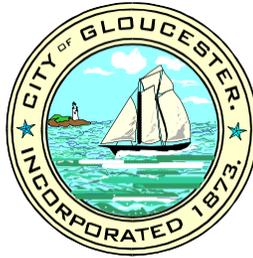


3 Pond Road
Gloucester, MA 01930



(978) 282-3027 Phone
(978) 282-3035 Fax

COMMUNITY DEVELOPMENT DEPARTMENT
GRANTS DIVISION

LEAD HAZARD CONTROL PROGRAM

The Lead Hazard Control Program offers no-interest, forgivable loans to properties in Gloucester. Funding is provided by the U.S. Department of Housing and Urban Development Office of Healthy Homes & Lead Hazard Control through the Lead-Based Paint Hazard Control Program three-year competitive grant. The Lead Program will provide assistance to homeowners and tenants in need of lead paint abatement and/or other minor repairs in order to improve the safety of their residence.

GENERAL PROGRAM INFORMATION

- The City accepts applications for assistance on a rolling basis. Preference may be given to applicants with a lead poisoned child or child under the age of six.
- Income eligibility, determined by HUD Income Guidelines, is based on projected household income at the time of assistance. This Program defines income using 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.
- The Lead Program Staff will periodically inspect the work.
- This Program follows the guidelines of the Uniform Relocation Act of 1970. No tenant will be evicted due to deleaded 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 and sanitary temporary unit. Staff will work with tenants to develop a "Relocation Plan", and pre-approved, eligible costs associated with relocation will be reimbursed or pre-paid by the City directly on the tenant's behalf.
- All rental units assisted must remain "affordable" for a period of 15 years. The owner must agree to rent deleaded 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.
- If the project is too cost-prohibitive, the Grants Office and HUD reserve the right to refuse services.

TENANT APPLICATION FOR ASSISTANCE CHECKLIST

- Completed Tenant Application
- Income Documentation:
 - Employed: Twelve (12) weeks of consecutive 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.
 - Child Support: Proof of any child support received (letter from DOR, Copy of Custody Agreement, or other official documentation).
 - Alimony: Proof of alimony paid or received.
 - Pension/Disability/VA: Copy of latest check plus letter from company, VA, or Social Security stating amount of benefits.
 - 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) for all working household members who filed.
- Recent blood screening tests for all children less than 6 years of age must be attached.
- Copies of birth certificates for all children less than 6 years of age.

TENANT 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) 282-3027 or email efreedman@gloucester-ma.gov; or Kevin Nestor at knestor@gloucester-ma.gov.

All information you supply will be treated confidentially.

Tenant Name: _____ Spouse: _____

Address: _____ Apt #: _____ Zip: _____

Home telephone: _____ Work telephone: _____ Email Address: _____

Employer: _____ Length of time at this job: _____

How many bedrooms in your apartment? _____ How many people in your household? _____

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy it is: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity

Landlord Name _____ Address _____

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

Name	Social Security #	Age	Relationship to Applicant	Type of Income

LEAD TEST RELEASE FORM

Tenant Name: _____
(Head of Household)

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)

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

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.

HUD INCOME GUIDELINES—2016

Median Family Income \$98,100

HUD INCOME GUIDELINES: Effective March 2016

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

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