



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 FOR LEAD – Owner Occupied

Please use the following checklist to ensure that all required documentation is handed in with completed application. Schenectady Lead Safe Housing 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 1-10), 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 must be listed as a Loss Payee or Mortgagee on your policy as follows:

Schenectady Lead Safe Housing Program
 105 Jay Street
 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) _____ Homeowner’s most recent signed Federal Income Tax Return **with all attachments including W-2’s** and last 4 current pay stubs received from all sources of income.

- 7) _____ If you have a tenant they are required to fill out Tenant Information Form and must provide proof of **all** income **(4 current pay stubs and a copy of the most recent Federal Income Tax Return with all attachments, including W-2s).**

- 8) _____ Release form for Blood Lead Test for each owner/tenant with children under the age of six.

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





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OWNER(S) INFORMATION

1) Owner(s) Name _____

Owner(s) Name _____

2) Address _____

City _____ State _____ Zip Code _____

3) Telephone Numbers: _____

Home

Work

Cell

4) Email address: _____

OWNER'S EMPLOYMENT INFORMATION

Head of household

1) Name: _____

2) Employer: _____

3) Employer's Address: _____

4) Occupation: _____ 5) Years Employed: _____

Spouse

1) Name: _____

2) Employer: _____

3) Employer's Address: _____

4) Occupation: _____ 5) Years Employed: _____





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PROPERTY INFORMATION

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 Homeowner insurance? YES NO

PROPERTY CHARACTERISTICS

1) Are you currently doing rehabilitation or repair on the property: YES NO

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

3) Building Height: One Story Two Story Three Story

4) Indicate below rents 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 st , 2 nd , 3 rd etc)



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APPLICATION CERTIFICATIONS

PLEASE INITIAL NEXT TO EVERY STATEMENT BELOW

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 made 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 grant award will be payable to the City. **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





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TO BE COMPLETED BY HOMEOWNER

This information will be kept *strictly confidential* and will only be used to determine eligibility.

The primary goal of this Program is to reduce the hazards posed to children from lead paint in homes. Information on the hazards of lead paint is available upon request.

For children in your household under six (6) years of age, it is necessary that they be screened for blood-lead levels, within six **(6) months of this date and within 60 days after the completion** of the lead remediation. If this screening is not covered by your insurance, please contact Carissa Bastiani or Valleen Blanchet at (518) 386-2818 for information on blood lead screening and the hazards of lead paint.

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), 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.

Notice of Non-Displacement & Temporary Relocation

If assistance is provided to the owner and the unit or building in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. You are protected from displacement by the Federal Uniform Relocation Assistance and Real Property Acquisition Policies of 1970, as amended. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

Federal Guidelines require that no one may occupy the dwelling unit during the process of Lead-based paint hazard controls. **It may be necessary to leave your home from 8am to 5pm**, while lead work is being completed. If you foresee any difficulties in following this portion of the procedure, please contact the Program Manager at (518) 386-2818 as soon as possible. Someone from the lead program will contact you to discuss the need and timing of temporary relocation.

In order to proceed with this application, please complete the attached **Resident Information Form** and return directly to: Schenectady Lead Safe Housing Program 107 Nott Terrace – Suite 300, Schenectady, NY 12308

If you have any questions about completing the attached form or about the lead Program, please contact Carissa Bastiani or Valleen Blanchet at (518) 386-2818.

Once the work has been complete a referral will be generated to the Home Safe Home Program (see enclosed brochure) if you are not interested, please check here. _____





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OWNER INFORMATION FORM

Instructions: This form must be **completed by the OWNER** occupying property for which assistance is being requested from the Schenectady Lead Safe Housing Program to reduce lead paint hazards. Please list all occupants below. It is necessary to determine income eligibility for lead assistance; please provide your yearly family/household income from all sources, including income from employment, pensions, social security, AFDC, SSI, alimony/child support, workers compensation, and interest on savings accounts and other assets.

1) Property Address: _____

City: Schenectady State: New York Zip code: _____ Unit or Apt # _____

2) Telephone #: _____
 Home Work Cell

3) Number of Bedrooms in Apartment: _____ 4) Number of Household Members: _____

5) Household members and income:

Names of Household Members (including Head of Household)	Relationship to Head of Household (ex: son, daughter)	Social Security Number	Medicaid Number	Race	Sex	DOB	Annual Income
				Total Household Income \$ _____			

6) Gross Household Income (From last year's tax return): \$ _____

PROOF OF INCOME MUST BE PROVIDED

- **Copy of the most recent Federal Tax Return with all Attachments (including W-2's)**
- **Four (4) current pay stubs**
- **Attachment A - Income Information**

