



**Schenectady Lead Safe Housing Program**  
**107 Nott Terrace, Suite 300**  
**Schenectady, New York 12308-3170**  
**Telephone: (518) 386-2818 Fax: (518) 386-2822**

**INITIAL APPLICATION CHECKLIST– Owner Investor**

**(Please read through entire application, complete items 1-7, and then initial in the provided spaces.)**

Lead staff can provide assistance prior to submitting an application to make sure that all applicable items will be submitted. Lead Staff will review all applications for completeness and will return incomplete applications.

- 1) \_\_\_\_\_ Completed Application (Pages 1-4), signed by the owner(s) and certifying that:
  - (1) All information is true and correct
  - (2) Authorizes the Agency to verify the information provided
  
- 2) \_\_\_\_\_ A copy of your recorded deed to the property must be turned in with your application.
  
- 3) \_\_\_\_\_ Evidence of adequate property insurance, including flood insurance if required must be provided with the **City of Schenectady listed as a Loss Payee or Mortgagee on your policy as follows:**

Schenectady Lead Safe Housing Program  
 105 Jay St  
 Schenectady, NY 12305
  
- 4) \_\_\_\_\_ A copy of your Property Tax receipt for prior twelve months must be turned in with your application.
  
- 5) \_\_\_\_\_ A copy of your Mortgage Statement showing principal (paid to date), interest and escrow amounts must be turned in with your application.
  
- 6) \_\_\_\_\_ Each tenant **MUST** fill out a Tenant Information Form and **MUST** provide proof of ALL household income **4 current pay stubs and a copy of the most recent Federal Income Tax Return with all attachments, including W-2s, (SSI or Disability statements if applicable).**
  
- 7) \_\_\_\_\_ Release form for Blood Lead Test for each tenant with children under the age of six.

If this property is accepted into the Schenectady Lead Safe Housing Program, several activities will take place, consisting of, but not limited to: First, a consultant (ATC) will conduct a lead inspection risk assessment. This inspection will identify surfaces that contain lead-based paint hazards. Next, a Risk Assessor will utilize that report while at the property and create a work write-up. The work write-up will then be submitted to the State for their review. Upon receipt (~30 days from submission), the project will be put out to bid, and then work will start about one month later. Program staff will conduct an inspection after the work is completed to measure the effectiveness of the remediation. Residents may contact the owner if they wish to review the work to be done. The entire process takes an *average* of six months to complete, but that timeframe can vary due to many circumstances.

<b><i>(FOR OFFICE USE ONLY)</i></b>	
<b>APPLICATION #:</b> _____	<b>DATE RECEIVED:</b> _____

Administered by Schenectady County Public Health Services on behalf of the City of Schenectady





**PROPERTY INFORMATON**

1) Property Address \_\_\_\_\_

City Schenectady State NY Zip Code \_\_\_\_\_

2) Number of Living Units \_\_\_\_\_

3a) House built before 1978? YES NO      3b) Year house was built? \_\_\_\_\_

4) Existing Mortgage? YES NO if yes,

Name Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5) Mortgage: Monthly Payment \$ \_\_\_\_\_

a) Mortgage payment includes Property Tax?  YES  NO

b) Mortgage payment includes Homeowners Insurance?  YES  NO

6) Is this property subject to a HUD or EPA Lead Disclosure enforcement action?  YES  NO

**PROPERTY CHARACTERISTICS**

1) Are you currently completing rehabilitation or repairs on the property:  YES  NO

2) Building Type:                      Frame:                       Brick Veneer:                       Masonry:

3) Building Height:                      One Story                       Two Story                       Three Story

4) In the table below, please indicate rent charged for each unit, are utilities included, number of bedrooms, and whether occupied or vacant:

Unit #	Rent per month	Section 8 Yes or NO	#of bedrooms	Occupied = O Vacant = V	Location by floor (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> etc)

**APPLICATION CERTIFICATIONS**

**PLEASE READ THE FOLLOWING STATEMENTS, AND THEN INITIAL NEXT TO EVERY STATEMENT**

- 1. The applicant certifies all information in this application is true to the best of his or her knowledge and belief. The applicant realizes that any wrongful information knowingly provided for the qualifying for this program *will disqualify me from receiving any assistance and may subject me to criminal prosecution.* **Initial** \_\_\_\_\_
- 2. The applicant understands that program staff and contractors performing the work will require entry to the unit(s) numerous times throughout the project. It will be necessary for you or your property manager to assist in coordinating access. Without access, the work cannot be completed as specified in your contract and the program will have to drop you from consideration. **Initial** \_\_\_\_\_
- 3. The City of Schenectady is further authorized to perform such verifications of any source named in this application including credit, banking, pensions, employment, etc, as necessary. **Initial** \_\_\_\_\_
- 4. For grant funds to assist **rental units** in this property; I agree to rent to families with incomes **below 50%** of the Schenectady area median income for not less than 3 years following the completions of lead hazard control activities and **shall give priority to families with children under 6 years of age.** **Initial** \_\_\_\_\_
- 5. The applicant agrees to retain the property described in this application for a period of three years. If the property is sold within three (3) years of the date that the Grant Agreement is signed, or in the event of default the entire sum of the Lead grant award will be payable to the City of Schenectady. **Initial** \_\_\_\_\_
- 6. Property insurance listing The City of Schenectady (Lead Safe Housing Program) as additional insured must be maintained in good standing for the full 3-year period from the date the Grant Agreement is signed. **Initial** \_\_\_\_\_
- 7. Owner will be responsible for contribution if cost per unit exceeds \$12,000.00  
**Initial** \_\_\_\_\_

\_\_\_\_\_  
**Property Owner (please print name)**

\_\_\_\_\_  
**Property Owner (please print name)**

\_\_\_\_\_  
**Property Owner's Signature**

**Date**

\_\_\_\_\_  
**Property Owner's Signature**

**Date**

\_\_\_\_\_  
**Property Address**

\_\_\_\_\_  
**Received by**

**Date**



**2021 HUD Income Guidelines**

**Effective 4/5/2021**

- 1) For owner-occupants, **all units assisted with grants shall be the principal residence of families with income at or below 80 percent of the area median income level** and not less than 90 percent of the units assisted with grants under this section shall be occupied by a child under the age of six years or shall be units where a child under the age of six years spends a significant amount of time visiting;
- 2) For rental property, at least **50% of the units must be occupied by or made available to families with incomes at or below 50%** of the median income and the **remaining units shall be occupied or made available to families with incomes at or below 80%** of the area median income level. In all cases the landlord shall give priority in renting units assisted to families with children under the age of six years.

**80% median is as follows:**

<u>Household Size</u>	<u>Maximum Income</u>
1	\$53,550
2	\$61,200
3	\$68,850
4	\$76,500
5	\$82,650
6	\$88,750
7	\$94,900
8	\$101,000

**50% median is as follows:**

<u>Household Size</u>	<u>Maximum Income</u>
1	\$33,500
2	\$38,250
3	\$43,050
4	\$47,800
5	\$51,650
6	\$55,450
7	\$59,300
8 (and upwards)	\$63,100