



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

LEAD HAZARD CONTROL and HEALTHY HOMES PROGRAM Owner Occupied Application

Dear Homeowner:

Please find attached the application as well as the documentation needed for 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. 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



EQUAL HOUSING
OPPORTUNITY

EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

Required 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. **Applicant Intake Form** *(enclosed)*
7. **Authorization to Release information** *(enclosed)*
8. **Copy of Birth Certificate of Child Under Six** *Ages of all children*
9. **Deed to Property**

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





**CITY OF ELMIRA, NEW YORK
DEPARTMENT OF COMMUNITY DEVELOPMENT**

City Hall, Third Floor
317 East Church Street
Elmira, New York 14901

Date _____

Homeowner Intake – Lead Hazard Control Program

Name of Head of Household _____ SS# _____

Name of Co-Head of Household _____ SS# _____

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	Race	DOB	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 \$	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 Rental Rehab Program. 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 in the program.

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

Lead Hazard Reduction Program & Healthy Homes

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



**City of Elmira Community Development
Lead Hazard Reduction Program & Healthy Homes
Owner Application**

DATE: _____

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: _____ Approximate year of initial construction: _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Part 2: Applicant Information

NAME OF APPLICANT _____ DOB _____ SS# _____
Individual, Partnership, Trust or Corp. (circle one)

APPLICANTS ADDRESS _____ EMAIL _____
No. and street

RACE _____ BUSINESS PHONE _____
City, State, Zip

If more than one Owner, complete the following section.

SECOND APPLICANT _____ DOB _____ SS# _____
Individual, Partnership, Trust or Corp. (circle one)

APPLICANTS ADDRESS _____ EMAIL _____
No. and street

RACE _____ BUSINESS PHONE _____
City, State, Zip

If additional owners, please attach a separate sheet or continue below 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? _____

If not, please explain: _____

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

If not, please explain: _____

Are you and other owner(s) current on all **State and Federal Taxes** and assessments on the property? _____

If not, please explain: _____

Have you or any other owner(s) filed for **bankruptcy** during the past 5 years? _____

If yes, please explain: _____

Are you or any other owner(s) willing to contribute your own funds to the abatement effort? Landlords are required to assist by paying 10% of the cost of the project. _____

A credit report will be completed prior to awarding grant money to this project. Please have all owners initial acceptance to this policy. _____

Part 4: Conflict of Interest

Is there any member(s) of the applicant's family or business who are a City employee, consultant, or member of City Council?

Yes No

If yes, please list the name (s) below

If yes, please identify on a separate sheet of paper the City employee, consultant or member of City council with whom each individual has family or business ties.

Are there any young children with elevated blood lead levels (**EBL**) residing in the building? _____
Has the property ever been tested for lead-based paint? ____ When? ____ If yes, did it test positive? _____
Do you have a code or lead order? _____ If yes explain _____ Date: _____

CERTIFICATIONS

The undersigned hereby makes a preliminary application to the City of Elmira Community Development Office (the "City") for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by the City. The undersigned further agrees to permit the Abatement of lead paint in the property by a contractor approved by the City through a selection process.

The undersigned certifies that the property to be improved with the Lead Hazard Reduction Program & Healthy Homes 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.

All Lead-Safe dwellings created under this program will be placed on a list accessible to all City Departments. Other agencies will have access to this list, including; Community Health Center, Department of Child & Families Services, City of Elmira Housing Authority and other pertinent agencies. The undersigned agrees that the information be accessible as specified to the above departments and agencies.

**City of Elmira Community Development
LEAD HAZARD REDUCTION PROGRAM
317 E Church St, Elmira, NY 14901**

The City of Elmira has provided a copy of their Policy and Procedures Guidance for the Lead Hazard Control Grant.

The undersigned understands that failure to comply with Lead Hazard Reduction Program & Healthy Homes requirements may result in recapture, by the City, 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

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 Program in collaboration with the Chemung County Health Department. The Lead Hazard Control Program 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 subgrantees (City of Elmira, Community Development), 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 Program, lead blood levels will be maintained on file for all project activities to ensure that HUD 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 Grant program 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 _____