



Schenectady Lead Safe Housing Program
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
Telephone: (518) 386-2818 Fax: (518) 382-5418

SCHENECTADY NEEDS



TO BE COMPLETED BY EACH TENANT LIVING IN BUILDING

The owner of the property where you live is applying for Federal funds to identify and control lead paint hazards in your home. To determine whether your home is eligible for funds under the Schenectady Lead Safe Housing Program, we need you to complete the attached Resident Information Form. This information will be kept strictly confidential and will be used only to determine eligibility. The primary goal of this Program is to reduce the hazards posed to children and pregnant women from lead paint in homes.

NONE OF YOUR INFORMATION WILL BE SHARED WITH ANYONE WITHOUT YOUR PERMISSION.

The primary benefits of applying for the Schenectady Lead Safe Housing Program to you and your children are:

- Lower heating and electric bills
- Identification of all lead hazards in your home
- The home will be remediated into a lead-safe environment for your family.

Please complete all the **YELLOW** highlighted areas on the attached 6-page **Tenant Information Form** and return it to your landlord or directly to:

Schenectady Lead Safe Housing Program
107 Nott Terrace, Suite 304,
Schenectady, NY 12308

If you have any questions about completing the attached form or about the Schenectady Lead Safe Housing Program, please contact Valleen Blanchet at (518) 386-2824.

TENANT INFORMATION FORM

Instructions:

This Schenectady Lead Safe Housing application form must **list each tenant** living in the property. Please list **all** occupants below. It is necessary to determine income eligibility for lead program 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. Residents should read the **Notice of Non-Displacement & Temporary Relocation** on page 2 and then sign in the space provided.

- 1) **Property Address:** _____ **Unit or Apt #** _____
- 2) **Contact Telephone #:** _____ **Email Address:** _____
- 3) **List all people living in the house, and complete a line for each person:**

PLEASE CHECK INCOME SOURCE BELOW

Legal Name (List all people living in the housing unit.)	Relationship to Head of Household (Spouse, Son, Daughter etc.)	Medicaid Number (if applicable)	Sex	Date of Birth	Total Income	Source Wages	Source Social Security, Disability, or SSI	Source Social Services	Source Unemployment

TENANT INFORMATION FORM

4) **PROOF OF INCOME (FROM TWO SOURCES) MUST BE PROVIDED**

- Copy of the most recent Federal Tax Return with all Attachments (including W-2)
- 4 **current** pay stubs and/or Social Services Statement and/or SSI Statement and/or Disability Statement
- **Attachment A - Income Information**

5) How long have you lived at this address? _____

6) Are there any pregnant women living in the home? YES NO

7) The Lead Safe Housing Program is required to report to the U.S. Department of HUD the number of children under age six (6) who 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

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

I hereby certify that all the information given above is true and complete to the best of my knowledge and belief. I hereby authorize the Schenectady Lead Safe Housing Program to obtain additional information and verification, as necessary.

For children in my household under six (6) years of age, I agree that I have or will have them tested for blood-lead levels within six (6) months before this application and **within 60 days after completion** of the lead remediation.

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 this is a problem, please call Program Manager, Carissa Bastiani at (518) 386-2818 as soon as possible.

Federal Notice of Non-Displacement & Temporary Relocation

If lead paint hazard control work is undertaken in the unit or building in which you live, 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.

Tenant's Signature

Date

Once the work is completed a referral will be generated to the Home Safe Home program. If you are *not* interested, please check here. _____



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TENANT INFORMATION FORM

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



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Authorization for Use or Disclosure of Individually Identifiable Health Information

1. _____
 2. _____
 3. _____

Name(s) of Child UNDER 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 304
 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 #