

OWNER APPLICATION

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

For further information or assistance in completing this application, please call (717) 291-4730.

PROPERTY INFORMATION

To participate in the program, the property must be occupied by the owner and serve as the applicant's primary residence.

Property Address: _____ Apt #: _____
 City: _____ State: PA Zip Code: _____

1. How did you hear about our program? _____
2. Why are you applying for the program? _____
3. Has this property ever been enrolled in the City's program? If yes, which one? _____
4. Has this property ever been inspected for lead? If so, by whom? _____
5. Does this property currently have: Running Water Electricity Heat/Working heat source?
6. Does the property have current or previous roof leaks? Yes No
7. Have you been cited by the Health Department for a child's lead poisoning? Yes No
8. Do you own any other real estate property? Yes No – If yes, provide address: _____

APPLICANT INFORMATION

Applicant Name: _____
 Telephone Number: _____ Alternate Telephone Number: _____
 Email Address: _____ When is the best time to reach you: _____
 Preferred contact method: Phone Text Email

CO-APPLICANT INFORMATION

Co-Applicant Name: _____
 Telephone Number: _____ Alternate Telephone Number: _____
 Email Address: _____ When is the best time to reach you: _____
 Preferred contact method: Phone Text Email

PROPERTY INSURANCE INFORMATION

To participate in the program, the owner must maintain property insurance.

Do you have property insurance? Yes No

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Policy Number: _____ Expiration Date of Policy: _____

For Office Use Only:

Application Received: _____	Code Violations: _____
Census Tract: _____	Approval Date: _____
Age of Unit: _____	Denial Date: _____
EBLL: _____	

HOUSEHOLD COMPOSITION

List the Head of Household (HOH) 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	Relationship to HOH	Sex	Race	Hispanic/Latino	D.O.B	Source of Income <i>(employer name, SSI, SSD, etc)</i>	Gross Income Per Month <i>(Before Taxes)</i>
	HOH						
Total Household Income:							

ASSETS

Bank Name:	Bank Name:
Name of Person On Bank Account:	Name of Person On Bank Account:
<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Account Numbers:	Account Numbers:

Sex: M=male F=female

Race:

W=White

B=Black/African American

A=Asian

I=American Indian/Alaskan Native

H=Hawaiian/Pacific Islander

A&W=Asian & White

B&W=Black/African American & White

I&B=American Indian/Alaskan Native & Black/African American

O=Other multi-racial

*The race and ethnicity information 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.***

Total Household Members	Income Limit (80% AMI)
1	\$58,200.00
2	\$66,500.00
3	\$74,800.00
4	\$83,100.00
5	\$89,750.00
6	\$96,400.00
7	\$103,050.00
8	\$109,700.00

Please attach another sheet if necessary.

PROPERTY INFORMATION

Please answer ALL the following questions by checking, “yes”, “no”, or “don’t know”.
 Failure to provide information will be reason for denial. Please call (717) 291-4730 if you need assistance.

	Yes	No	Don't Know
1. Was the house at the above address built before 1978? Year Built: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are property taxes paid up through the last billing cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the house/apartment owned by a federal, state, or local government agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your unit covered by a pending or final HUD, EPA and/or Department of Justice settlement agreement, consent to decree, court order or other similar action regarding violations of the Lead Disclosure Rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the house/apartment have at least one bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you agree to have your children under 6 years old tested for lead poisoning 6 months following lead work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is this property or occupant currently participating in a HUD program? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a child under the age of six living in the house full time?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is there a child under the age of six who is a regular visitor?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there a child under six living in or a regular visitor to this home with a blood lead level of 3.5 or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a pregnant woman living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If you are the owner, would you be willing to contribute cash towards this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If the program is addressing lead paint hazards in your home, do you understand that your household may be asked to relocate for up to 10 days while the work occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Would members of the household have some place to go for up to 10 days while the lead hazards are being removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this home being used as a daycare? If so, how many children attend? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How long have you lived at this address?	_____ Years _____ Months		

 Applicant Signature

 Date

 Applicant Signature

 Date

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 agree that I will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.
4. I understand that any willful misstatement of material of fact will be grounds for disqualification.
5. I give permission to the City of Lancaster’s Office of Healthy Homes staff to take before and after pictures of the items that might be repaired or have been repaired at my property.
6. 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 (if necessary). 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.
7. 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 (if applicable).
8. I understand and acknowledge that the City of Lancaster, Office of Healthy Homes assumes no responsibilities for the work performed and does not warrant any work performed.
9. I have received the City of Lancaster’s Program Guidebook and will abide by the policies and procedures as outlined within it.
10. 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. I hereby affirm that this property is not currently listed for sale and understand that I may not list it for sale or sell it throughout the terms of this process and contract.

