



## 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 OWNER-OCCUPANT 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, Owner Occupants, or Tenants of 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. **If an item listed below does not apply to you, please write N/A.** Should you have any questions regarding the application, please contact Yosita Thanjai, Program Manager, at (978) 374-2344 or email, [leadsafehomes@haverhillma.gov](mailto:leadsafehomes@haverhillma.gov)

	Completed LHRCBP Owner-Occupant Application
	Copy of homeowner's insurance policy
	Income Documentation: <u>Employed</u> The last four (4) weeks <b>consecutive pay stubs for all</b> members of the household over the age of eighteen (18) who are working. <u>Self-Employed</u> Most recent certified tax returns for the past three (3) years. <u>Unemployed</u> Letter from unemployment office stating start date and amount of assistance. <u>Social Security</u> Letter from Social Security Office stating amount of benefits. <u>Public Assistance</u> Letter from DTA or other government office stating amount of assistance. <u>Pension/Disability</u> Letter from company or Social Security stating amount of benefits. <u>Rental Income</u> Copy of the latest two (2) months rent receipts.  <u>Full Time Students:</u> Letter from school stating current enrollment status.

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

**MULTI-UNIT (2-4 Units) APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION:**

- Copy of Rental lease/agreement
- Completed Tenant Application (if applicable)
- Documentation of income

**Homeowner Income Limits**

Owner-occupied homeowners applying for financial assistance through the City of Haverhill Lead Hazard Reduction Capacity Building Program must have a combined household income of less than 80% of the Area Median Income for Lawrence, MA-NH Metro FMR Area. The following is a summary of the 2025 Fiscal Year Area Median Income.

FY 2025 Income Limit Area	Median Income	FY 2025 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lawrence MA	\$141,300	Low/Moderate (80%) Income Limits	\$72,950	\$83,400	\$93,800	\$104,200	\$112,550	\$120,900	\$129,250	\$137,550

Effective June 1, 2025

**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 2025 Income Limit Area	Median Income	FY 2025 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lawrence MA	\$141,300	Low (50%) Income Limits	\$49,500	\$56,550	\$63,600	\$70,650	\$76,350	\$82,000	\$87,650	\$93,300
		Low/Moderate (80%) Income Limits	\$72,950	\$83,400	\$93,800	\$104,200	\$112,550	\$120,900	\$129,250	\$137,550

Effective June 1, 2025

### **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:

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

### **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?

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### **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.**

### **Owner's Unit**

Unit #:  1  2  3  4 Location of Unit:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Other \_\_\_\_\_

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

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### **Tenant Unit**

Unit #:  1  2  3  4 Location of Unit:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  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

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### **Tenant Unit**

Unit #:  1  2  3  4 Location of Unit:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  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:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  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: HOUSEHOLD AND INCOME INFORMATION**

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

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

Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/National Origin information has been requested by the Department of Housing and Urban Development for data collection purposes only. You are not required to furnish this information. The law provides that a public agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification.

**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:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

## C. ASSETS

### 1. SAVINGS ACCOUNT (S):

Institution(s): \_\_\_\_\_  
Account Number(s): \_\_\_\_\_  
Amount: \_\_\_\_\_

### 2. CHECKING ACCOUNT(S):

Institution(s): \_\_\_\_\_  
Account Number(s): \_\_\_\_\_  
Amount: \_\_\_\_\_

## **PART 4: CHILDREN ON PROPERTY**

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

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.

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Parent/Legal Guardian Signature

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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.

**Any children under the age of six (6) years of age who visit the property for a minimum of three hours per day on two separate days per week for a total of at least 60 hours per year should be listed below.** Please include their name and a brief description of who visits the property (Examples: grandchild, niece/nephew, friend's child, someone you babysit, etc.)

Name	Date of Birth	Description

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

#### **PART 5: 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. We may be able to refer you to Community Development Housing Rehabilitation and Code Correction Program (HRCCP) to assist with correcting code 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.) If the homeowner owns the property for the full three-year term, no payback is required, and the loan is forgiven. The loan will be forgiven for the tenants unit(s), if the deleaded unit(s) 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:**

<b>Racial Categories</b>	<b>Non-Hispanic/Latino</b>	<b>Hispanic/Latino</b>
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:**

<b>Racial Categories</b>	<b>Non-Hispanic/Latino</b>	<b>Hispanic/Latino</b>
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		