August 19, 2019

Dear Sir/Madam,

Thank you for your interest in the LEADSAFE Niagara County – Lead Hazard Reduction Program. LEADSAFE Niagara County is a federally-funded program that aims to increase the number of lead-safe housing units within the cities of Niagara Falls and Lockport. Qualified homeowners and rental property owners receive a grant to help remediate or abate lead hazards in their residential unit(s).

Enclosed please find a LEADSAFE Niagara County – Lead Hazard Reduction Program Application. This Application must be completed in its entirety and returned to the LEADSAFE Niagara County – Lead Hazard Reduction Program, at the address listed below. It is important to note that funding is based upon income eligibility, occupancy, availability of funds, and tax status.

Should you have any questions or concerns, please feel free to contact our office at (716) 278-8268.

Sincerely,

Aubrey Combs

Program Manager

LEADSAFE Niagara County

**LEADSAFE Niagara County agrees to provide:**

* Professional and courteous staff to assist you through all aspects of the program
* If accepted into the program, financial assistance to remediate and/or abate lead hazards in residential dwellings
* A Lead Inspection/Risk Assessment and a Lead Hazard Reduction Plan
* Childhood lead poisoning prevention education for property owners and tenants

**Property Owner agrees to:**

* Supply all required documentation, in a timely manner, to LEADSAFE Niagara County
* Remain current on all financial obligations to Niagara County
* Notify tenants in advance of walk-thru dates and prior to commencing construction
* Temporary relocation of occupants during lead hazard control work
* Post Notification of Lead Hazard Reduction Work in all common areas
* Take responsibility for the proper disposal of up to 10 cubic yards of generated waste
* Inform LEADSAFE Niagara County immediately of any concerns regarding the scope or quality of the Lead Hazard Reduction work
* Cooperate fully with the LEADSAFE Niagara County Program and the Contractor

**For a period of three years following the completion of the program, the property owner agrees to:**

* Give priority to families with children under six years of age when renting lead-safe units
* Rent unit(s) to low-income households, as defined by HUD
* Maintain the unit(s) in accordance with the Federal Housing Quality Standard
* Comply with HUD’s Fair Market Rental Rates
* Comply with the Lead Management Plan

Application and Submission Guidelines

**Documents to be provided by the Property Owner:**

* Lead Hazard Reduction Program Application
* Property Owner Income Verification Form and supporting documents
* Property Owner Questionnaire/Certification
* Signed Letter of Intent
* Copy of current Homeowners’ Insurance Binder (Declaration Page is acceptable)
* Copy of the Deed of Trust for the property
* Copy of executed lease for each rented unit
* Copy of Driver’s License or Photo ID

**Documents to be provided by Owner Occupants/Tenants:**

* Weekly paystubs, bank statements, and proof of all income sources from the past two months for every income earner residing at the property
* Completed Occupant Information/Income Verification Form\*
* Completed Income Checklist Form
* Blood Testing Release Form (for each child under 6 years old)
* Copy of Driver’s License or Photo ID for adult occupants
* Copy of birth certificates for all children under 6 years old

\*The Occupant Information/Income Verification Form must be completed by the resident(s). Occupant Information/Income Verification Forms and income documentation can be mailed directly to LEADSAFE Niagara County – Lead Hazard Reduction Program by the resident(s) or submitted in conjunction with the property owner’s documents.

**Application**

**\*If you are applying for assistance for more than one unit you must fill out a separate form for each unit\*\*\***

Date:

**Property Information:**

Type of Property: □ Single-family □ Multi-family, # of units in building:

Address:

Apartment/Unit #:

**Primary Adult Occupants:**

Name: Phone Number:

Name: Phone Number:

(If more than 2 adult occupants live in the unit, please provide names and phone numbers on the back of this application.)

Are there children under 6 years of age living in the home? Yes No

 If yes, how many?

Is this property being used as a daycare? Yes No

Do children under 6 years old regularly visit the home? Yes No

 If yes, how many hours per week?

**Property Owner Information (if different than occupant):**

Name:

Mailing Address:

Phone Number:

How did you hear about this program?

**Property Owner Income Verification Form**

Property owners are required to contribute to the cost of labor and materials for the treated property. The contribution percentage is determined by the property owners’ total yearly household income. You may “opt out” of supplying verification of household income and elect to pay the maximum owner contribution, amounting to 16 percent of the total cost of labor and materials.

|  |
| --- |
| Property Owner Contribution Table |
| Household Income | Contribution | **Household Income** | Contribution | **Household Income** | Contribution |
| < $40,000 | 6% | **$60,000 - $74,999** | 10% | **$85,000 - $99,999** | 14% |
| $40,000 - $59,999 | 8% | **$75,000 - $84,999** | 12% | **> $100,000**  | 16% |

**You are required to complete the income table below and provide documented evidence of income OR to sign the waiver electing to pay the maximum owner contribution (16% of total cost).**

**Please complete the following table:**

\*\*\*You are required to include ALL sources of income including employment, rental income, disability or workers compensation, Social Security earnings, etc.\*\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| Family Member Name | Income Source | Amount $ | Frequency – Per |
|  |  |  | Week Month Year |
|  |  |  | Week Month Year |
|  |  |  | Week Month Year |
|  |  |  | Week Month Year |

