



## TENANT APPLICATION

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Dear Lancaster City Resident,

Your rental property may have lead-based paint hazards that pose a health risk to your 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 landlords 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.

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@cityoflancasterpa.com](mailto:lead@cityoflancasterpa.com).

Sincerely,

Lead Safety &  
Community Development Team

**APPLICANT INFORMATION**

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

**CO-APPLICANT INFORMATION**

Name:	
Date of Birth:	Social Security Number:
Home Phone #:	Email Address:

**HOUSEHOLD COMPOSITION**

Female Head of Household – Check Only if the Statement is Applicable

How many people live in your household? \_\_\_\_\_  
 How many of these are adults 18 and over? \_\_\_\_\_  
 How many of these are children under 6? \_\_\_\_\_  
 How many of these are disabled? \_\_\_\_\_

Is there a pregnant woman living at this address?  Yes  No

Have children in the household been tested for lead?  Yes  No

\*If lead testing has been done, include if the child has an elevated blood lead level (EBL) 3.5µg/dL

Is there a child under the age of six who is a regular visitor but does not live in the household?  Yes  No

\*If yes, please fill out the Child Occupied Unit Certification

*List the Head of Household first, and then all individuals who live in the house. Indicate relationship of each member as Husband, Wife, Child, Aunt, etc.*

*\*Proof of age for children under 6 must be submitted with this application.*

Name	Sex	Race	D.O.B	Relationship to HOH

Please attach another sheet if necessary.

### 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.*

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 of Latino

Your Race:

Caucasian       African American       Asian       Native American  
 Other (please specify): \_\_\_\_\_

### ASSET

*You must attach the appropriate bank statements for the previous 6 months for all household members over the age of 18 who reside in the household. You may be requested to provide updated financial information to fully document your eligibility for the program.*

Name of Person on Bank Account:

Bank Name:  Savings Account #       Checking Account #

Address:

City:      State:      Zip Code:

Savings Account Balance: \$      Checking Account Balance: \$

Name of Person on Bank Account:

Bank Name:  Savings Account #       Checking Account #

Address:

City:      State:      Zip Code:

Savings Account Balance: \$      Checking Account Balance: \$

Name of Person on Bank Account:

Bank Name:  Savings Account #       Checking Account #

Address:

City:      State:      Zip Code:

Savings Account Balance: \$      Checking Account Balance: \$

**PROOF OF INCOME**

*You must attach the appropriate proof of income for the previous 2 months for all household members who reside in the household. You may be requested to provide updated financial information to fully document your eligibility for the program.*

Name	Gross Monthly Income	Source of Income

Please attach another sheet if necessary

Total annual income for all Adults (18 or over) living in the household: \$ \_\_\_\_\_

**2022 Family Income Guidelines**

Total Household Members	<u>Extremely Low Income</u> Ceiling for the Lancaster SMSA (30% of Median Family Income)	<u>Very Low Income</u> Ceiling for the Lancaster SMSA (50% of Median Family Income)	<u>Low Income</u> Ceiling for the Lancaster SMSA (80% of Median family Income)
<input type="checkbox"/> 1 Person	\$18,950	\$31,600	\$50,550
<input type="checkbox"/> 2 People	\$21,650	\$36,100	\$57,750
<input type="checkbox"/> 3 People	\$24,350	\$40,600	\$64,950
<input type="checkbox"/> 4 People	\$27,750	\$45,100	\$72,150
<input type="checkbox"/> 5 People	\$32,470	\$48,750	\$77,950
<input type="checkbox"/> 6 People	\$32,470	\$52,350	\$83,700
<input type="checkbox"/> 7 People	\$41,910	\$55,950	\$89,500
<input type="checkbox"/> 8 People	\$46,630	\$59,550	\$95,250

**PROPERTY INFORMATION**

	Yes	No
Has anyone in the household applied or received assistance from the City of Lancaster's Housing programs and/or Lead-Free Families?	<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"/>
Would members of the household have some place to go for up to 10 days while the lead hazards are being removed from the home?	<input type="checkbox"/>	<input type="checkbox"/>
Is this home being used as a daycare? If so, how many children attend? _____	<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 each person in the household is:  
 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 the Applicant(s) 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 LHCP to perform a lead paint inspection, risk assessment inspection and dust wipe sampling to determine the presence of lead paint hazards in the home. I understand the findings will be reported to the Landlord in a complete 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 and acknowledge that the City of Lancaster LSCD, LHCP assumes no responsibilities for the work performed and does not warrant any work performed.
7. \_\_\_\_\_ (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.
8. \_\_\_\_\_ (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.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

**REQUIRED APPLICATION DOCUMENTATION CHECKLIST  
TENANT 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 adult occupants living in the household

