



CITY OF ELMIRA, NEW YORK
DEPARTMENT OF COMMUNITY DEVELOPMENT
City Hall, Third Floor
317 East Church Street
Elmira, New York 14901

LEAD HAZARD CONTROL - HEALTHY HOMES PROGRAM & LEADING IN LEAD Tenant Information Application

Dear _____

The owner of your rental unit _____ has applied to the Lead Hazard Control & Healthy Homes Grant. The program provides home owners with financial assistance to reduce lead hazards from their property.

For the owner to participate in Healthy Homes, you must fill out the following pages. You also must provide two forms of income documentation. All information you give to the City of Elmira will be kept confidential.

Please mail/email all completed forms and your income documentation to the City of Elmira or give it to your landlord. If you do not provide this information, the property cannot participate in the program.

If you need help with these forms, please call Linda Sowers at 607-737-5691. Photos of the documents are acceptable in lieu of mailing and can be emailed to: lsowers@cityofelmira.net

Please note: Households must not exceed the income limits listed below. Households receiving Section 8 automatically qualify (Please provide a copy of award letter). If your household meets the income guidelines, please provide all of the Required Resident Information listed below.

Family Size	80% AMI (LOW)
1 Person	\$49,600
2 Persons	\$56,650
3 Persons	\$63,750
4 Persons	\$70,800
5 Persons	\$76,500
6 Persons	\$82,150
7 Persons	\$87,800
8 Persons	\$93,500



Required Tenant Documentation:

1. **Photo ID** *for all adults in the household*
2. Copy of your most recent **1040 Federal Tax Return**
3. **Verification of all income** *for all adults in the household*
(example SSI, SSD, SS Retirement)
4. **Weekly Paystubs (2) Months**
5. **Bank Statements (2) Months**
6. **Tenant Applicant Intake Form**
7. **Signed Authorization to Release Form**
8. **Copy of Birth Certificate of Child Under Six** *Ages of all children*
9. Child Support Documentation if applicable
10. Section 8 Optional Contact Person form

Applications will not be processed until all required documentation has been submitted.





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Tenant Intake – Lead Hazard Control Program & Leading in Lead

Date _____

Name of Head of Household _____

Name of Co-Head of Household _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Email _____

Number of person(s) in household, including applicant and co-applicant: _____

Provide name, gender, birth date, relationship(s) of all household members, and student status:

Name	Date Of Birth	Race	Age	Relationship to Head of Household	Full-Time Student Yes/No

If extra space is needed, please use a separate piece of paper.

LIST ALL SOURCES OF INCOME AND AMOUNTS FOR ALL HOUSEHOLD MEMBERS

(Include SSI, SSD, PA, child support, alimony, pension, wages, unemployment, workers comp, etc.)

Name	Income Source	Amount \$ Gross	Frequency per (circle one)
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year
			Week - 2 weeks - month - year

If extra space is needed, please use a separate piece of paper.



STATISTICAL DATA

Federal and State Law prohibits discrimination on the basis of age, sex, race, and national or ethnic origin. The City of Elmira is committed to serving its community without discrimination and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, State, or Federal official in determining applicant eligibility for assistance.

ETHNICITY

- Hispanic/Latino
- Non-Hispanic

RACE

- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black
- Asian
- Asian & White
- Black/African American
- Black/African American & White
- Native Hawaiian/Other Pacific Islander
- White
- Other Multi-Racial _____

FEMALE HEAD OF HOUSEHOLD Yes No

ELDERLY Yes No

DISABLED Yes No

All information provided is confidential. All applications received will become the property of the City of Elmira’s Department of Community Development.

I (we) hereby apply for participation in the City of Elmira’s Lead Reduction Programs. I (we) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation.

I (we) hereby consent to and authorize the City of Elmira’s Department of Community Development to obtain verification of information required for compliance with the regulations of this program.