**Copies of documented evidence of these income sources must be submitted with your application. Please see the attached list.**

**Acceptable documentation of income may include:**

**Please complete this section if you wish to opt out of supplying income information:**

I, , as the owner of the property at , choose to opt out of providing household income verification information. I understand that I will be required to contribute 16 percent of the overall cost of labor and materials for the lead hazard control work. If I refuse to contribute the required funds, the property will not be further admitted into the program.

|  |  |  |
| --- | --- | --- |
| *Owner’s Signature* |  | *Date* |

* IRS tax forms from the most recent year – Form 1040
* Copies of current pay stubs (from the past two months)
* Signed employer verification of income statement
* Certifications of income from non-payroll sources such as:
* Unemployment
* Disability compensation
* Worker’s compensation
* Severance pay
* Aid to families of dependent children (AFDC)
* Supplemental security income (SSI)
* Copies of social security earnings statements
* Other annuity or retirement income statements
* Alimony/child support income, etc.

**Property Owner Questionnaire/Certification**

Are you and other owner(s) current\* on all **monies owed to the County of Niagara,** for all properties, including but not limited to the subject property?

 YES NO

Are you or any other owner(s) willing to **contribute** your own funds to the effort?

 YES NO

#### Property Owner Certification

As part of this application for funding under the LEADSAFE Niagara County – Lead Hazard Control Program, the undersigned agree to the following terms and conditions:

1. The methods for lead hazard control or abatement of lead paints, cost of such abatement, and other permitted costs will be determined by the Niagara County Department of Health.
2. To permit the reduction of lead paint in or on the property by a contractor approved by the County through a bid process.
3. That the property to be improved with LEADSAFE Niagara County funds will be continuously rented to persons or families whose income does not exceed HUD’s guidelines for low/moderate income and rent that does not exceed the HUD Fair Market Rental Rates. Priority for such populations will be given for not less than three years following the completion of lead reduction activities, to families with a child under six years of age.
4. Not to 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.
5. To have the property listed on the NCDOH Lead Safe Housing Registry.
6. Under penalty of law that to the best of my/our knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

|  |  |  |
| --- | --- | --- |
| *Owner’s Name (Please Print)* | *Owner’s Signature* | *Date* |
| *Owner’s Name (Please Print)* | *Owner’s Signature* | *Date* |

**Lead Hazard Reduction Program Letter of Intent**

I/We, the undersigned owner(s) of the property located at in the County of Niagara, New York State, understand that an application has been submitted on behalf of the above named property for participation in the LEADSAFE Niagara County – Lead Hazard Reduction Program. I/We understand that the property is being considered for lead identification and interim control or abatement. I/We understand that the next step in the qualification process is to have the property inspected for the presence of lead hazards.

I/We acknowledge that once the paint inspection/risk assessment is complete that any deteriorated lead based paint areas must be corrected within a reasonable time, whether the property is further enrolled into the program or not. I/We understand that further enrollment is to be determined by income qualification of the occupants of the above property, and that the combined income of the family residing at said property must fall at or below 80% of the median Niagara County income for that size family.

I/We also understand that any residents at the above named property are required to receive advance written notice or the prospective lead hazard control activities and that temporary relocation may be required.

I/We hereby give my/our consent to the LEADSAFE Niagara County – Lead Hazard Reduction Program to proceed with the lead paint inspection/risk assessment.

I/We, as the owner of the above named property, understand that initiation of interim controls/abatement is dependent on the total cost of all lead hazard control work, and that if the program performs interim controls/abatement at the above noted property, said property will be brought to lead-safe standards. All interior and external components and common areas found to contain lead hazards will be treated. It is further understood that I/we agree to the terms of owner contribution to the cost of labor and materials for the treated property set forth as follows and as determined by my immediate family’s total household income, and that I/We may “opt out” of supplying verification of household income and elect, at my/our option, to pay the maximum owner contribution, amounting to 16 percent of the total cost of labor and materials:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Income | Contribution | Household Income | Contribution | Household Income | Contribution |
| < $40,000 | 6% | $60,000 - $74,999 | 10% | $85,000 - $99,999 | 14% |
| $40,000 - $59,999 | 8% | $75,000 - $84,999 | 12% | < $100,000 | 16% |

I/We understand that, as the owner of the above noted property, I/We are responsible for maintaining said property in a lead-safe condition following the intervention performed by LEADSAFE – Niagara County Lead Hazard Reduction Program and that a maintenance schedule for all treated surfaces not undergoing abatement is required. If maintenance is required I/We will attend a Renovation, Repair, and Painting (RRP) class to learn techniques for lead safe work practices.

\*Information for the RRP class is available upon request. This class will be offered free to participants of this program.

I/We understand that priority in renting unit(s) assisted under this program must be given to low-income families with a child under the age of six years. All reasonable efforts must be made to comply with this rental priority. This rental priority will be in effect for not less than three years following the completion of lead hazard control activities. If the property transfers ownership within those three years, I/We understand that a restriction must be incorporated into the deed transferring title to such property. Such deed restriction will require purchaser to comply with the above mentioned rental priority for the remainder of the three year period. I/We understand that this requirement shall be a non-negotiable condition of transfer of title.

Owner Print Name Owner Signature Date

Owner Print Name Owner Signature Date

Owner Print Name Owner Signature Date