Birth Certificate for all children under the age of six (6) years old living in the household

Rental Lease Agreement

Most Recent Signed Tax Return

**Proof of Income for all Persons in the Household**

- Eight (8) consecutive paystubs from your place of employment
- An Award Letter or proof of Social Security income/ SSI benefits or child support, or unemployment benefit
- Self employed – provide 3 years of Tax Return with all Schedule C
- Section 8 Eligibility Letter

**Most Recent Bank statements from all financial institutions**

- Six (6) months of checking bank statements
- One (1) month for savings bank statement

Signed Child Occupied Unit Certification

**Signed Blood Lead Screen Form/Waiver**

- Blood lead testing results (if applicable)

Authorization to Release Information

## CHILD OCCUPIED UNIT CERTIFICATION

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

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

Resident Address: \_\_\_\_\_



I hereby certify that children under the age of six (6) years old spend up to 60 hours a year at this residence.

Name of Child(ren)	Date of Birth	Age	Race	Relationship to Primary Resident	Name of Parent/Guardian of the Child(ren)

I certify that all information in this affidavit, application, and eligibility documents related to the a Lead Hazard Control Program is true and complete to the best of my knowledge.

I understand that any false or misleading statements made by me on this application or on documents supporting my eligibility will be grounds for disqualification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## BLOOD LEAD SCREENING FORM/WAIVER

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

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

Resident Address: \_\_\_\_\_

We recommend that all children under the age of six (6) have their blood lead level tested prior to the lead hazard control work being done in your home. Lead poisoning can cause permanent damage to children – especially babies. Lead poisoning can cause learning disabilities, aggressive behavior, ADHD, decreased IQ, hearing loss and speech delays. A child is considered to have an Elevated Blood Lead Level (EBL) or lead poisoned if their blood lead test result is 3.5 mcg/dL or higher.

We require testing information, or waiver of testing, to strictly adhere to Personally Identifiable Information (PII) policies when it comes to medical information. We recommend medical follow-up if lead poisoning is detected in a blood test.

Please initial one of the following that best describes your household:

- ❖ \_\_\_\_\_ My child (children) under six **have** had their blood levels tested within the six (6) months preceding the lead hazard control work. I agree to forward this information to the Lead Hazard Control Program.
- ❖ \_\_\_\_\_ My child (children) under six **have not** had their blood lead levels tested within the past six (6) months and I agree to have them tested. I will forward the results to the Lead Hazard Control Program.
- ❖ \_\_\_\_\_ **I choose not** to have my child (children) tested for lead poisoning. I am aware of the risks associated with not knowing whether my child (children) is (are) lead poisoned.

I/We voluntarily disclose this information. I/We understand that disclosure of this information will only be used for the purposes of the Lead Hazard Control Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

NOTE: The use of a three (3) month time reference in this sample form assumes that it may take an additional two-three months from the time the owner applies for the program to the time that hazard reduction commences on a child's home. Thus, the overall period between blood testing and hazard reduction activities would not exceed six (6) months.



## AUTHORIZATION TO RELEASE INFORMATION

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

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

Resident Address: \_\_\_\_\_



**Giving Permission:** I give permission for income eligibility verification information to be released to the Lead Hazard Control Program through any of the following:

- Bank, employer, mortgage company, debtor
- Credit report
- 

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and **will stay in effect for a year** from the date signed.

State and Federal privacy laws protect my records. I know:

- why I am being asked to release this information
- I do not have to consent to this authorization, but that it may affect my eligibility if I do not give my consent
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested

**Privacy Act Notice:** This information is to be used by the Lead Hazard Control Program to determine whether you qualify for services. It will not be disclosed outside the agency except as required and permitted by law.

All adults living in the household must sign this document if they are receiving income and have a bank account.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
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



**AFFIDAVIT OF NO INCOME**

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

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

Resident Address: \_\_\_\_\_



I, \_\_\_\_\_, hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fee, etc.);
- b) Income from operation of a business;
- c) Rental income from real or personal property;
- d) Interest or dividends from assets;
- e) Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f) Unemployment or disability payments;
- g) Public assistance payments;
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i) Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
- j) Any other source not named above

I currently have no income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.

I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that providing false information is an act of fraud and that false, misleading or incomplete information may result in the termination from the Lead Hazard Control Program.

\_\_\_\_\_  
Applicant's Signature Date



## STATEMENT OF NO BANK ACCOUNT

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

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

Resident Address: \_\_\_\_\_



I, \_\_\_\_\_, hereby certify that I do not have a checking or savings account with any financial institution.

Under penalty of perjury, I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that providing false information is an act of fraud and that false, misleading or incomplete information may result in the termination from the Lead Hazard Control Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date