

Lead Hazard Rehabilitation Demonstration Grant Housing Program HOMEOWNER APPLICATION

When completed mail to
**LHRD Grant
Housing Program**

2001 South State Street S-2100
PO Box 144575
Salt Lake City, Utah 84114-4575
Or fax to 385-468-4894 or email cdyksman@slco.org

For more information call 385-468-4892



Lead Hazard Rehabilitation Demonstration Grant Program

Homeowner Eligibility and Requirements

APPLICATION PACKET

Does the following information apply to your home?

1. Built prior to 1978
2. Potential lead based paint hazards (deteriorating lead paint, worn windows, etc.)
3. Household income is at or below 80% of the area median adjusted for family size (see table below)
4. Ownership of home can be verified
5. Child/children under six years of age live in or frequently visit (at least 6 hours per week or 60 hours per year) and/or a pregnant woman lives in the home

| 2015 Household Income Adjusted for Family Size | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 80% | \$41,350 | \$47,250 | \$53,150 | \$59,050 | \$63,800 | \$68,500 | \$73,250 | \$77,950 |

If you answered "yes" to questions 1-5 - you are eligible. Please continue.

This Grant application includes:

- Income disclosure and verification forms.
- Certification forms for resident children under the age of six and children under the age of six who visit often, at least 6 hours per week or 60 hours per year.
- Release forms for lead testing of children.

Please review this packet carefully and fill out and sign the grant application if you are interested in pursuing a grant from Salt Lake County to have the lead based paint hazards in your home controlled.

Steps:

1. After we receive the Grant Application we will review it for eligibility. You will be notified whether you are eligible to receive assistance.
2. If eligible we will schedule a site visit with you. When we visit your home we will do a visual assessment for cracked, peeling paint and potential lead based paint hazards.
3. If the visual assessment identifies potential lead based paint hazards we will schedule a lead based paint inspection. The consultant will use an XRF machine to determine if lead based paint is present.
4. If lead based paint is present, a risk assessment will be prepared to analyze the degree of hazards that exist in the home.
5. Based on the risk assessment, a scope of work will be prepared. Upon your acceptance of the scope of work, a bid packet will be prepared. LHRD will coordinate in scheduling a bid walk-through by LSHP qualified contractors and will review bids for reasonableness.
6. Your application for funding will be reviewed by an LHRD grant approval committee. The funding may be amount approved, changed or denied based on the program requirements and the need of the project. If you do not meet the program requirements you may be turned down.

This document may need to be shared with partner organizations to enable you to get as much assistance as possible. We will ask for your permission BEFORE sharing any information with another organization.

The County does not discriminate on the basis of race, color, national origin, sex, or religion. No qualified individual with disabilities shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by this agency. The County will also provide meaningful access to services for Limited English Proficiency (LEP) persons.

Required Documents- these must be completed, signed and submitted:

Your Lead Hazard Rehabilitation Demonstration Grant Housing Application Checklist

Provide copies of:

- Income verification (for all household residents 18 years of age and older)
 - 2 months (8 weeks) of most recent pay check stubs for all household residents
 - If anyone in the household receives Social Security or Disability:*
 - 2 months of SSI payments (can submit bank statements, or annual letter)
 - 2 months of Disability Payments (can submit bank statements, or annual letter)
- Home owner's insurance certificate or other verification of homeownership

Return ALL Application forms signed and dated:

- Home Owner Application – LHRD 1.0 (sign on page 3)
- Income Disclosure Form – LHRD 1.1 (sign on page 4)
- Homeowner Testing and Remediation Agreement – LHRD 1.2 (sign on page 5)
- Blood Lead Testing Information – LHRD 1.3 (sign on page 6)
Or if there is a child who visits, but does not live in the home sign
Blood Lead Testing Information for Non-Resident – LHRD 1.4 (sign on page 7)
- Race and Ethnic Disclosure Information – LHRD 1.5 (does not need signature)

Please note that your application can be returned if not submitted with all of the above documentation.

