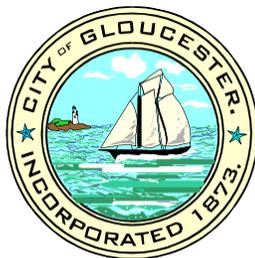


3 Pond Road  
Gloucester, MA 01930



(978) 282-3027 Phone  
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COMMUNITY DEVELOPMENT DEPARTMENT  
GRANTS DIVISION

## **LEAD HAZARD CONTROL PROGRAM**

The City of Gloucester administers a loan program which provides financial assistance to owners of single- and multi-family properties where families with young children reside that may have lead paint hazards. Funding is provided by the U.S. Department of Housing and Urban Development Office of Healthy Homes & Lead Hazard Control through the three-year Lead-Based Paint Hazard Control Program competitive grant award. The Lead Program will provide assistance to landlords, homeowners, and tenants in need of lead paint abatement and/or other minor repairs in order to improve the safety of their residence.

Please complete the enclosed application. A checklist of additional supporting documentation required is also enclosed. Please provide all requested materials as copies that can be retained at this office.

All applications will be date-stamped when received and determined to be complete, and applications will be processed in the order in which they are received and in accordance with established priorities.

The Grants Office will provide a 3-year forgivable loan to assist owner-occupants of single- and multi-family properties. A forgivable loan of up to \$10,000 per unit (2+ units), or \$15,000 (single-family) will be provided to eligible program participants.

Owners seeking assistance for multi-family properties with 5 or more units will be expected to contribute a minimum of 10% of the overall project cost in order to receive assistance.

To qualify:

- a. Owner and tenants must meet the enclosed HUD Income Guidelines (last page).
- b. Each tenant must fill out a Tenant Application and provide supporting documentation.
- c. Owner will sign Affordability Housing Restriction Agreement with the City of Gloucester, agreeing to rent all assisted rental units at affordable rents for a period of 15 years. Additionally, HUD requires special priority be given to families with young children for a minimum of 3 years.

## GENERAL PROGRAM INFORMATION

- The City accepts applications for assistance on a rolling basis. Preference will be given to applicants with a lead poisoned child in the home.
- Income eligibility, determined by HUD Income Guidelines, is based on projected household income at the time of assistance. This Program defines adjusted gross income under the IRS 1040 long-form definition.
- The Lead Program Manager will conduct a lead inspection and risk assessment of all units and common areas.
- The City will develop work specifications, obtain at least 3 bids, and select the most capable contractor.
- You will be required to sign an Owner/City Loan Agreement & Mortgage.
- A mortgage lien will be recorded at the Southern Essex District Registry of Deeds. A \$175 recording fee will be required made payable to the Registry of Deeds and will be your responsibility.
- In the event of sale, title transfer or refinancing with cash out before the end of the three year term, a portion of the loan will become due for repayment.
- The Lead Program Staff will routinely inspect the work.
- Payments are made to the homeowner to reimburse the contractor upon receipt of an invoice and approval of work in place by the Lead Program Manager.
- You will be required to sign off on all repairs that are made by contractors at your property. Contractors and property owners will not be allowed to change any work order once the property owner and City have agreed to the scope of work. The City will not reimburse the owner or contractor for any unauthorized work.
- This office follows the guidelines of the Uniform Relocation Act of 1970. No tenant will be evicted due to deleading or rehab efforts funded by HUD programs. If it is necessary for a tenant to be temporarily relocated, they will be relocated to a "decent, safe & sanitary temporary unit". Relocation and associated expenses must be approved and coordinated through the Lead Program staff, which will assist in the development of a "Relocation Plan." All pre-approved, eligible relocation costs will be reimbursable or pre-paid by the City as a direct activity cost.
- All rental units assisted must remain "affordable" for a period of 15 years. The owner agrees to rent deleading units with no more than 10% annual increases allowable up to maximum of HUD Fair Market Rents. The owner will sign an Affordable Housing Restriction Rental Unit agreement with the City of Gloucester to ensure compliance. All units will be monitored on a yearly basis. The Affordable Housing Restriction will be recorded, and the \$75 recording fee will be your responsibility.
- NO loans will be processed if there are any outstanding city fees or property taxes.
- If work has already begun, you may not participate in program.
- The level of assistance offered may be limited by the level of equity available in the property. The City will not offer loans that will cause undue financial hardship to participants, and will not knowingly issue a loan that will place clients in an "underwater" situation.
- The City will offer eligible applicants seeking substantial repairs referrals to other programs (such as the City's Rehabilitation Program or Action, Inc.'s Weatherization Program) to leverage funding whenever possible.
- If the project is too cost-prohibitive, the Grants Office and HUD reserve the right to refuse services.

