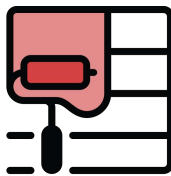
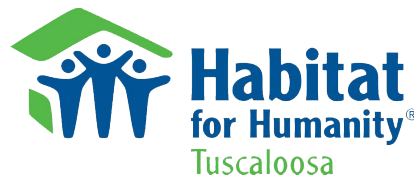


LEAD HAZARD ABATEMENT PROGRAM



Lead Hazard Abatement Program Application 1



Guidelines for Completing the Lead Hazard Abatement Program Application

For timely and accurate processing, please follow all of the steps listed below. If you need assistance to complete this application, please call 205-248-5087.

- 1) Answer all questions on the application accurately.
- 2) Place your signature in the appropriate spaces. (If you are a renter, you will need to ask your landlord to sign this form prior to submission. Staff members at the City of Tuscaloosa Office of Community and Neighborhood Services can provide program information to landlords upon request.)
- 3) Turn in copies of all required documents. If you do not have access to a photo copier, please deliver your application in person at the address below so your documents can be copied and immediately returned to you.

REQUIRED DOCUMENTS

(to be submitted with application)

- ☐ IRS tax forms or Form W-2 (wage and tax statement)
- ☐ Additional form of income verification for each household member, all that apply to your household:
 - ☐ Paystubs for the most recent 3 months
 - ☐ Social Security earnings or Supplemental Security Income statement
 - ☐ Disability or Worker's Compensation
 - ☐ Child Support or Alimony
 - ☐ Other annuity or retirement income statements
 - ☐ Bank Statements (last 3 months)
- ☐ If there are adults living in the household that are not employed, a notarized "verification of no income" form (included on last page of the application)
- ☐ If a homeowner, proof of ownership in property (Warranty Deed, Quitclaim Deed, or Title Opinion)
- ☐ Driver's license or identification card for applicant
- ☐ Social Security Card for applicant
- ☐ Blood Lead Level Test Results for children under age 6 or pregnant women occupying the home (optional)
- ☐ Proof of Homeowners Insurance (Declarations Pages from Insurance Company)



Questions, Forms & Required Documents can be returned to any of the following locations:

Organization Name	Mailing Address	Phone/ Email
City of Tuscaloosa 2201 University BLVD Tuscaloosa, AL 35401	Lead Hazard Abatement Program Habitat for Humanity 2222 9th Street, Suite 201 Tuscaloosa, AL 35401	(205)349-4629 ext 104 stephanie@habitatattuscaloosa.org or 205-248-5087 lead@tuscaloosa.com

Property Information			
Street Address:	City: Tuscaloosa	State: AL	Zip Code:
Has this property ever been inspected for lead? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the house been remodeled? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Has your home been painted? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe _____			
Type of Occupancy: <input type="checkbox"/> Renter Occupied (no HUD or other assistance) <input type="checkbox"/> Renter Occupied (subsidized by HUD or other) <input type="checkbox"/> Owner Occupied (no mortgage loan) <input type="checkbox"/> Owner Occupied with a mortgage loan (current on payments) <input type="checkbox"/> Owner Occupied with a mortgage loan (not current on payments) <input type="checkbox"/> Other _____	Age of Home: <input type="checkbox"/> Pre 1950 <input type="checkbox"/> 1950—1978 <input type="checkbox"/> Post 1978 <input type="checkbox"/> Don't Know	Type of Housing Unit: <input type="checkbox"/> House <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment <input type="checkbox"/> 4 or fewer units <input type="checkbox"/> 5 or more units <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	

Occupant Information (If Property is currently vacant, please write "VACANT.")

Occupant Name	Total Number Living in Household
Phone Number (Day)	Phone Number (Evening)
Email Address	Best Time to Reach You

Property Owner Information (If property is currently renter-occupied)

Primary Contact Name	Other Contact Name
Ownership Entity: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Mailing Address
Phone Number (Day)	Phone Number (Evening)
Email Address	Best Time to Reach You
Have you ever been cited for non-compliance with the lead disclosure law? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Information

I hereby declare the following person(s) live within my household for more than 51% of the time. Therefore this person or persons should be included in my household number and their income should be calculated into my household income.

