



HOMEOWNER APPLICATION

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

Dear Lancaster City Resident,

Your home 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 and Healthy Homes 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 serves 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.

The Critical Repair Program may also be able address other critical repairs needed in the property. This program provides financial assistance and project management services in the form of grants and loans to low- to moderate-income families for the critical repairs of owner-occupied, single-family housing units in the City of Lancaster. Eligible critical repairs may include roof repairs and replacements, plumbing and sewer, water heaters, furnaces, and electrical hazards, and structural damage. Upon enrollment of the program, City staff will perform an assessment to determine the types of repairs needed.

Please note that applications will be processed on a first-come, first-served basis. 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. Households that have children under the age of six frequently visiting may also be eligible. Please contact our office if you have questions regarding your eligibility.

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 by email, 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 Phone #:	Email Address:

HOUSEHOLD COMPOSITION

How many people live in your household? _____

How many of these are adults (18 and over)? _____

How many of these are young children (under 6)? _____

How many of these have a disability? _____

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

Have children in the household received a blood lead test within the last 3 months? Yes No

**If lead testing has been done, include if the child has an elevated blood lead level (EBL) 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 and under 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 Applicant (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): _____

ASSETS

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	Extremely Low Income Ceiling for the Lancaster SMSA (30% of Median Family Income)	Very Low Income Ceiling for the Lancaster SMSA (50% of Median Family Income)	Low Income 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

MORTGAGE INFORMATION

Name that Appear(s) on the Deed/Lienholder:		
Mortgage Company:		
Address:		
City:	State:	Zip Code:
Current Loan Balance:	Mortgage Payment:	
Approximately how long have you resided at this property? _____ years		
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
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"/>
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 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 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.

5. I understand and acknowledge that the City of Lancaster LSCD assumes no responsibilities for the work performed and does not warrant any work performed.

6. _____ (Initial) I have received the City of Lancaster’s Program Guidebook and will abide by the policies and procedures as outlined within it.

7. _____ (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.

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 adult occupants living in the household

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

Most Recent Mortgage Statement

Current Homeowner's Insurance Policy (Declaration Page)

The Two Most Recent Utility Bills (PPL, UGI, Oil, etc)

Most Recent Signed Tax Return (Form 1040)

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

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

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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, and all information furnished in support of my application for eligibility for the City of Lancaster’s Lead Hazard Control Program is true and complete to the best of my knowledge and belief.

I understand that any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statements on a document supporting my application will be grounds for disqualification.

Applicant’s Signature

Date

BLOOD LEAD SCREENING FORM/WAIVER

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Resident Name: _____

Resident Address: _____

It is strongly recommended that all children under the age of six (6) have their blood lead level tested prior to the lead hazard exposure from renovation activity in your home. Lead poisoning can cause permanent damage to children – especially babies and kids. 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 poisoned if their blood lead test result is 5mcg/dL or higher.

The City of Lancaster Lead Hazard Control Program requests testing information, or waiver of testing, as a requirement for application will strictly adhere to Personally Identifiable Information (PII) policies when it comes to the handling of medical information. Children with elevated blood level results will be recommended for appropriate medical follow-up with their health care provider or local healthcare service agencies. Parents who wish to have their child (children) tested can also be referred to appropriate providers.

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

- ❖ _____ My child (children) under six **have** had their blood levels tested in the past six (6) months preceding the lead reduction work. I agree to forward this information to the City of Lancaster Lead Hazard Control Program.
- ❖ _____ My child (children) under six **have not** had their blood lead levels test in the past six (6) months and I agree to have them tested. I agree to forward testing to the City of Lancaster Lead Hazard Control Program.
- ❖ _____ For religious and/or personal reasons, **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

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Resident Name: _____

Resident Address: _____



Giving Permission: I give permission for the person/organization on the following verification to release the requested information to the City of Lancaster's Lead Safety and Community Development. This information is used to figure my eligibility for the program service. This release form will be to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquires pertaining to my qualification for the program. The City of Lancaster may make copies of this letter for distribution to any party with which I have financial or credit relationship and that party may treat such as an original.

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.

Consequences: 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 it may affect my services 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 agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

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 Signature_____
Date



AFFIDAVIT OF NO INCOME

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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. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the City of Lancaster's Lead Hazard Control Program.

Applicant's Signature

Date



STATEMENT OF NO BANK ACCOUNT

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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. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the City of Lancaster's Lead Hazard Control Program.

Applicant's Signature

Date