## **OWNER-OCCUPIED APPLICATION FOR ASSISTANCE CHECKLIST**

- Completed Owner Application for Deleading Assistance;
- If enrolling the apartment unit or single-family home you occupy for deleading, please provide the following as income documentation:
  - Employed: Twelve (12) weeks of pay stubs for all members of the household over the age of 18 who are working.
  - Unemployed: Copy of unemployment check, plus a letter from Unemployment Office stating start date and amount of assistance.
  - Social Security: Copy of most recent check or letter from Social Security Office stating amount of benefit(s).
  - Public Assistance: Copy of check plus letter from welfare office stating amount of assistance.
  - Pension/Disability: Copy of latest check plus letter from company or Social Security stating amount of benefits.
  - Rental Income: Copy of two months' rent receipts.
  - Full Time Students: Letter from school stating current full time enrollment status.
- Copies of the last two most recent years of federal tax returns (IRS Form 1040)
- Tenant Application & Supporting Documentation for all tenants;
- Copy of Property Deed;
- Copy of Homeowner's Insurance Policy;
- Copy of Owners' Drivers' License(s) or State ID(s); if owned by a corporation or trust, please provide documentation of all owners and/or trustees.
- If property is mortgaged, copy of most recent mortgage statement;
- Certificate of Occupancy from I06 Inspection (only applies to 3+ unit properties);
- Certificate of Rental Dwelling for all rental units from Gloucester Health Department;
- Copy of rental/lease agreements (if applicable).

## LEAD HAZARD CONTROL PROGRAM – OWNER APPLICATION

Instructions: Please complete all items on this application. If the information requested does not apply to you, please write "not applicable" or "n/a". Should you require assistance in filling out this application, please contact Emily Freedman at the Grants Office at (978) 282-8006 or email [efreedman@gloucester-ma.gov](mailto:efreedman@gloucester-ma.gov); or Kevin Nestor at [knestor@gloucester-ma.gov](mailto:knestor@gloucester-ma.gov).

### APPLICANT(S) INFORMATION:

Owner Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_  
 SSN: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

### PROPERTY INFORMATION

Address of property to be deleaded: \_\_\_\_\_  
 Type of Ownership: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other  
 Length of ownership (yrs, mos): \_\_\_\_\_ Current Appraised Value: \$ \_\_\_\_\_  
 Number of Units: \_\_\_\_\_ How many units are currently occupied: \_\_\_\_\_  
 Are the Real Estate and/or Water/Sewer bills paid and current? Yes No  
 Do you own or have an interest in any other real estate in or out-of-state? Yes No  
 If so, provide address: \_\_\_\_\_

### PROPERTY OCCUPANCY

APT. #	TENANT'S NAME	HOUSE-HOLD SIZE	# BR	TOTAL RENT	UTILITIES PAID BY OWNER	LEASE (Y/N)?	IS UNIT 504 ADA HANDICAPPED ACCESSIBLE?

Total Rental Income from dwelling units at full occupancy \$ \_\_\_\_\_.

List any additional monthly income from this property including garage, parking, and storage spaces (specify source) \$ \_\_\_\_\_

### DELEADING REQUIREMENTS

What year was the property built? \_\_\_\_\_

Lead Paint in the Unit(s)? \_\_\_\_\_ Unknown \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the property ever been inspected for the presence of lead paint? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what year was the property inspected? *Please attach report.* \_\_\_\_\_

Has the property been deleading or received interim controls? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please attach a copy of the Letter of Full Deleading Compliance or Letter of Interim Control.*

Are there any children 6 years old or under that may spend at least **6 hours a week** in your unit or your tenants' units? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If you have a child under the age of six residing in your home or unit, please complete the following "Lead Test Release Form." If your tenants have children, please ensure they complete the entire Tenant Application.*

### LEAD TEST RELEASE FORM

Owner Name: \_\_\_\_\_

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past three (3) months, you should contact your child's primary care provider or the local health department to arrange for a test.

Proof of age for children under age 6 who live on the property is required. Examples include, but are not limited to, a birth certificate, medical records, or school records.

Any children (under 6) who visit the property often should also be listed below. Please include their name, age, relation to the head of household, and the amount of time spent visiting.

Have your children been tested for lead in the past three (3) months?\*

Name: \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

\*Please provide copies of the results; if you do not have copies, you will need to sign a release to have the records released to the City.

\_\_\_\_\_ The above listed children **have not** had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the City of Gloucester Lead Hazard Control Program.

\_\_\_\_\_ For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead.

I/we voluntarily disclose this information. I/we understand that disclosure of this information is not required for participation in the City of Gloucester Lead Hazard Control Program.

All health information provided to the City of Gloucester's Lead Hazard Control Program will be kept strictly confidential and secure, in compliance with HIPAA.

\_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

## REHAB REQUIREMENTS

Has the property recently been cited for Lead Hazard or Code Violations that have not been corrected to date?

