

CITY OF HAVERHILL

DEPARTMENT OF COMMUNITY DEVELOPMENT

City Hall | 4 Summer Street, Room 309 | Haverhill, Massachusetts 01830 | Tel: (978)374-2344 | Fax: (978) 374-2332

LEAD HAZARD REDUCTION CAPACITY BUILDING PROGRAM

TENANT APPLICATION

Dear Tenant,

Your landlord is applying for assistance from the City of Haverhill Lead Hazard Reduction Capacity Building Program (“the Program”). The Program is designed to serve low/moderate income homeowners and renters by helping remove lead hazards from their properties.

As part of the qualification process, we must document your income in order to certify that your unit is eligible for assistance. We understand that some of the information is personal, and we will keep it confidential. **All application documents shall be submitted directly to Community Development Department located in City Hall, Room 309.**

Please provide the following information:

- Completed LHRCBP Tenant Packet
- Income Documentation:

Employed: The last four (4) weeks **consecutive pay stubs** for **all** members of the household over the age of 18 who are working.

Self-Employed: Most recent certified tax returns for the past three (3) years.

Unemployed: Letter from unemployment office stating start date and amount of assistance.

Social Security: Letter from Social Security Office stating amount of benefits.

Public Assistance: Letter from DTA or other government office stating amount of assistance.

Pension/Disability: Letter from company or Social Security stating amount of benefits.

Full Time Students: Letter from school stating current enrollment status.

- Copy of the most current Federal Tax Return, and most current W-2's for the past two (2) years **for each person living in the household who is required to file a return.**
- Individual(s) claiming no income must complete a Certification of Zero Income (this form can be obtained from our office)
- Copy of birth certificates for all children under 6.
- Copy of all adults' driver licenses that currently reside in the household.

Your cooperation is greatly appreciated. Please take time to read and understand all of the information provided. If you have any questions concerning the Program, eligibility, or require assistance in making copies of your income documentation, please contact us at (978) 374-2344 or email, leadsafehomes@haverhillma.gov

1. UNIT INFORMATION

This form is to be completed by the head of household. If the unit is vacant, the owner must complete it, indicating that the unit is vacant, and state the amount of rent that will be charged.

Address: _____

Unit Number: _____

Name: _____

Contact Number: _____

Rent Amount: _____ Rental Assistance (if applicable): _____

Total number of bedrooms: _____

Total number of people living in the unit (adults and children): _____

2. HOUSEHOLD AND INCOME INFORMATION

Name: (Head of Household) _____

List all household members including yourself, all adults & children – **even if an individual has no income**

Number of persons in household: _____ Female Head of Household: Yes No

Name	Last four (4) digits of Social Security #	Age	Relationship to Applicant	Race (Optional)	Gross Monthly Income

A. EMPLOYMENT INFORMATION

Please complete this section for **ALL** household members age 18 and over. You must include both **full** and **part**-time employment. (*Please list additional employers on a separate sheet*).

1. Name: _____

Employer: _____ Length of time at this job: _____

Hourly Wage: \$ _____

Annual Earnings (including overtime, bonuses and tips): _____

2. Name: _____

Employer: _____ Length of time at this job: _____

Hourly Wage: \$ _____

Annual Earnings (including overtime, bonuses and tips): _____

3. Name: _____

Employer: _____ Length of time at this job: _____

Hourly Wage: \$ _____

Annual Earnings (including overtime, bonuses and tips): _____

B. OTHER SOURCES OF INCOME

<u>SOURCE:</u>	<u>AMOUNT RECEIVED PER MONTH</u>	<u>AMOUNT RECEIVED PER YEAR</u>
Social Security:	\$ _____	\$ _____
S.S.I. Benefits:	\$ _____	\$ _____
Pension:	\$ _____	\$ _____
V.A. Benefits:	\$ _____	\$ _____
Retirement:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Welfare:	\$ _____	\$ _____
Worker's Compensation:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

3. CHILDREN ON PROPERTY

If applicable, please provide name, date of birth, date of lead test and result for **each child under the age of six (6) residing in your unit**. The Program *strongly* recommends having all children under the age of six (6) tested before any deleading work begins. The child's pediatrician may have this information.

Please indicate if no children reside in this unit: Yes

I/We voluntarily disclose this medical information. I/We understand that disclosure of this medical information is not required for participation in the Haverhill Lead Hazard Reduction Capacity Building Program.

Parent/Legal Guardian Signature

Date

Name	Date of Birth	Date of Test	Result ($\mu\text{g}/\text{dL}$)

The above listed children have not had their blood lead levels tested.

Please note that your answers are confidential and will be used for the City of Haverhill's records **only**.

4. 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 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.

- 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.
- 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 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.

Tenant Signature

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.

Tenant (Head of Household):

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		
American Indian or Alaska Native <i>and</i> Black or African American		
Other multi-racial		