7) Length of residency at present address: _____

8) Monthly mortgage: \$ _____



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OWNER INFORMATION FORM Continued

10) Do you currently receive rental assistance (Section 8 or other)?
 YES NO **If yes, how much do you receive each month?** _____

11) Has each child in your household under 6 years of age been screened for **blood-LEAD levels** within 6 months before this date: YES NO

12) a. Are there any women of childbearing age present in the home? YES NO

b. Are there any women currently pregnant? YES NO

13) Do any household members have a physical disability? YES NO
Please specify: _____

14) In order to proceed with this application, you are required to certify the following:

1. I hereby certify that all the information given above is true and complete to the best of my knowledge and belief. I authorize Schenectady Lead Safe Housing Program to obtain additional information and verification as may be necessary.
2. For children in my household under six (6) years of age, I agree that I will have them screened for blood-lead levels within six (6) months before this application and **within 60 days after** completion of the lead remediation.
3. The Lead Program is required to report to the U.S. Department of HUD the number of children under age 6 that will be protected in all units receiving lead assistance. Please answer the following questions:
 - Do you have any children under the age of 6 that **spend a significant amount of time visiting**?
 YES NO

Owner's Signature **Date** **Owner's Signature** **Date**

OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

Income Eligibility Determination:
a. Household Income is at or below:
____ (1) 80% of the area median income
____ (2) 50% of the area median income
____ (3) Unit(s) are currently vacant

Lead Program Signature **Date**



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ATTACHMENT A

INCOME INFORMATION (For all household members receiving income)

TYPE of INCOME	OWNER'S NAMES (First and last name)	Gross Annual Income (\$ Amount)
Wages (include 4 Current Paystubs)		
Unemployment (include statement)		
Disability (include statement)		
Social Security (include statement)		
Pension (include statement)		
Workers' Compensation		
Rental Income		
Death Benefit Payments		
OTHER		
Child Support		
Alimony		
Social Services (include statement)		
Bank Interest		
Dividends		
TYPE of ASSET		TOTAL VALUE
Additional Houses/Real Estate		
Stocks, Bonds, etc.		
Savings & Checking Accounts		
Other (Please Specify)		

Under penalty of perjury, I declare that I provided the above information, and to the best of my knowledge and belief, it is true, correct, and complete for all household members. I hereby authorize the City of Schenectady Lead Safe Housing Program to obtain additional information and verifications as may be necessary.

MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS

OWNER'S SIGNATURE **DATE**

PROPERTY ADDRESS

OWNER'S SIGNATURE **DATE**



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Authorization for Use or Disclosure of Individually Identifiable Health Information

1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Name(s) of Child <u>under</u> 6 years of age - ONLY	Date of Birth	Age	Medical Provider/Pediatrician Name

I allow blood test results to be released to:
 Schenectady Lead Safe Housing Program
 107 Nott Terrace, Suite 300
 Schenectady, NY 12308
 Fax: 518-382-5418

The following information:

The results of all blood lead tests performed from the date of child’s birth until the date of expiration of this authorization (one year from the date I sign it).

Reason:

To be used as a criterion for accepting my family into the Schenectady Lead Safe Housing Program.

I understand that I can take back this permission unless the information has already been given out. To take back the permission, I must send a letter to Schenectady County Public Health Services program listed at the top of this page. Any records given out using this signed permission may be sent somewhere else by the agency we give it to. If they send it on, it may not be protected by the same laws.

You will not be refused any care by Schenectady County Public Health Services if you decide not to sign this form.

I understand that a copy of this form can be used the same way as this original copy. This permission ends one-year from the date signed by the Parent/Guardian.

 Parent/Guardian

 Witness

 Relationship to Child

 Date

 Address Telephone #

 Doctor’s Name Telephone #

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





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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



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CONSUMER 2021 INCOME VERIFICATION FORM

The City of Schenectady is required to obtain and report this information to the U. S. Department of Housing and Urban Development (HUD), the source of the funding. Only “whole” numbers will be used for statistical purposes only. No Personal information will be shared or provided to any other government agency at any level. This form is confidential and will remain so at this location.

A. Which of the following do you consider your family to be? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Hispanic, Latino, of Spanish origin | <input type="checkbox"/> Not Hispanic, Not Latino, Not of Spanish origin |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

B. Do you receive Rental Assistance? Yes No

If Yes: Section 8 Social Services Other assistance **Amount \$** _____

C. “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.” No personal information will be shared or provided to any other government agency at any level. This form is confidential and will remain in a dedicated file at your service provider’s location.

Print Name

Sign name

Date