Lead Hazard Rehabilitation Demonstration Grant Housing Program

LHRD-1.0

Homeowner Application

Date: ____/____/____

Year Home Built: _____

Property address: _____ City _____ ZIP _____

Applicant name: _____

Is this your primary residence? ___Y ___N

Phone number: _____ Email address: _____

Property in name of: _____ Relationship to applicant: _____

Will additional owners sign documents for work to be performed? ___Yes ___No

Name/Address/Phone number for additional owners: _____

Total number of people living in home: _____

Does a pregnant woman live in the home? _____

The applicant (s)/owner (s) certify that a child or children under the age of six lives in the home. List all children under the age of 6 (six): _____ initials of applicant

Name _____ Age and date of birth: _____/____/____

Name _____ Age and date of birth: _____/____/____

Name _____ Age and date of birth: _____/____/____

Name _____ Age and date of birth: _____/____/____

List all children under the age of 6 that visit: (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):

Name _____ Age and date of birth: _____/____/____

Name _____ Age and date of birth: _____/____/____

Name _____ Age and date of birth: _____/____/____

Are there any young children with elevated blood lead levels (EBL) residing in the building?

Yes No

Has the property ever been tested for lead-based paint?

Yes No When? _____

If yes, did it test positive for lead? Yes No

By signing this application, I verify that the information contained in this application is accurate and complete.

Homeowner's signature

Date

Homeowner's signature

Date

Lead Hazard Rehabilitation Demonstration Grant Program

LHRD-1.1

Income Disclosure

Household Name: _____

The goal of the Lead Safe Salt Lake ("LHRD") Housing Program is to provide grants to property owners to reduce lead poisoning by controlling lead based paint hazards that may exist. With a grant from LHRD, your house may qualify for new windows and repair of chipped and peeling paint.

Lead based paint may be found in buildings built before 1978 and can poison children. Paint chips can peel from the walls and windows and find their way into your child's mouth. Your child can also inhale dust particles from the paint. This can lead to health, behavior, and learning problems for young children especially under the age of six.

INSTRUCTIONS:

This form must be completed by the occupants of any house for which assistance to reduce paint hazards is being requested from Salt Lake County.

Please provide a copy of pay stubs of the past 2 month's income for all employed occupants of home over the age of 18. Please also provide documentation of any other household income (Social Security income, Disability/SSI, etc.).

List all occupants living in the household over the age of 18 years:

_____ Annual Income: _____
_____ Annual Income: _____
_____ Annual Income: _____
_____ Annual Income: _____
_____ Annual Income: _____

_____ The homeowner certify that a child or children under the age of six live in the home. List all children under the age of 6 (six) that live in the home.
(Initial)

The homeowner certify that a child or children under the age of 6 (six) live in the apartment/home. List all children under the age of 6 (six) that live in the home:

| Name | Relationship | Date of Birth | Sex | Age |
|------|--------------|---------------|-----|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

List all children under the age of 6 (six) that visit (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):

| Name | Relationship | Date of Birth | Sex | Age |
|------|--------------|---------------|-----|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

I 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.

Signature: _____ Date: _____

How did you hear about the program? _____

Lead Hazard Rehabilitation Demonstration Grant Program
LHRD-1.2

The undersigned hereby makes a preliminary application to the Lead Safe Salt Lake ("LHRD") Housing Program for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by LHRD and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by LHRD. The undersigned further agrees to permit the abatement of lead paint in the property by a LHRD approved contractor.

I understand that LHRD or Salt Lake City Corporation will undertake lead based paint testing on my home. If the test results reveal lead based paint hazards, I understand that the scope of work will include the work necessary to make my home lead safe. Lead safe means that lead based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were identified. I will receive a copy of the risk assessment and clearance test upon their completion.

The applicant(s)/owner(s) agree that LHRD or Salt Lake City Corporation can perform an inspection of the premises to determine the presence of lead based paint hazards. Performing the inspection does not obligate Salt Lake County to award the grant. The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead based paint inspections and lead hazard control work must be disclosed if the home is sold or leased.

The applicant(s)/owner(s) further agree that Salt Lake County will not be held liable for any damages that may occur as a result of the said inspection and subsequent disclosures.

I have read and agree with the above information regarding lead inspections/risk assessments, clearance testing, disclosure, lead hazard control, and ongoing lead hazard monitoring.
The undersigned understands that failure to comply with LHRD requirements may result in repayment, by landlord/property owner for monies advanced.

WAIVER

The undersigned acknowledges the role of Salt Lake County in connection with LHRD is that of a funding source, and that Salt Lake County is not responsible for the selection, supervision, or performance of firms or persons not employed by County who provide lead abatement and mitigation services at the undersigned's property. The undersigned agrees to release and hold Salt Lake County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the performance of lead mitigation and abatement services on the undersigned's property, and releases Salt Lake County and its officials, agents, servants, and employees and any of their successors from any such claims. The undersigned understands and agrees that Salt Lake County is an intended beneficiary of undersigned's agreement to waive and release claims as set forth herein and that undersigned's agreement is a condition precedent to the use of funding provided by Salt Lake County.