Full Name	Birthdate	Age	Relationship to Applicant	Employed? Y/N	Full time student? Y/N

Children Under 6 Who Frequently Visit the Home (Program Requirement if a child under 6 does not live in home)

If a pregnant woman and/or child *under the age of 6* frequently visits your home--(defined as 3 hours a day on 2 separate days a week and/or a total of 60 hours per year)-- list them in the section below. (Information reported in this section will not impact status of household size.)

[illegible]

Lead Hazard Abatement Program Application 4

List employment information for all age 18 or over in household who work. If a household member has multiple jobs, all employment should be reported. By signing this application, you are authorizing Habitat for Humanity of Tuscaloosa and/or The City of Tuscaloosa to contact your employer for verification of your employment and reported income.

Household Employment Information (Please complete all fields.)			
Household Member Name:			
Hire Date:	Hourly Wage	Hours worked per Week	Average Monthly Income
How many hours of overtime do you usually acquire per pay period?			Rate of Pay: \$
Supervisor Name:			Email
Name and Address of Employer:			Business Phone

Household Employment Information (Please complete all fields.)			
Household Member Name:			
Hire Date:	Hourly Wage	Hours worked per Week	Average Monthly Income
How many hours of overtime do you usually acquire per pay period?			Rate of Pay: \$
Supervisor Name:			Email
Name and Address of Employer:			Business Phone

Household Employment Information (Please complete all fields.)			
Household Member Name:			
Hire Date:	Hourly Wage	Hours worked per Week	Average Monthly Income
How many hours of overtime do you usually acquire per pay period?			Rate of Pay: \$
Supervisor Name:			Email
Name and Address of Employer:			Business Phone

STATEMENT ON ELIGIBILITY AND PRIORITIZATION

Please initial by each statement as applicable.

FOR OCCUPANTS OF THE PROPERTY (renters or homeowners)	INITIAL
I understand that this program suggests that children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on the home, and that I will be required to submit documentation from a medical service provider that states the blood lead level of each child occupying the home. I understand that this information will be treated as confidential.	
I understand that program administrators may need confirmation of blood lead testing results, and I authorize the City of Tuscaloosa to obtain blood lead laboratory results for any children under the age of 6 of the home that received testing and share these results confidentially with authorized program representatives including the Alabama Department of Public Health.	
I understand that homes with children under 6 years of age or pregnant women with an Elevated Blood Lead Level will be given higher priority for program enrollment and scheduling of abatement activities.	
I understand that all occupants of the property may be required to temporarily relocate from the property while lead abatement activities are ongoing at the expense of the Program.	
I understand that program income eligibility for renters is 50 to 80 percent of Tuscaloosa's area median income, and for homeowners is 80 percent of Tuscaloosa's area median income, and I must provide approved forms of income documentation to demonstrate eligibility.	
I understand that the City of Tuscaloosa will review this application for eligibility, but that none of the information included in this application or its supporting documentation will be shared with any other party unless the applicant has been notified of the Privacy Practices of the agencies and given consent in writing to do so.	

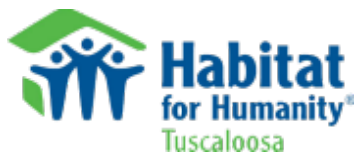
FOR OWNERS OF THE PROPERTY (homeowners or landlords)	INITIAL
I understand that Lead Safe Housing Registry will be used to track lead abatement and clearance activities of this and future lead programs in Tuscaloosa for all properties improved using public funding.	
I understand that I will be required to sign an agreement with the City of Tuscaloosa in order to participate in the Lead Hazard Abatement Program.	
(FOR LANDLORDS ONLY) By participating in the program, I agree to market the property to low income families with children under age 6 or pregnant women for a period of 3 years, and submit income verification documents to the City of Tuscaloosa during that period.	