Yes  No     If yes, mark the violation(s) below:

Building     Health     Electrical     Plumbing     Fire

Will you be seeking additional rehab work or correction of code violations at the property? If so, you will be required to also apply for the City's Housing Rehabilitation Loan Program. Please see Housing Rehabilitation Program Policy for program guidelines and eligibility requirements.

Yes  No

Briefly describe any additional rehab work requested or required in addition to deleading services (keep in mind, we only do health, safety and code issues, and Rehab Program assistance eligibility is subject to separate programmatic regulations):

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### CONFLICT OF INTEREST STATEMENT

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

Co-Applicant Name: \_\_\_\_\_

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

I/we certify that my/our answers to the following questions are true and accurate to the best of my/our knowledge and belief and I/we understand that the "you" includes the undersigned and the applicant for the loan thereof:

1. Are you or an immediate family member presently or in the last twelve months, an employee, agent, consultant, or elected appointed official of any agency (including the City of Gloucester or the Grants Office) receiving HUD funds directly or indirectly?

Applicant:      \_\_\_ No \_\_\_ Yes

Co-Applicant:      \_\_\_ No \_\_\_ Yes

If you answered "No" you do not need to answer questions 2 through 5. Please sign below.

2.      Applicant:      Name of Agency \_\_\_\_\_ Position: \_\_\_\_\_

         Co-Applicant:      Name of Agency \_\_\_\_\_ Position: \_\_\_\_\_

3. Do you presently or have you in the last 12 months exercised any functions or responsibilities with respect to HUD-funded activities?

Applicant:      \_\_\_ Yes \_\_\_ No

Co-Applicant:      \_\_\_ Yes \_\_\_ No

4. Do you presently or have you in the last 12 months been in a position to participate in a decision making process to gain inside information regarding HUD-funded activities?

Applicant:      \_\_\_ Yes \_\_\_ No

Co-Applicant:      \_\_\_ Yes \_\_\_ No

5. If you answered yes to either question 3 or 4, are there factors that justify an exception to the conflict of interest provision?

Applicant:      \_\_\_ Yes \_\_\_ No (explain below)      Co-Applicant: \_\_\_ Yes \_\_\_ No (explain below)

\_\_\_\_\_  
\_\_\_\_\_

Signatures:

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

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## FINANCIAL PRIVACY ACT NOTICE

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

### NOTICE

This notice is provided to you pursuant to the requirements of the Right to Privacy Act of 1978. As a result of your request and/or receipt of financial assistance under the City of Gloucester Lead Hazard Control Program, the United States Department of Housing and Urban Development will have access to financial records held by the City of Gloucester in connection with the consideration and/or administration of assistance to you. The City of Gloucester and its representatives who are responsible for administrative, financial, and/or fiscal matters associated with the City's Lead Hazard Control Program will have a right of access to these financial records.

Pursuant to these rights of access, financial records involving your transaction will be available to these authorized officials without further notice or authorization from you. However, your financial records and information as contained therein will not be disclosed or released to any other person, government agency, or department without your prior written consent, except as may be permitted and/or required by law.

### ACKNOWLEDGEMENT

I have read the Right to Financial Privacy Act Notice presented above and by my signature below, acknowledge and accept the terms and conditions set forth therein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans in order to monitor the City of Gloucester'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 lender may neither discriminate on the basis of the information, nor on whether you chose to supply it. Under Federal Regulations, the City of Gloucester is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

Applicant:

I do not wish to provide this information

Co-Applicant:

I do not wish to provide this information

Ethnicity:

Hispanic or Latino

Ethnicity:

Hispanic or Latino

Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Am. Indian/Alaskan Native & White

Asian & White

Black /African Am. & White

Am. Indian/Alaskan & BI/African Am.

Other multi-racial

Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Am. Indian/Alaskan Native & White

Asian & White

Black /African Am. & White

Am. Indian/Alaskan & BI/African Am.

Other multi-racial

Sex:

Female

Male

Female Head of Household:

Yes

No

## FULL COMPLIANCE ACKNOWLEDGEMENT

To achieve full deleading compliance in the Commonwealth of Massachusetts, owners of residences built before 1978 must correct the following conditions:

- Any peeling, chipping, or flaking lead paint, plaster, stain, or putty;
- Intact lead paint, varnish, stain, or putty on moveable interior or exterior parts of windows with sills five feet or less from the floor or ground and those surfaces that contact moveable parts; and
- Intact lead paint, varnish, or stain on “accessible, mouthable surfaces.” These surfaces generally include woodwork, such as doors, door jambs, stairs and stair rails, window casings, and more.

A letter of Full Compliance means a written statement, signed, dated, and issued by the Program’s Lead Inspector, who certifies that the dwelling unit and common areas fulfill the requirements of the Massachusetts Lead Law. As a Program Policy, the City of Gloucester Lead Program will only undertake lead hazard control projects that will result in a Letter of Full Deleading Compliance. In the event that interim controls are the only option available, the property owner will be advised of the in-place management responsibilities and costs associated with a Letter of Interim Control.