Applicant Signature

Date

Applicant Signature

Date

REQUIRED APPLICATION DOCUMENTATION CHECKLIST

Please include the following, most recent, documents with your application. The application will be considered incomplete without **all** applicable attachments. You may be requested to provide updated financial information to fully document your eligibility for the program.

- 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 (if applicable)
- Current Homeowner's Insurance Policy (Declaration Page)

Please check the appropriate boxes if anyone in the **household** receives any of the following income. Documentation must be included for **ALL ITEMS CHECKED** and any other income received that is not listed below:

- Most Recent Signed Tax Return (Form 1040)
(If you are self-employed, provide 2 years of Tax Return with all Schedule C)
- Four (4) consecutive paystubs from your place of employment
- Two (2) months of printouts from internet-based businesses (ex: Lyft, Uber, DoorDash, Grubhub, etc)
- Unemployment Statement
- Worker's Compensation
- Child Support
- Alimony
- Severance Pay
- Copies of Social Security Earnings Statements (SSI, SSA, SSD)
Date of letter should be within 6 months of application.
- Other annuity or retirement income statements
- Most Recent bank statements from all financial institutions
 - Six (6) months of checking bank statements
 - One (1) month for savings bank statement

If you meet the requirements for a loan, the following documents will be needed to assess your affordability. HUD recommends that households do not spend more than 30% of their income on housing expenses.

- Mortgage Statement
- Property Tax Statement
- Homeowner's Insurance Statement
- Two (2) months of your utility bills

By signing the below, the occupant acknowledges that this form has been completed truthfully and to the best of their knowledge. Penalty for false or fraudulent statements: U.S.C Title 18 sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

Applicant Signature

Date

Applicant Signature

Date

APPENDIXES

Please complete and sign the following documents if applicable. The application will be considered incomplete without all applicable attachments.

- | | | |
|--------------------------|---|------------|
| <input type="checkbox"/> | Signed Child Occupied Unit Certification for visiting children under six (6) | Appendix A |
| <input type="checkbox"/> | Signed Blood Lead Screen Form/Waiver <ul style="list-style-type: none">○ Blood lead testing results (if applicable) | Appendix B |
| <input type="checkbox"/> | Authorization to Release Information | Appendix C |
| <input type="checkbox"/> | Affidavit of No Income (if applicable) | Appendix D |
| <input type="checkbox"/> | Statement of No Bank Account (if applicable) | Appendix E |
| N/A | Income Eligibility Release Form for Section 8 Tenants (if applicable) | Appendix F |
| <input type="checkbox"/> | Risk Assessment Permission | Appendix G |
| <input type="checkbox"/> | Resident Questionnaire | Appendix H |



CHILD OCCUPIED UNIT CERTIFICATION

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

Occupant's 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)	Age	Sex	Race	Hispanic/Latino	Relationship to Primary Occupant	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 Signature

Date

Applicant Signature

Date



BLOOD LEAD SCREENING FORM/WAIVER

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

Occupant's 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

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

Occupant's 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 Office of Healthy Homes. 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.

Occupant's Signature

Date

Occupant's Signature

Date



AFFIDAVIT OF NO INCOME

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

Occupant's 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 Office of Healthy Homes Programs.

Occupant's Signature

Date

Occupant's Signature

Date



STATEMENT OF NO BANK ACCOUNT

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

Occupant's 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 Office of Healthy Homes Programs.

Occupant's Signature

Date

Occupant's Signature

Date



Property Owner's Name: _____

Mailing Address: _____

City, State, Zip: _____

RE: Lead Risk Assessment for _____ (*property address*)

I have given 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 that the findings will be reported to me in a complete risk assessment report and submitted to me at the conclusion on of the Risk Assessment.