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 of Homeowner: _____

Signature of Homeowner: _____

Date: _____

LHRD 1.2

LHRD-1.3
Blood Lead Testing Information

PROGRAM INFORMATION

If your house is determined to have lead hazards, the Lead Safe Salt Lake (“LHRD”) Housing Program will provide blood lead testing for children under the age of 6 (six) before work begins, and again after the work is completed. The test can be done by appointment in the convenience of your home by LHRD. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

If the homeowner or other resident of the household is the parent/legal guardian of a child under the age of 6 (six) who is also a resident of the household, they must sign below and indicate whether or not they agree to allow the child or children under 6 (six) years of age to have their blood tested for lead poisoning. There is no cost for this test, which consists of the collection of a drop of blood from a pinprick on a finger.

List Children under the Age of 6 Who Reside in the House

| Name | Relationship | Date of Birth | Sex | Age | Phone No. |
|------|--------------|---------------|-----|-----|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

**AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD
POISONING RESULTS**

Salt Lake County (“County”) will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 10 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LHRD program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarions. The LHRD staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

PRIOR BLOOD LEAD POISONING TESTING:

My child or children under 6 (six) years of age has/have been tested for lead poisoning within the last 6 (six) months:

- Yes No (If yes, please attach a copy of the test results to this contract.)

Test results must be submitted before lead hazard control work can begin.

AGREEMENT TO BLOOD LEAD POISONING TESTING (CHECK ONE):

- I WOULD like to have my child or children under 6 (six) years of age tested for lead poisoning.
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. I DO NOT WISH to disclose the test results.
- I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have any child or children under 6 (six) years of age tested for lead poisoning.

WAIVER

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

Printed Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ Date: _____

Lead Hazard Rehabilitation Demonstration Grant Program

LHRD-R-1.4

Blood Lead Testing Information – Non-Resident

NON-RESIDENT PARENTAL CONSENT

Property Address: _____

Parent / Guardian's Name: _____

Parent / Guardian's Address: _____

Parent / Guardian's Phone Number: _____

PROGRAM INFORMATION

The owner of the property listed above has applied for funding from Salt Lake County ("County") to control lead based paint in their home/apartment. Your child has been identified as one who visits this home/apartment on a regular basis or for a significant period of time. Because deteriorating lead based paint can have significant impact on a young child's development, federal regulations require that we receive your consent to test children under age six for lead poisoning before the lead hazard control work is performed. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

List all children under the age of 6 (six) that visit (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):

| Name | Relationship | Date of Birth | Sex | Age | Phone No. |
|------|--------------|---------------|-----|-----|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD POISONING RESULTS

County will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 10 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LHRD program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarians. The LHRD staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

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Yes No (If yes, please attach a copy of the test results to this contract.)

Test results must be submitted before lead hazard control work can begin.

AGREEMENT TO BLOOD LEAD POISONING TESTING (CHECK ONE):

- I WOULD like to have my child or children under 6 (six) years of age tested for lead.
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. I DO NOT WISH to disclose the test results.
- I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have any child or children under 6 (six) years of age tested for lead poisoning.

WAIVER

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

Printed Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____ Date: _____

Lead Hazard Rehabilitation Demonstration Grant Program

LHRD-1.5

Race and Ethnic Disclosure Information

Please provide the following information for the people in your household.

1. Age_____ Sex _____ Race _____ Hispanic? Y__N__
2. Age_____ Sex _____ Race _____ Hispanic? Y__N__
3. Age_____ Sex _____ Race _____ Hispanic? Y__N__
4. Age_____ Sex _____ Race _____ Hispanic? Y__N__
5. Age_____ Sex _____ Race _____ Hispanic? Y__N__
6. Age_____ Sex _____ Race _____ Hispanic? Y__N__
7. Age_____ Sex _____ Race _____ Hispanic? Y__N__
8. Age_____ Sex _____ Race _____ Hispanic? Y__N__
9. Age_____ Sex _____ Race _____ Hispanic? Y__N__
10. Age_____ Sex _____ Race _____ Hispanic? Y__N__

Race

1 - White

2 - Black/African American

3 - Asian

4 - American Indian/Alaskan Native

5 - Native Hawaiian/Other Pacific Islander

6 - American Indian/Alaskan Native & White

7 - Asian & White

8 - Black/African American & White

9 - American Indian/Alaskan Native & Black/African American

10 - Other Multi-Racial