Address:		
City:	State:	Zip Code:
Phone #:	Email Address:	

DEMOGRAPHIC INFORMATION

The race and ethnicity information below is requested solely for the purpose of determining compliance with Federal civil rights law and for the U.S. Department of Housing and Urban Development reporting requirements. Your response will not affect consideration of your application.

Age Range of Borrower (check one):

18-25 26-40 41-59 60+

Your Ethnicity (check one):

Hispanic or Latino Not Hispanic of Latino

Your Race:

Caucasian African American Asian Native American
 Other (please specify): _____

TENANT INFORMATION

Please provide the address/unit numbers of the units needing remediation assistance. Indicate if the LHCP staff should contact the tenant directly for required application documentation:

Tenant Name:			Rent:
Property Address:			Unit #:
City:	State:	Zip Code:	
Home Phone #:		Number of Bedrooms:	
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Tenant Name:			Rent:
Property Address:			Unit #:
City:	State:	Zip Code:	
Home Phone #:		Number of Bedrooms:	
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Tenant Name:			Rent:
Property Address:			Unit #:
City:	State:	Zip Code:	
Home Phone #:		Number of Bedrooms:	
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Tenant Name:			Rent:
Property Address:			Unit #:
City:	State:	Zip Code:	
Home Phone #:		Number of Bedrooms:	
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Tenant Name:			Rent:
Property Address:			Unit #:
City:	State:	Zip Code:	
Home Phone #:		Number of Bedrooms:	
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FAIR MARKET RENT

It is a requirement that all rental properties receiving Lead Hazard Control funds through the City of Lancaster be surveyed annually from the date of completion of the work to determine that the property is still being rented to low-income families with children at a fair market rental for a period of 3 years.

Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2022 FMR	\$893	\$1,025	\$1,286	\$1,631	\$1,728

MORTGAGE INFORMATION

Name(s) that Appear on the Deed/Lienholder:		
Mortgage Company:		
Address:		
City:	State:	Zip Code:
Current Loan Balance:	Mortgage Payment:	
Do you have a second mortgage on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mortgage Company:		
Address:		
City:	State:	Zip Code:
Current Loan Balance: \$	Mortgage Payment: \$	
Are taxes and insurance included in your monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have property insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company Name:	
Policy Number:	Expiration Date of Policy:

PROPERTY INFORMATION

	Yes	No
Have you applied or received assistance from the City of Lancaster's Housing programs?	<input type="checkbox"/>	<input type="checkbox"/>
Was the house built before 1978? Year Built: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the property owned by a federal, state, or local government agency?	<input type="checkbox"/>	<input type="checkbox"/>
Does the property have at least one bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
Are the property taxes for this home paid to date?	<input type="checkbox"/>	<input type="checkbox"/>
For Office Use Only: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid		
Verified by: _____ Date: _____ Source: _____		
Would you need relocation assistance for your tenants for up to 10 days while the lead hazards are being removed from the home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any other real estate?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide address:		

CERTIFICATIONS

1. I certify that I, as the property owner am:
 A citizen of the United States A legal resident Alien
2. I certify that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining financial assistance under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of my knowledge and belief.
3. I understand that any willful misstatement of material of fact will be grounds for disqualification.
4. I give permission to the City of Lancaster’s LSCD staff to take before and after pictures of the items that might be repaired or have been repaired at my property.
5. I give permission to the City of Lancaster to perform a lead paint inspection, risk assessment inspection and dust wipe sampling to determine the presence of lead-based paint in the home. I understand the findings will be reported to me in a complete risk assessment report and submitted to me at the conclusion of the Risk Assessment. I understand that the results of the risk assessment report only reference the findings on the day of the risk assessment occurred.
6. I understand that if I were to sell, rent or convey the property, I am required to disclose the results of the lead paint inspection, risk assessment and dust wipe sampling to all future occupants of the home.
7. I understand and acknowledge that the City of Lancaster LSCD assumes no responsibilities for the work performed and does not warrant any work performed.
8. To continue to provide affordable housing in the City of Lancaster, I understand I must market the unit to low-income families with children under the age of six and charge no more than Fair Market Rent for the next three years from final inspection.
9. _____ (Initial) I have received the City of Lancaster’s Lead Safe-Lancaster Program Guide and will abide by the policies and procedures as outlined within it.
10. _____ (Initial) I have received a copy of “Protect Your Family from Lead in your Home” informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling. I received the confirmation before the work began.
11. _____ (Initial) I will adhere to the applicant eligibility requirements of the Lead Hazard Control Program for a period of three (3) years including a good faith rental effort to market my property/properties to low-income families with children and not charge no more than FMR.

Applicant Signature

Date

Co-Applicant Signature

Date

REQUIRED APPLICATION DOCUMENTATION CHECKLIST
HOMEOWNER OCCUPIED APPLICATION

Please include the following, most recent, documents with your application to the Lead Hazard Control Program. The application be considered incomplete without all applicable attachments.

