



Onondaga County Community Development Division

Lead Hazard Reduction APPLICATION

Town/City/Village of: _____

Name _____

Address _____

Home Phone _____

**Complete and return to:
Onondaga County Community Development
421 Montgomery St., 11th Fl.
Syracuse, NY 13202**

**Please remember to include copies of all
applicable documents listed in the attached
checklist.**

Other Phone _____

Also Contact _____

Ownership (Tenants, please provide owner name, address & phone number)

Owner/Address/Phone _____

Mortgage Holder _____

Homeowners Insurance provider _____

Family Composition (List each person living in the residence.)

Name	Relationship	Date Of Birth	Sex	Medi-caid?	Full-time Student?
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N

Is there a child under the age of 6 living in the residence? Y / N
 If Yes, please provide the results of his/her blood lead level test. (Results must be within 3 months of application.)

Does a child under the age of 6 spend a significant amount of time visiting? Y / N How many? # _____
 If Yes to either question, please complete the attached "Residing/Visiting Child Verification Form".

Is any household member pregnant? Y / N How did you hear about our program? _____

Income (List all income for each family member, except minors.)

Do you file Income Tax? Y / N If Yes, Please provide a copy of your Federal return.

Name	Name & Address of Income Source	Rate	Annual Amt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

Assets (Include all sources. Bank accounts, retirement accounts, real estate, etc.)

Family Member	Description	Amount/Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

Onondaga County Community Development Grant Application Certification Page

Applicant _____

Applicant Address _____

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Community Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Community Development funds.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male _____ Female _____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

12/2012





Onondaga County Community Development Lead Hazard Reduction Program

Residing/Visiting Child Verification Form

Resident

I _____ certify that _____ / /
Applicant Child's Name DOB

(a child under the age of six) is a resident of the property located at:

Address

Visiting

I _____ certify that _____ / /
Applicant Child's Name DOB

(a child under the age of six) spends a significant* amount of time visiting the property located at:

Address

Are you able to obtain recent blood lead level test results for the visiting child listed above? Yes / No (Circle one)

Do several children under the age of six spend a significant* amount of time in the home? Yes / No (Circle one)

If yes, how many? _____

We request blood lead level test results, within the previous 3 months, for all those named above. If you are unable to obtain these results or refuse, please contact our office.

*Significant is defined as "At least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours."

Applicant

Date

Child's relationship to Applicant

ONONDAGA COUNTY COMMUNITY DEVELOPMENT

LEAD HAZARD REDUCTION PROGRAM

APPLICANT CHECKLIST

Thank you for your interest in the Lead Hazard Reduction Program. The following documents are required in order to complete your application. **Please provide photocopies.**

1. HOUSE:

- Most recent monthly mortgage statement
- Homeowners Insurance Policy Declarations page
- Not sure what to provide? Call us! 435-3558.

2. INCOME:

Proof of current income from **all sources** for **each household member**, except minors and full-time students, **for the previous 2 months**:

- Places(s) of employment - Recent **pay stubs**. (8 if weekly, 4 if biweekly)
- Social Security, SSI, pension(s) or other retirement income - a statement which shows the **gross** amount received (COLA letter or Proof of Income Statement for Social Security recipients)
- Income Tax Form - copy of most recent **Federal 1040** forms.
- Child support income
- Proof of assets (Bank statements, IRA/401k statements, other real estate, etc.)
- Other income? Questions on what to provide? **Please call our office 435-3558.**

3. CHILDREN:

Results of blood lead level test from health care provider or Onondaga County Health Department **only if a child under age six resides** at the property. The test results must be less than three months old. To have your child tested, call your family doctor or the Onondaga County Health Department Lead Poisoning Control Program at 435-3271.

**If you have any questions, please call Ed Donohue or Kristen McGriff
at 435-3558.**

**ONONDAGA COUNTY COMMUNITY DEVELOPMENT
LEAD HAZARD REDUCTION PROGRAM**

FACT SHEET

1) WHAT IS THE LEAD HAZARD REDUCTION PROGRAM (LHG)?

The LHG is a program to reduce lead paint hazards in privately owned residential structures throughout Onondaga County. Lead hazards are often found on painted window frames, wood siding, and painted doors. Common repairs provided by the program are new windows, doors, and siding. The LHG program is funded by Onondaga County Community Development Division and the US Department of HUD.

2) WHO CAN PARTICIPATE IN THE LHG PROGRAM?

Participation is on a first come, first served basis to applicants meeting the following requirements:

- Live in homes which contain Lead Paint Hazards.
- Must have a child under the age of six who lives in or spends a significant amount of time in the home.
- Own or occupy a one to four family residential structure.
- Have a current annual gross household income of no more than 80% of the median income for the County. (see chart on reverse side)

Eligible properties:

- Must be protected by a current Homeowners Insurance Policy.
- Must be covered by flood insurance if located in a designated flood zone.
- Have all property taxes and mortgage(s) current.

3) HOW MUCH ASSISTANCE CAN I RECEIVE?

The amount will vary dependent on the scope of the hazards found in the home.

Rental units occupied by tenants meeting the program requirements are eligible to participate in the LHR Program. Property owners may only receive assistance for 2 of their properties within a 24 month period.

To be eligible for the program, the Applicant's household gross income must be *below* the income limit for family size as shown in the table below. (Amounts adjust annually)

<u>Family Size</u>	<u>Income Limit</u>
1	\$38,750
2	\$44,300
3	\$49,850
4	\$55,350
5	\$59,800
6	\$64,250
7	\$68,650
8	\$73,100

4) WHAT TYPE OF WORK IS DONE?

Eligible work is determined by a thorough lead paint inspection of your home. The Community Development Housing Inspector, along with an independent contractor hired by Community Development, will perform the inspection according to established standards. Typical lead paint hazard reduction repairs include:

- Window and door replacement
- Exterior Siding
- Porch work

5) WILL THERE BE A LIEN PLACED ON MY PROPERTY? -- YES

Assistance is in the form of a 5-year deferred loan. You must agree to repay 100% of the loan if you do not own and occupy the property as your principle residence during the first thirty-six (36) months following completion of the work. Repayment then declines to 50% between months 36 & 48, and 25% between months 48 & 60. Please call with any questions.

Owners of rental units: If the assisted unit becomes available, you must agree to give preference in renting the unit to low income families with a child under age six for a period of 5 years.

FOR ADDITIONAL INFORMATION: Onondaga County Community Development Division
421 Montgomery St. 11th Fl.
Syracuse, New York 13202
(315) 435-3558

Fair Housing Laws prohibit discrimination in the sale or rental of housing based upon race, color, religion, sex, age, marital status, handicapped or familial status, or national origin.