



CITY OF HAVERHILL
COMMUNITY DEVELOPMENT DEPARTMENT

City Hall | 4 Summer Street, Room 309 | Haverhill, Massachusetts 01830 | Tel: (978)374-2344

LEAD HAZARD REDUCTION CAPACITY BUILDING PROGRAM
INVESTOR-OWNER APPLICATION

The City of Haverhill offers a program which provides financial assistance to owners of single and multi-family (2-4 units) properties to remediate lead-based paint hazards. Funding is provided by the U.S. Department of Housing and Urban Development (HUD). The program is available to owner occupants and investor owners in the form of zero percent interest forgivable loans.

To receive financial assistance, Investor-Owned properties must meet the HUD national objective and qualify as a Low to Moderate Income Household based on the area median income for the current fiscal year. In addition, investor-owned properties receiving assistance must comply with the Fair Market Rents established by HUD. All income and rent requirements must be maintained for a period of three years.

In order to determine your eligibility, you must submit copies (not originals) of the documentation listed below. Applications will **not** be processed without copies of the necessary documentation. Should you have any questions regarding the application, please contact Yosita Thanjai, Program Manager, at (978) 374-2344 or email, leadsafehomes@haverhillma.gov

	Completed LHRCBP Investor-Owner Application
	Copy of owner(s) driver's license(s)
	Copy of homeowner's insurance policy
	Copy of current mortgage statement
	Copy of the latest two (2) months rent receipts
	Tenant application (for all tenants)

Tenant applications shall be distributed by the landlords. All completed tenant applications shall be returned by the tenant directly to Program staff.

Allowable Rents

All housing units receiving assistance are to be rented at or below Fair Market Rent, following completion of the project. HUD update these rates annually. The following rates are for Fiscal Year 2026:

FY 2026 Fair Market Rents by Unit Bedrooms				
Year	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2026 FMR	\$1,730	\$2,270	\$2,722	\$3,006
Lawrence, MA-NH HUD Metro FMR Area				

Tenant Income Limits

For tenants units to be Program eligible, tenant households must have a combined household income of **less than either 50% or 80%** of the Area Median Income (AMI) for the Lawrence, MA–NH Metro Fair Market Rent (FMR) Area. The following is a summary of the 2025 Fiscal Year Area Median Income.

FY 2026 Income Limit Area	Median Income	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lawrence MA	\$137,300	Low (50%) Income Limits	\$48,100	\$54,950	\$61,800	\$68,650	\$74,150	\$79,650	\$85,150	\$90,650
		Low/Moderate (80%) Income Limits	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900	\$132,450	\$141,000
Effective May 1, 2026										

PART 1: APPLICANT INFORMATION

Applicant Name: _____ Social Security #: _____

Co-Applicant Name: _____ Social Security #: _____

Address: _____

Phone: _____ Work phone: _____

E-Mail Address: _____

How did you hear about this Program?

PART 2: PROPERTY INFORMATION

Address of Property: _____

Owner(s) of Property as listed on Deed: _____

Number of Units: _____ How many units are currently occupied? _____

Date of Purchase: _____

Have you been ordered to correct lead hazards by the City or the State?

Yes (Include a copy of the notice) No

Are there any liens against this or any property in Haverhill in which you have a financial interest?
 Yes No

Have you accessed funds through the City of Haverhill before?
 Yes (When: _____) No

MORTGAGE INFORMATION

Are your mortgage payments up to date? Yes No

Name and Address of Bank: _____

Monthly Mortgage Payment: \$ _____ Unpaid Mortgage: \$ _____

Home Insurance Carrier: _____

Do you have a second mortgage on the above property? Yes No

Second Mortgage/Equity Line: _____

Monthly Payment: \$ _____

MULTI-FAMILY (2-4 UNITS): UNIT/TENANT INFORMATION

Please note: Each unit must also submit a tenant's application.