Head of Household Signature

Date

Co-Head Signature

Date





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Lead Hazard Control Healthy Homes & Leading in Lead Programs

AUTHORIZATION TO SHARE/RELEASE INFORMATION

I have applied for, or obtained, a loan or grant from the City of Elmira Department of Community Development. As part of this process, the City of Elmira Department of Community Development may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds.

I understand that any rights which I (we) may have to the contrary, pursuant to the privacy act, are hereby expressly waived for this purpose.

A copy of this authorization may be accepted as an original.

Applicant Name: _____
Property Address: _____
Phone Number: _____

Signature

Date

Signature

Date





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York 14901

Lead Hazard Control Program
Income Certification

Property Address:
Property Owner:

I, _____, the undersigned, who is an occupant at
_____ Elmira, New York, do not work or have any other form of income.

I hereby 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.

Tenant Signature

Date

Tenant Name (print)

Date

STATE OF NEW YORK)
CITY OF ELMIRA) ss:
COUNTY OF CHEMUNG)

On the _____ day of _____, in the year **2025**,
before me, the undersigned, a Notary Public in and for said State, personally appeared
_____ personally known to me or proved to me on the basis of
satisfactory evidence to be the individual whose name is subscribed to the within instrument and
acknowledged to me that he executed the same in his capacity, and that by his signature on the
instrument, the individual, or the person upon behalf of which the individual acted, executed the
instrument.

Notary Public/Commissioner of Deeds



City of Elmira
Department of Community Development
317 E Church Street
Elmira, NY 14901

Phone: (607) 737-5691

Fax: (607) 737-5696

Medical Release for Child Blood Lead Level

Release to be provided to the Chemung County Health Department

Program Information

The City of Elmira is coordinating and managing the Lead Hazard Control & HCR Programs in collaboration with the Chemung County Health Department. The Lead Hazard Control & HCR Programs will focus on residential property addresses with a history of lead-based paint hazards and/or children with elevated blood lead levels. The lead poisoning prevention activities will address the public health problem of lead poisoning with a focus on children under age-six and pregnant women.

Under the U.S. Department of Health and Human Services Privacy Policy Rule (Title 45 of the Code of Federal Regulations (CFR) Parts 160 and 164) and applicable state or local laws and regulation, the Office of Lead Hazard Control and Health Homes (OLHCHH) and its lead hazard control sub grantees (City of Elmira, Community Development), as well as NYS HCR (HTFC), are functioning as public health authority as defined by the Rule (45 CFR 164.501).

The New York State Department of Public Health Law requires that: Physicians/authorized providers who provide medical care to children or pregnant women shall screen or refer them for screening for elevated lead levels at the intervals and using the methods specified in such regulations (New York State Department of Health).

Under the City of Elmira's Lead Hazard Control & HCR Programs, lead blood levels will be maintained on file for all project activities to ensure that HUD & HCR program requirements and standards are maintained.

Medical Release Form

This form is allowing for the release of lead blood levels data maintained by the Chemung County Health Department to the City of Elmira, Department of Community Development. This data is solely for the purpose of HUD OLHCHH & HCR Grant programs and will be used for no other purpose nor shared with any other department or organization.

Name of Parent or Legal Guardian _____

Current Street Address _____

City _____ State _____ Zip _____

Parental Permission Form/Release

This Release shall remain in full force and effect until the Parent/Guardian notifies the City in writing of his/her desire to terminate this Release or until the participant attains the age of eighteen years, whichever first occurs.

I certify that that I am the parent or legal guardian of the child named below.

Name of Child _____

Age _____

Current Street Address _____

City _____ State _____ Zip _____

I certify that I have read and understood the foregoing release, and I am authorizing the Chemung County Health Department to share lead-blood level medical test information with the City of Elmira, Department of Community Development.

I join in the release without reservation. I further grant my full consent and authorization for the release of this medical data.

Signature of Guardian/Parent _____

Date _____