- ❖ Government Issued Photo ID for all individual listed on the deed
- ❖ Most Recent Mortgage Statement
- ❖ Current Dweller's Insurance Policy (Declaration Page)
- ❖ Operating Agreement (if applicable)
- ❖ Property/Management Agreement (if applicable)
- ❖ Rental Lease Agreement



GOOD FAITH RENTAL EFFORT

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Owner Name: _____

Property Address: _____



If a unit is vacant, what you must do immediately:

1. When a unit is vacant and tenants occupy the property after the LHCP performs a lead paint risk assessment, the LSCD will qualify the tenant based on income and eligibility. The tenant must be at or below HUD's 80% of median income and have a child under the age of six years of age living the household or visiting. If the unit becomes ineligible, and you are not able to utilize the program, the city will charge a fee for the services provided.
2. When a unit is vacant and contracts are signed between the Landlord and Contractor, tenants are not allowed to occupy the property until clearance is achieved.
3. When a unit is vacant and clearance is achieved, the Landlord must show documentation that they marketed the property at or below Fair Market Value, and prioritized access to families with children under the age of six. As soon as the unit becomes occupied, the Landlord will provide LHCP with the lease agreement and the signed "Tenant Certification" document.
4. The City of Lancaster will monitor the unit every year until the affordability period expires. Failure to do so will result in defaulting on the mortgage.

Applicant's Signature

Date



INCOME ELIGIBILITY RELEASE FORM FOR SECTION 8 TENANTS

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM | CRITICAL REPAIR PROGRAM

Resident Address: _____



Purpose: Your signature on this Income Eligibility Release Form authorizes the above-named organization to obtain a letter from Lancaster City Housing Authority (LCHA) Section 8 Office relative to your eligibility for the City of Lancaster’s HUD-funded programs.

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information to determine an applicant’s eligibility in this HUD-funded program and to verify the accuracy of the information furnished, in order to protect the government’s financial interest. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide any information may result in a delay or rejection of eligibility approval. The department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign this release form prior to the receipt of any benefit.

Authorization: I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	_____	_____
Head of Household – Printed Name	Signature	Date
_____	_____	_____
Adult Household Member – Printed Name	Signature	Date



Landlord Approval: As owner of this property, I hereby grant my permission for the City of Lancaster to perform a Risk Assessment of this property, understanding that I will be held responsible for any lead hazards found within, and that the property will be eligible for HUD funds based on the income of the tenants occupying this particular unit.

Landlord Authorization: I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

_____	_____	_____
Landlord – Printed Name	Signature	Date



LANDLORD ANNUAL MONITORING WORKSHEET

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Owner Name: _____

Resident Address: _____

1. Are the same tenants living in the unit/property at the time of eligibility?

No

Yes – Please complete **TENANT CERTIFICATION** (must be completed by tenant) and **STOP HERE**.

2. Is the unit/property currently vacant?

No – Please provide copy of the **lease agreement** and **TENANT CERTIFICATION** (must be completed by tenant)

Yes – Fill out **BELOW**

How are you marketing the unit to families with children under the age of six? (Provide documentation)

Examples:

I've contacted the Housing Authority to place my unit on the lead safe list

I have attached a picture of a sign that includes a view of the property stating:

"This property is Lead-Safe and is ideal for a family that has a child under 6 years of age"

and **STOP HERE**.

3. Does the tenant have a child under the age of six years living in the household?

Yes

No – How did you market the unit to families with children under the age of six? (Provide documentation)

Examples:

I've contacted the Housing Authority to place my unit on the lead safe list

I have attached a picture of a sign that includes a view of the property stating:

"This property is Lead-Safe and is ideal for a family that has a child under 5 years of age"

4. Is the tenant at or below 80% of the 2022 Income Guideline? (use Tenant Certification as reference)

Yes

No

FAIR MARKET RENT VERIFICATION

Number of Bedroom	Fair Market Rent	Rental Amount

ATTEST and CERTIFY I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Lancaster, Lead Safety and Community Development.

Landlord/Management Co. Signature

Date



TENANT CERTIFICATION

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Resident Name: _____

Resident Address: _____

Please indicate if the above Tenant(s)'s gross household income meets the criteria below by checking the appropriate boxes. The Gross Household income is defined as "the gross income for all adult household members including the borrower, any co-borrowers, the spouse of the borrower or any co-borrowers and any other adults over the age of 18 expected to reside in the home, except documented full-time students." Verification of all income is required upon request.

HOUSEHOLD INCOME INFORMATION:

Number of Total Household Members: _____

Number of Children Under Age Six (6): _____

Gross Annual Income: _____

Name	Sex	D.O.B	Relationship to HOH	Gross Monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Total Household Members	Max. 2022 Household Gross Income
<input type="checkbox"/> 1 Person	\$50,550
<input type="checkbox"/> 2 People	\$57,750
<input type="checkbox"/> 3 People	\$64,950
<input type="checkbox"/> 4 People	\$72,150
<input type="checkbox"/> 5 People	\$77,950
<input type="checkbox"/> 6 People	\$83,700

DEMOGRAPHIC INFORMATION:

- ✓ Female Head of Household- **Check Only** if the Statement is Applicable _____
 - ✓ Age Range of Borrower (**Check One**): 18-25____, 26-40____, 41-59____, 60+____
 - ✓ Your Ethnicity (**Check One**): Hispanic or Latino____ Not Hispanic or Latino ____
 - ✓ Your Race (**Check One**):
- White

Black or African American
 Black or African American & White
 American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native & White
 American Indian or Alaskan Native & Black or African American

Asian
 Asian & White
 Other Multi Racial

ATTEST and CERTIFY I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the City of Lancaster, Lead Safety and Community Development.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____