



# Lead-Safe & Healthy Homes Program Homeowner/Tenant Application

## **Required Documentation Checklist**

Submitting a complete application will allow us to process your application more quickly. Please contact our office at 208-234-6255 if you have any questions, or need help making copies.

### ✓ **Completed and signed application form.**

Please be sure the tenant/resident information page is **completely** filled out, including names of **all** residents, ages, date of birth, income, and signatures.

### ✓ **Information from the property owner:**

**Mortgage.** A copy of the current mortgage *and* proof of mortgage satisfaction *or* a letter from the mortgage lender demonstrating that the mortgage is paid and current.

**Insurance.** The declaration page of the homeowner's insurance policy.

**Flood Insurance.** (If applicable)

### ✓ **Information from unit residents/tenants:**

**Birth Certificates.** Copies of birth certificates for all children under the age of six that reside in or regularly visit the home.

**Occupant IDs.** Copies of identification for all adults currently reside in the household.

Verification of Visiting Child form. (If applicable)

A doctor's note if the qualifying resident is a pregnant woman.

**Proof of income for all residents.** Proof of income may include the most recent 2 months' paystubs, SSI or public assistance statements, child support documentation, etc.

**Tax Returns.** Most recent 2 years of tax returns or non-filer information.

### ✓ **Blood Lead Tests:**

All children under the age of 6, including visiting children, will need to be blood lead tested prior to the start of lead hazard control work (within 6 months of work starting). Parents should contact their Primary Care Physician to obtain current blood lead tests.



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## Income eligibility

### Pocatello, ID MSA HUD Lead Hazard Control Program FY 2018 Income Limits Summary

FY 2018 Income Limit Category	Family Size							
	1	2	3	4	5	6	7	8
<b>Low (80% AMI) Income Limits</b>	\$32,100	\$36,700	\$41,300	\$45,850	\$49,550	\$53,200	\$56,900	\$60,550

- Eligibility for the HUD Lead Safe & Healthy Homes Program is based on the individuals residing in the dwelling unit.
- Units must house children *under the age of six* and/or a pregnant woman to qualify for the program.
- Occupied Rental Units (4 units or less):
  - Occupants income must be at or below 80% AMI
- Single-Family Owner-Occupied and Rental Units
  - Occupants income must be at or below 80% AMI



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*Please complete one application per dwelling unit (apartment or home).*

### **Project Property Unit Information**

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Single-Family Dwelling? Yes  No  Number of Dwelling Units in Building: \_\_\_\_\_

Owner Occupied? Yes  No  Rental Property? Yes  No  Vacant? Yes  No

Year of Building Construction? \_\_\_\_\_ Type of Exterior (e.g. vinyl, wood, brick, stucco): \_\_\_\_\_

Number of original/wood windows in unit: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

**\*Please provide copies of all receipts referenced in the following section.**

Are all property taxes paid/current? Yes  No  Are water bills paid/current? Yes  No

Is Mortgage current? Yes  No  Mortgage Satisfied Date: \_\_\_\_\_ N/A

Can occupant provide proof of ownership? Yes  No  N/A

Is property located in a floodplain? Yes  No

If "Yes," is property insured against flooding? Yes  No

Name of Homeowners insurance company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Has the property ever had lead-paint hazard reduction work? Yes  No

Date of work performed, if known: \_\_\_\_\_

Is the property currently enrolled in any other type of repair or rehab program? Yes  No

If so, identify: \_\_\_\_\_

Are you planning any rehabilitation work on this property in the near future? Yes  No

If so, explain: \_\_\_\_\_



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### Property Owner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Is your ownership: Individual  Corporation  Partnership  LLC  Other  \_\_\_\_\_

Property Manager/Representative's Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Is the property owner a City of Pocatello Employee? Yes  No

Does the property owner have a relationship with the City of Pocatello, the Pocatello Lead Hazard Control

Program, or a Pocatello City Employee? Yes  No  If yes, explain: \_\_\_\_\_

### Household Members/Resident Tenant Information Unit # \_\_\_\_\_

If applicable: Lease expiration date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

1. Is there a child under 6 living there full-time? Yes  No

If "Yes," please list child ages: \_\_\_\_\_

**\*Please attach copies of birth certificates for all children under the age of 6.**

2. Is there a child under 6 who is a **regular visitor but does not live there** (for at least 6 hours per week, 10 weeks per year)? Yes  No

**\*A Visiting Child Certification Form is required.**

3. Is there a pregnant woman living there? Yes  No

**\*Verification of pregnancy is required.**

4. If lead hazards will be removed from the house, will members of the household have a place to go (for about 10 days)? Yes  No  Where? \_\_\_\_\_



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## Household Members/Resident Tenant Information

**\*PROOF OF ALL RESIDENT/TENANT INCOME IS REQUIRED.**

**\*ALL CHILDREN UNDER AGE 6 MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS. Parents should contact their Primary Doctor for testing.**

**Household Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Unit #** \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

**(For additional residents please attach a new sheet of paper)**

Is any resident listed above a City of Pocatello Employee? Yes  No

Does any resident have a relationship with the City of Pocatello, the Lead Safe & Healthy Homes Program, or a City of Pocatello Employee? Yes  No

If yes, explain: \_\_\_\_\_

**I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete. I agree that the withholding of any pertinent information may result in denial of services by the City of Pocatello or reimbursement of grant funds by the homeowner to the City of Pocatello Lead Safe & Healthy Homes Program.**

Owner/Landlord Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

City Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Lead Hazard Blood Test Release Form

It is recommended that all children under six years of age have their blood lead level tested prior to lead 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 health care provider or local health department to arrange for a test.

Blood lead level tests are also recommended for all children under the age of six years within three (3) months following the completion of all lead hazard control work in the home.

Please check one of the following which best describes your child’s/ children’s experience.

\_\_\_\_\_ My child/children under the age of six years **has/have had** their blood lead levels checked in the past three (3) months. Please identify test provider and date of test.

\_\_\_\_\_ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

\_\_\_\_\_ My child/children under six years of age **has/have not had** their blood lead levels tested in the past three (3) months and I agree to have them tested at this time.

\_\_\_\_\_ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

\_\_\_\_\_ I choose not to have my child/children under the age of six years tested for elevated blood lead levels at this time.

I/ We voluntarily disclose this information. I/We understand that disclosure of this information is not required, but recommended, for participation in the Lead Safe & Healthy Homes Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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



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## Visiting Child Verification Form

I \_\_\_\_\_ certify that \_\_\_\_\_ / /  
Applicant Child's Name DOB

(a child under the age of six) spends a \*significant amount of time visiting the  
property located at: \_\_\_\_\_  
Address

\*Significant is defined as "At least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits at least 60 hours."

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Relationship to Applicant