Are property taxes paid up through the last billing cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the house/apartment owned by a federal, state, or local government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the house/apartment have at least one bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the property and/or tenant currently participating in a HUD program? If yes, which one? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Do you or the property owner have renter's insurance that covers theft and fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under the age of 6 living in the house full time? How many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under the age of 6 who is a regular visitor (at least two days per week, 3 hours per visit, and 60 hour per year year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a child under 6 living in or regularly visiting the home with a blood lead level of 5 or higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a pregnant woman living at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is there a woman living at this address between the ages of 16 and 45?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is this home being used as a daycare? If so, how many children attend? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If you are a tenant and currently renting, please list the monthly amount you pay for rent.	\$ _____ per month

CERTIFICATION

By signing below, I (we) certify that the income and household composition is correct to the best of my (our) knowledge and belief. I understand that by providing false information on income and household size, it will constitute a fraudulent action and my (our) application may be denied.

Owner/Landlord Name (Print):	Date:
Owner/Landlord Signature:	Date:
Tenant Name (Print):	Date:
Tenant Signature:	Date:



FEDERAL INCOME TAX /DECLARATION OF INCOME STATEMENT

Full Name: _____

Address: _____

City, State, & Zip _____

INCOME: List all household members 18 and older and their incomes. Include wages, salaries and tips, child support, military income, temporary income, Social Security, retirement, disability, other benefits and other income.

Full Name	Source of Income (list employer if applicable)	Frequency & rate of payment (monthly, weekly, hourly)	Monthly Amount

****If NO INCOME for an adult 18 and over, that adult must submit a signed and notarized NO INCOME form.****

Use space below to describe or explain additional income information:

By signing this form, I hereby certify that the above income household information is true and correct to the best of my knowledge and belief and certify that I have reported all sources of income.

****ONLY check next item if the applicant or co-applicant is NOT required to file taxes!*****

☐ I hereby certify that I am **NOT** required by law to file a Federal Income Tax return

Signature: _____ Date: _____

WARNING: I fully understand that misrepresenting financial information or making false statements in order to fraudulently qualify for the use of federal grant money is a violation of the False Claim Act and subject to prosecution.

AFFIDAVIT OF MISCELLANEOUS INCOME

Complete this Affidavit if you have no other document to explain miscellaneous income.
For unidentified bank deposits, list each amount, date of deposit and source of the income.

NAME: _____

DATE: _____

I _____, swear or affirm that the current monthly income of my household is
\$ _____.

Entry #1:

Amount: _____ Date of Deposit: _____

Regularity: One time Weekly Bi-Monthly Monthly

The source of this income is _____

Entry #2:

Amount: _____ Date of Deposit: _____

Regularity: One time Weekly Bi-Monthly Monthly

The source of this income is _____

Entry #3:

Amount: _____ Date of Deposit: _____

Regularity: One time Weekly Bi-Monthly Monthly

The source of this income is _____

Entry #4:

Amount: _____ Date of Deposit: _____

Regularity: One time Weekly Bi-Monthly Monthly

The source of this income is _____

Entry #5:

Amount: _____ Date of Deposit: _____

Regularity: One time Weekly Bi-Monthly Monthly

The source of this income is _____

I hereby certify that the statements provided in this affidavit are true and accurate to the best of my knowledge.

SIGNATURE

DATE

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code : _____

CERTIFICATION OF NO INCOME

To whom it may concern:

I hereby certify that I do not individually receive income from any of the following sources:

- Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Income derived from operation of a business or profession;
- Interest, dividends, and other income of any kind from real or personal property;
- Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay;
- Welfare assistance payments;
- Regular alimony and child support payments if received regularly; or,
- Regular pay, special pay and allowances of a member of the Armed Forces.

I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,

Signature

Date

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this ____ day of _____, 20____, within my jurisdiction, the within named _____, who acknowledged that (he)(she)(they) executed the above and foregoing instrument.

NOTARY PUBLIC

My commission expires:
