

## **Lead Hazard Reduction Demonstration Program Application**

Dear Homeowner:

Lead poisoning continues to be a major public health issue in the County of Bergen, NJ Due to the impact lead poisoning has on children of the County of Bergen- Department of Health is committed to the eradication of lead from our housing environment.

Recognizing the burden the removal of lead-based paint places on homeowners and tenants, the County of Bergen has sought methods to assist in the abatement process. In an effort to reduce the risk of lead poisoning, County of Bergen, Department of Health Services received funding from the US Department of Housing and Urban Development for the purpose of making homes LEAD SAFE. Inspectors of the Department of Health Services have identified you as an occupant of a dwelling containing lead-based paint. This is your opportunity to make your dwelling lead safe and to help ensure our children's future.

You may meet the requirements for participation in the County of Bergen, Lead Hazard Reduction Grant funds to remediate the lead hazards in your home. Applying for this program will assist you in abating your dwelling and making it lead safe. Staff of the Department of Health will be available to answer any questions you may have and to assist you in completing the application package. Attached you will find the tenant's application along with a list of the necessary documents that will be needed to complete your application.

Please respond within 10 business days to schedule an appointment to discuss the program and to review the application package. Call the **Lead Hazard Reduction Demonstration Program** at (973) 634 2796.

Sincerely,

Jessica Speer  
Program Manager

**Bergen County**  
**HUD Lead Hazard Reduction Demonstration Program (LHRDP)**  
**Homeowner Application**

DATE: \_\_\_\_\_

APP. # \_\_\_\_\_  
(Internal Use ONLY)

**Part 1: Property Information**

Application for (check one): Single  Multi-family  Is building owner occupied? Yes  No

Property Address: \_\_\_\_\_ # of Dwelling Units: \_\_\_\_\_

How did you hear of the Lead Hazard Reduction Program? \_\_\_\_\_

No. of Children under the age of 6 (list below): \_\_\_\_\_ Approximate year of initial construction: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Part 2: Applicant Information**

NAME OF APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

APPLICANTS ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
*No. and street*

RACE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
*City, State, Zip*

If more than one Owner, complete the following section.

SECOND APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

APPLICANTS ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
*No. and street*

RACE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
*City, State, Zip*

If additional owners please attach a separate sheet or continue on back and check here.

**Part 3: Financial Information**

Name & Address of Mortgage Co. \_\_\_\_\_

Are you and other owner(s) current (up to date) on all **mortgage** payments on the subject property? \_\_\_\_\_

Are you and other owner(s) current on all **municipal taxes and assessments** levied on the property? \_\_\_\_\_

Annual Income \_\_\_\_\_ Source of Income \_\_\_\_\_ Family Size \_\_\_\_\_

**(Owner must meet income guidelines to qualify for assistance. Income of owner/tenant cannot exceed 80% of median income, see attached income limits documentation).**

**Part 4: Unit to be Remediated Information**

Are there any young children with elevated blood lead levels (**EBL**) residing in the building? \_\_\_\_\_

Do you have a code or lead order? \_\_\_\_\_ If yes, explain \_\_\_\_\_ Date: \_\_\_\_\_

Unit # \_\_\_\_\_ Is unit currently occupied? \_\_\_\_\_ Occupant is: tenant/owner (circle one)

Name of Head of Household \_\_\_\_\_ # of people in household \_\_\_\_\_

Does family have anywhere to go for relocation while property is being abated? \_\_\_\_\_

**CERTIFICATIONS**

The undersigned hereby makes a preliminary application to the Bergen County for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by the county and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by the county. The undersigned further agrees to permit the Abatement of lead paint in the property by a contractor approved by the county through a bid process.

The undersigned certifies that the property to be improved with the LHRDP benefits 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 limits. In all cases, the landlord shall give priority in renting units for not less than three years following the completion of lead abatement activities, to families with a child under the age of six years.

