



The **Virginia Lead Hazard Reduction program (LHR)** would like to make your home lead safe for you and your children. Homes and apartments built before 1978 may have paint that contains high levels of lead. Referred to as lead-based paint, lead from paint chips (which you can see) and dust (which you cannot always see) can pose serious health hazards to residents, especially children age 5 or under, if not taken care of properly.

The LHR program can assist homeowners and renters with lead-based paint hazards present in their homes. This service may include lead dust cleaning, painting, or replacement of surfaces contaminated with lead-based paint.

**To apply, you must provide the following information.**

- **Completed Application.** All questions on the application must be answered. If a question does not apply to you, indicate that by writing none or N/A.
- **Photo ID.** Submit copies of a photo ID for the owner(s) and, if applicable, the tenant(s).
- **Proof of Child Occupancy (Owner-occupied properties only).** Provide copies of birth certificates for all children aged 5 and under living or regularly visiting.
- **Proof of Income.** Provide supporting documentation for all sources of income for all occupants age 18 and over [such as paystubs (3 months' worth), benefit letter, SSI, or pension]. Does not apply to landlords who do not live on the property.
- **Bank Statements** (3 months of most recent statements) from occupants. Does not apply to landlords who do not live on the property.
- **Documentation of Assets** (if listed on page 5 of application) of occupants. Does not apply to landlords who do not live on the property.
- **Proof of Home Owners Insurance.** Include a copy of the Declarations Page with property address and current insurance policy dates.
- **Mortgage statement**
- **Lease** (for rental properties)
- **Property deed**
- **Property tax receipts**

Note: Processing of your application will not begin until all required documentation is provided and verified. Submission of your application does not guarantee approval or program participation. Staff may make inquiries regarding application information and documentation to verify eligibility and accuracy. Failure to verify information may result in a delay or application denial.

**Lead Hazard Reduction Application**

**PART A: Property & Applicant Information**

Property Address:

\_\_\_\_\_

Application for:  Owner Occupant  Tenant Occupant  Vacant Unit  
 Single Family  Multi-family

\*If multi-family, you must complete an application for EACH unit\*

Housing Choice Voucher? Circle: Yes or No

Name & Phone Number of Mortgage Company:

\_\_\_\_\_

Are mortgage payments on the property current?  Yes or  No

If no, please explain:

\_\_\_\_\_

Is the property current on all City, State, and Federal Taxes or Fees?  Yes or  No

If no, please explain:

\_\_\_\_\_

Has the property been tested for lead-based paint?  Yes or  No

If yes, when?: \_\_\_\_\_

Is there a Code Enforcement Notice of Violation or Repair Order?  Yes or  No

If yes, Date of Notice: \_\_\_\_\_

**Occupant Information**

Occupant Name:

\_\_\_\_\_

Co-Occupant Name:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

**Owner Information (Complete only if different from Occupant)**

Owner Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Management Name (if applicable):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do you give permission for the property manager to sign Lead Hazard Reduction program documents and make decisions on the scope of work performed by the Lead Hazard Reduction Program?  Yes or  No

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Date)

**PART B: Household Composition**

List all adults and children living in the household below.

**Owner-occupied homes: you must include a birth certificate for each child that is 5 years old or younger.**

Occupant Name	Age	Child on Medicaid? (Yes or No)	Race (Enter the corresponding number)	Hispanic or Latino (Yes or No)

The following Race and Ethnic Data information is required by the Federal Government for reporting purposes and in no way restricts participation in this program. Initial here if you choose not to disclose race and ethnicity information: \_\_\_\_\_.