Tenant Unit

Unit #: 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____

Number of bedrooms: 1 2 3 4 Other ___ Lead paint in the unit: Yes No Unknown

Current monthly rent: \$ _____

Is the unit occupied? No Yes *If Yes, please provide the following information:*

Name of head of household: _____ Telephone #: _____

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate, etc.)? No Yes

Tenant Unit

Unit #: 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____

Number of bedrooms: 1 2 3 4 Other ___ Lead paint in the unit: Yes No Unknown

Current monthly rent: \$ _____

Is the unit occupied? No Yes *If Yes, please provide the following information:*

Name of head of household: _____ Telephone #: _____

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate, etc.)? No Yes

Tenant Unit

Unit #: 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____

Number of bedrooms: 1 2 3 4 Other ___ Lead paint in the unit: Yes No Unknown

Current monthly rent: \$ _____

Is the unit occupied? No Yes *If Yes, please provide the following information:*

Name of head of household: _____ Telephone #: _____

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate, etc.)? No Yes

Tenant Unit

Unit #: 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____

Number of bedrooms: 1 2 3 4 Other ___ Lead paint in the unit: Yes No Unknown

Current monthly rent: \$ _____

Is the unit occupied? No Yes *If Yes, please provide the following information:*

Name of head of household: _____ Telephone #: _____

Does the tenant receive a rental subsidy? (Section 8, 707 Certificate, etc.)? No Yes

PART 3: PROGRAM INFORMATION/AGREEMENT

All personal information you provide will be kept strictly confidential and is used only to determine eligibility for this program and/or reporting purposes. This information is not considered or classified as a public record(s). Please read the following terms carefully. By signing this application, you agree to the following:

- Once the lead inspection/risk assessment has been performed, only licensed deleaders can remove the lead hazards. It is illegal for unauthorized individuals to remediate lead hazards.
- A Housing Quality Standards inspection will be performed by the City. It is your responsibility to correct any violations.
- A Massachusetts Licensed Lead Inspector/Risk Assessor will perform an inspection at your property to identify all lead-paint hazards. The level of work required will depend on the hazards identified. Successful completion of this work will result in a **Letter of Full Deleading Compliance**. This is a legal document that you will want to keep in a safe place.

- All municipal fees must be paid up-to date (water, sewer, trash, etc.)
- Upon approval of your application, you will be eligible for a 3-year forgivable loan, and a deed restriction will be placed on your property. (Loans are 0% interest and payments are deferred for 3 years.) For owner-investors, the loan will be forgiven, only if the property is owned for the full three-year term and is occupied by low-moderate income individuals and rented at or below Fair Market Rent for the same 3-year period.
- MA State Law requires temporary relocation of all occupants while deleading work is being performed in a unit. This is to ensure that family members are not exposed to lead dust during deleading. Relocation costs are covered by the Program and included as part of the financial assistance provided.
- All payments to contractors will be made through the Community Development office. Participants must be available to sign the payment request and then the check within 24 hours.
- Properties that have a child with an elevated blood lead level or a child under the age of 6 will be prioritized for assistance.
- The average time to complete a deleading project is 10-14 days. Occupants or owners cannot go in and out of the house during this time. To make sure the unit is safe for re-occupancy, the lead inspector will take “dust wipe” samples throughout the home. A laboratory will test the samples, and the inspector or contractor will notify the occupants that the work has been completed and it is safe to return.
- Preparing the unit for deleading: Please speak with Program staff before doing any unnecessary preparation work. We recommend taking valuable items out of the unit during lead abatement. Occupants are responsible for packing and storing their belongings.

Non-Liability of personal injury/damage: I/We will indemnify and hold the City of Haverhill, Department of Community Development’s Lead Hazard Reduction Capacity Building Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

By signing this application, you attest that the information contained herein is true and complete to the best of your knowledge and belief, you agree to the terms of the program and understand that submission of this application does not guarantee you will receive assistance.

Signature of Applicant

Signature of Co-Applicant

Date _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18, section 101 of the U.S Criminal Code provides: “whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes and false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$ 10,000; or imprisoned not more than five years, or both.”

OPTIONAL DEMOGRAPHIC INFORMATION:

The following information is requested by the Federal Government for certain types of loans in order to monitor the City of Haverhill’s compliance with equal credit opportunity and fair housing laws. While you are not required to supply this information, you are encouraged to do so. The law provides that a public agency may neither discriminate on the basis of the information, nor on whether you chose to supply it. If you do not wish to furnish this information, please check the box below.

- I do not wish to provide this information.

Applicant:

Racial Categories	Non-Hispanic/Latino	Hispanic/Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
<u>American Indian or Alaska Native <i>and</i> Black or African American</u>		
Other multi-racial		

Co-Applicant:

Racial Categories	Non-Hispanic/Latino	Hispanic/Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
<u>American Indian or Alaska Native <i>and</i> Black or African American</u>		
Other multi-racial		