I/we understand the requirements of the Lead Program offered by the City of Gloucester.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

**ACKNOWLEDGEMENT AND AGREEMENT**

The applicant(s) certifies that all information provided in this application is true to the best of his/her knowledge and belief and no information has been excluded, which might reasonably affect a judgment regarding the applicant's eligibility. Signing this application will give the City of Gloucester's Grant Office the right to obtain verification from any source named herein.

ALL APPLICANTS MUST SIGN BELOW:

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C.

TITLE 18, SECTION 1001, PROVIDES

"Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any 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 (5) years or both."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Submission of an application does not guarantee that there will be assistance available for you, nor does certification of income eligibility automatically qualify you to receive services. Income eligibility will be recertified at the time of assistance.

All loans are subject to City, State, and Federal laws, rules, regulations, and requirements, and are subject to the availability of funds.

Applications will not be considered complete until all information and statements have been documented to the satisfaction of the Community Development Department.

**ACKNOWLEDGEMENT OF RENTAL REQUIREMENTS & FAIR HOUSING  
RESPONSIBILITIES UNDER THIS PROGRAM**

The undersigned certifies that the rental units to be improved with the Lead Hazard Control funds will be continuously rented to persons or families whose income does not exceed HUD's guidelines for low/moderate income at a rent that does not exceed HUD Fair Market Rent limits (next page). In all cases, the owner/landlord shall give priority in renting all assisted rental units for not less than three (3) years following the completion of lead abatement activities, to families with a child under the age of six years. The landlord shall continue to rent the units at or under Fair Market Rent limits for a period of fifteen (15) years in accordance with the executed and recorded Affordable Housing Restriction.

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, 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.

All lead-safe units created under this Program will be placed on a centralized list accessible to the City's Grants Office and Health Department, as well as the Gloucester Housing Authority. All delead units will be included in the Massachusetts Childhood Lead Poisoning Prevention Program's database of lead inspected homes.

I/we acknowledge that we have received information concerning the rental requirements and fair housing responsibilities when receiving Lead Hazard Control Funds for deleading the property at

\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

# HUD INCOME GUIDELINES—2016

Median Family Income \$98,100

## HUD INCOME GUIDELINES: Effective March 2016

	<b>1 Person</b>	<b>2 People</b>	<b>3 People</b>	<b>4 People</b>	<b>5 People</b>	<b>6 People</b>
<b>Very Low (≤30% AMI)</b>	\$20,650	\$23,600	\$26,550	\$29,450	\$31,850	\$34,200
<b>Low (≤50% AMI)</b>	\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900
<b>Moderate (≤80% AMI)</b>	\$51,150	\$58,450	\$65,750	\$73,050	\$78,900	\$84,750

Your Household Adjusted Gross Income must fall at or below the 80% HUD Income Guidelines for eligibility in programs. AGI is found on your Federal Income Tax Form #1040.

## FAIR MARKET RENTS (Includes Utilities)

Efficiency	1 BR	2 BR	3 BR	4 BR
\$1,056	\$1,261	\$1,567	\$1,945	\$2,148

\*Over 4 bedrooms add 15% per each additional bedroom.

OCCUPANT TYPE	INCOME LEVEL REQUIRED FOR ELIGIBILITY	CHILD OCCUPANT <6 YEARS OLD
Renter (Investment Property)	<ol style="list-style-type: none"> <li>At least 50% of units must be less than 50% AMI, and;</li> <li>Remaining units must be less than 80% AMI.</li> </ol>	<ol style="list-style-type: none"> <li>Not required at time of assistance.</li> <li>Property owner must give rental priority to families with children under 6 years old for at least 3 years.</li> </ol>
Multi-family Renter (≥5 units in same property)	<ol style="list-style-type: none"> <li>20% of total number of units in same building may exceed 80% AMI (“be over-income”);</li> <li>Remaining units must meet renter income requirements, above.</li> </ol>	<ol style="list-style-type: none"> <li>Not required at time of assistance.</li> <li>Property owners must give rental priority to families with children under 6 years old for at least 3 years.</li> </ol>
Owner (primary residence)	<ol style="list-style-type: none"> <li>100% of owner-occupied units must be occupied by families with less than 80% AMI.</li> </ol>	<ol style="list-style-type: none"> <li>At least 90% of the total number of owner-occupied units assisted must have:                             <ul style="list-style-type: none"> <li>A child under 6 years old in residence; or</li> <li>A child under 6 years old spends a “significant amount of time” or</li> <li>A pregnant woman.</li> </ul> </li> <li>Less than 10% of total number of units assisted may be occupied by families without a child.</li> </ol>