I understand that if I were to sell, rent or convey the property at the above address, 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.

I further understand that the results of the risk assessment report only reference the findings on the day of the risk assessment occurred.

I acknowledge that I understand this letter and the requirements set forth.

Applicant's Signature

Date

Applicant's Signature

Date

Questionnaire for a Lead Hazard Risk Assessment of an Individual Occupied Dwelling Unit

(page 1 of 2)

(To be completed by Risk Assessor via interview with owner-occupant or, if a rental unit, an adult resident and, for questions 15-17, the owner.)

Property Address _____

Apt. No. _____ Unit is: Owner Occupied Renter Occupied Vacant

Year of Construction _____ Prior LBP Testing? Yes No

Name of Owner Interviewed _____ Interview Date _____

Name of Tenant Interviewed _____ Interview Date _____

Name of Risk Assessor _____

Children and Children's Habits

1. Do any children under age 6 live in the home or visit frequently? Yes No
(If no children under age 6, skip to Question 5)

2. If yes, how many? _____

3. Please provide the following information about each child under 6 to the extent you can.

	Child 1	Child 2	Child 3	Child 4
(a) Age:				
(b) Blood Lead Level:				
(c) Month/Year of Blood Lead Test:				
(d) Location of Bedroom:				
(e) Main Room Where Child Eats:				
(f) Main Room Where Child Plays:				
(g) Main Room Where Toys Are Stored:				
(h) Main Location Where Child Plays Outdoors:				

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills?
 Yes No

(b) If yes, where? _____

Other Household Information and Family Use Patterns

(page 2 of 2)

5. Do women of child-bearing age live in the home? Yes No
6. If this home is in a building with other dwelling units, what common areas in the building are used by children? _____
7. (a) Which entrance is used most frequently? _____
(b) What other entrances are used frequently? _____
8. Which windows are opened most frequently? _____
(a) Do you use window air conditioners? * Yes No
(b) If yes, where? _____
- *Condensation underneath window air conditioners often causes paint deterioration.*
9. (a) Do you or any other household members garden? Yes No
(b) If yes, where is the garden? _____
10. (a) Are you planning any landscaping activities that will remove grass or ground covering?
 Yes No
(b) If yes, where? _____
11. (a) Which areas of the home get cleaned regularly? _____
(b) Which areas of the home do not get cleaned regularly? _____
12. Is there chipping and peeling paint in your home? Yes No
13. (a) Are any household members exposed to lead at work? Yes No
[If no, go to question 14.]
(b) If yes, are dirty work clothes brought home? Yes No
(c) If they are brought home, who handles dirty work clothes and where are they placed and cleaned? _____
14. (a) Do you have pets? Yes No
(b) If yes, do these pets go outdoors? _____

Building Renovations

15. (a) Were any building renovations or repainting done here during the past year? Yes No
(b) If yes, what work was done, and when? _____
(c) Were carpets, furniture and/or family belongings present in the work areas? Yes No
(d) If yes, which items and where were they? _____
(e) Was construction debris stored in the yard? Yes No
(f) If yes, please describe what, where and how it was stored. _____
16. (a) Are you conducting or planning any building renovations? Yes No
(b) If yes, what work will be done, and when? _____
17. Is your unit covered by a pending or final HUD, EPA, and/or Department of Justice settlement agreement, consent to decree, court orders or other similar action regarding violation of the Lead Disclosure Rule? Yes
No

Healthy Homes Questionnaire

Resident's Name:

Property Address:

Risk Assessor:

Date:

1. HUD has asked us to prioritize the following. Check if this applies to your household:

- Family with children
- Adult age 62 and older
- Adult with disabilities

2. What are your primary concerns about your property?

3. Are there areas of the house that are difficult or dangerous to access?

- Bathroom and laundry room?
- Are handrails needed?
- Is a ramp needed?

4. Does anyone who lives here have Asthma or COPD? ____ **If yes:**

- Has it caused them to miss school or work? ____
How many days this year? ____
- Have they been taken to the ER? ____
How many times this year? ____
- Have they been admitted to the hospital? ____
How many times this year? ____

5. Does anyone who lives here have any other special needs not previously mentioned?