Building owners agree to maintain the property physically and retain home insurance, naming the City as an insured for the contract term. Building owners agree to maintain tax payments, public fees on the property and mortgage payments.

The undersigned further agrees that he/she will not 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.

The undersigned understands that failure to comply with LHRDP requirements may result in recapture, by the county, of the monies advanced.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

*For Office Use Only*

*Program Manager Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Certified Lead Abatement Contractor Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Application Approved* \_\_\_\_\_ *Denied* \_\_\_\_\_

*Reason for Denial* \_\_\_\_\_

**Lead Hazard Reduction Grant Program**  
**Income Eligibility Worksheet**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tenure \_\_\_\_\_ Owner-Occupant \_\_\_\_\_ Non-Owner Occupant Tel. # \_\_\_\_\_

**Please provide the following information for all members of the household beginning with the head of household:**

<b>Name</b>	<b>Relationship to Head of Household</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>	<b>Occupation</b>

**Income of Family:** Please provide us with the total gross income. All family Members above 18 years old must have income or unemployment supporting documents. Full time unemployed students must have current student identification.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>Name</b>	<b>Source of Income</b>	<b>Amount of Yearly Income</b>	<b>Forms of Verification</b> <i>(Pay stubs, SSI, Pension award letter, IRS 1040 income tax Return, Unemployment document)</i>

**Gross Annual Household Income** \_\_\_\_\_ (add together all values in column C) \_\_\_\_\_

**“I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

<p><i>Recommended Action</i></p> <p><b>Approval</b> _____ <b>Denial</b> _____</p> <p><b>Recommended by:</b> _____</p> <p><b>Comments:</b></p> <p>_____</p> <p>_____</p>
---

## HOLD HARMLESS AGREEMENT

The Homeowner, shall defend, indemnify and hold harmless the County of Bergen, Department of Health Services, its agents, servants and administrators from and against any and all claims or actions at law, whether for personal injury, property damage or liability, including any costs of defense incurred by County of Bergen and any payments, recoveries and judgments against the County of Bergen, which arise from actions or omissions of the Contractor, his agents or employees in the execution of the work and/or duties to be performed under the contract.

Costs shall be deemed to include, but not limited to attorney's fees, filing expenses, expert witness fees, reproduction costs and long distance travel and phone expenses in connection with defense and shall be the prevailing interest rate, where applicable.

The contractor shall be responsible for all damage to persons or property cause or alleged to have been caused by or incident to the execution of this work under the aforementioned contract without expense to the County of Bergen, its agents servants and/or administrators.

---

Date

---

Signature; Homeowner

**COPIES OF THE FOLLOWING MATERIALS MUST ACCOMPANY YOUR APPLICATION. YOUR APPLICATION CANNOT BE PROCESSED UNTIL WE HAVE RECEIVED ALL THE REQUIRED INFORMATION. ONLY COMPLETED APPLICATIONS SHALL BE CONSIDERED FROM PROGRAM PARTICIPATION.**

- 1. Completed Income Eligibility Worksheet.**
- 2. Registered Deed**
- 3. Current Mortgage Statement and/or Payment Book**
- 4. Current Homeowner's Liability Fire/Flood Insurance Policy**
- 5. Copies of most recent year IRS Tax Form 1040 or Transcript from IRS Office**
- 6. Four (4) consecutive current payroll stubs {Two (2) current paystubs if paid bi-weekly}**
- 7. If unemployed, provide Four (4) consecutive unemployment benefit statements (unemployment paystubs).**
- 8. TANF or General Assistance Welfare Award Letter or Printout from the Welfare Office.**
- 9. Other Certifications of income from non-payroll sources such as unemployment and disability compensation and severance pay, Aid to families of Dependent Children; (AFDC), Supplemental Security Income (SSI), and rent receipts from all tenants.**
- 10. Copies of Social Security earnings statements (award letters) other retirement or annuity income statements.**
- 11. Photocopies of the birth certificates for all children under the age of six years.**
- 12. Copies of Two Recent Bank Statements- Checking/Savings account**