<b>RACE TABLE: USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE</b>	
<b>SINGLE RACE CATEGORIES</b>	<b>MULTI-RACE CATEGORIES</b>
1 White	6 American Indian or Alaskan Native and White
2 Black or African American	7 Asian and White
3 American Indian or Alaskan Native	8 Black or African American and White
4 Asian	9 Amer. Indian/Alaskan Native and Black/African Amer.
5 Native Hawaiian or Pacific Islander	0 Other multi-racial:

Total Number of Persons **Living** in the Home: \_\_\_\_\_

Is anyone in the home pregnant?  Yes  No

Have the children listed above been tested for Elevated Blood Lead Levels (EBLL)/Lead Poisoning?  Yes  No

If yes, date completed: \_\_\_\_\_; Results (normal, elevated, etc.): \_\_\_\_\_

### PART C: Income Determination

Virginia Lead Hazard Reduction program utilizes the Part 5 definition for calculating annual income. All income and asset information must be verified by third party documentation. Gross income of the household from the previous year must be used. Gross income includes wages, tips, self-employment income, alimony, interest, dividends, social security, SSI, public assistance or public welfare, including unemployment, retirement, disability income, VA and insurance payments from all adult individuals residing in the household. It does not include income earned by a child less than 18 years, foster care payments, hostile fire pay, inheritance income, medical cost reimbursements, lump-sum asset payments, educational scholarships or the income of a live-in aide.

ASSETS					
Family Member	Asset Description	Current Cash Value Of Assets	Actual Income from Assets		
<b>3. Net Cash Value of Assets</b>		<b>3.</b>			
<b>4. Total Actual Income from Assets</b>			<b>4.</b>		
<b>5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise leave blank</b>					
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					<b>Enter the greater of lines 4 or 5 from above in e.</b>
<b>6. Totals</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	<b>e.</b>
<b>7. Enter total of items from 6a. through 6e. This is annual income.....</b>					<b>7.</b>

If any changes occur to your income occur prior to the start of Lead Hazard Control work and/or 6 months have elapsed since initial income verification, you will be required to submit updated information for re-verification.

Certification: I, the undersigned, certify that the family/household size and income data I have provided above is, to the best of my knowledge, true, accurate and complete. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Occupant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18. See 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fine not more than \$10,000 or imprisoned not more than five years or both

## **PART D: Certifications**

The undersigned hereby makes an application to the Lead Hazard Reduction program (“Program”) for aid for the identification and control of residential lead-based paint hazards. The undersigned acknowledges that this application is made pursuant to a Department of Housing and Urban Development (HUD) grant funded program and that the methods for identifying and/or controlling the lead-based paint hazard(s), cost of such control and other permitted costs will be determined by the Program, in the sole discretion of the Program. The undersigned further agrees to permit lead-based paint hazard control activities on the property by a contractor approved, and selected by the Program.

For all rental properties, the rental property owner shall give priority and making available to families with a child age five years or younger, rental units for not less than three years following the completion of lead-based paint hazard control activities and provide proof of marketing to low/moderate income and priority given to families with children.

All property owners agree to maintain the property in a good physical condition and retain property and liability insurance. Property owners agree to stay current on all tax payments, public charges on the property and mortgage and home insurance payments.

Guidelines require the Program to verify income no later than 6 months before lead hazard control activities begin. The documentation must verify the current rate of annual income at the time of assistance. The income certification process must be completed before any lead hazard control activities can begin. If changes to your income have occurred which put you outside Area Median Income (AMI) guidelines at the time lead hazard work has been scheduled, then you will no longer be eligible for lead hazard control work.

The undersigned further agrees that he/she 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 but not limited to Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended.

The addresses of all Lead Safe dwellings under this program will be placed on a DHCD or DHCD-approved website and be accessible to the public. Other agencies will have access to this list, including Virginia Department of Health, Department of Housing and Urban Development, and other pertinent agencies. The undersigned agrees that all such information shall be accessible as noted above and as allowed by law.

The undersigned understands and agrees that failure to comply with LHR and/or HUD requirements may result in recapture of any and/or all of the monies advanced. The undersigned agrees that this is only an application and there is no representation of any type that the

undersigned may be selected for participation in the program or receive any benefits from the program.

The undersigned further agrees that the Program may request additional information and the undersigned shall provide such information.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete. The undersigned understand that there are significant penalties for submitting false information, including possibility of fines and imprisonment for knowing violations.

Owner's Signature \_\_\_\_\_ Co-Owner or Tenant Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PROGRAM USE ONLY**

File #

Complete Incomplete

EBLL?

Enrollment Date:

Date App Received:

Denial Date & Reason:

Staff Initials: