

Lead Hazard Reduction Demonstration Program Application

Dear Tenant:

Lead poisoning continues to be a major public health issue in the County of Bergen, NJ Due to the impact lead poisoning has on children of the County of Bergen- Department of Health is committed to the eradication of lead from our housing environment.

Recognizing the burden the removal of lead-based paint places on homeowners and tenants, the County of Bergen has sought methods to assist in the abatement process. In an effort to reduce the risk of lead poisoning, County of Bergen, Department of Health Services received funding from the US Department of Housing and Urban Development for the purpose of making homes LEAD SAFE. Inspectors of the Department of Health Services have identified you as an occupant of a dwelling containing lead-based paint. This is your opportunity to make your dwelling lead safe and to help ensure our children's future.

You may meet the requirements for participation in the County of Bergen, Lead Hazard Reduction Grant funds to remediate the lead hazards in your home. Applying for this program will assist you in abating your dwelling and making it lead safe. Staff of the Department of Health will be available to answer any questions you may have and to assist you in completing the application package. Attached you will find the tenant's application along with a list of the necessary documents that will be needed to complete your application.

Please respond within 10 business days to schedule an appointment to discuss the program and to review the application package. Call the **Lead Hazard Reduction Demonstration Program** at (973) 634 2796.

Sincerely,

Jessica Speer
Program Manager

Bergen County
HUD Lead Hazard Reduction Demonstration Program (LHRDP)
Tenant Application

DATE: _____

APP. # _____
(Internal Use ONLY)

Part 1: Property & Unit to be Remediated Information

Application for (check one) Single _____ Multi-family _____ Tenant's occupied Unit # _____

Property Address _____ # of Dwelling Units _____

Part 2: Applicant Information

Name of Applicant: _____ # of People in household _____

Applicant's Address: _____ Home Phone _____

City, State, Zip Code _____ Business Phone _____

Does family have anywhere to go for relocation while property is being abated?

Part 3: Financial Information (Verification of income will be needed)

Annual Income _____ Source of Income _____ Family Size _____

Certifications

The undersigned hereby makes a preliminary application to the County of Bergen for aid for Lead Hazard Control (LHC). The undersigned acknowledges that this application is made pursuant to a program offered by Bergen County and the methods for remediating lead paint, cost of such remediation and other permitted costs will be determined by the county. The undersigned further agrees to permit the remediation of lead paint in the property by a contractor approved by the county through a bid process. If appropriate, the undersigned agrees to vacate the premises while remediation is taking place. The undersigned agrees to allow access to the property to the LHC staff so that they may obtain dust wipes, perform inspections and clearance on the property as required by the LHRDP.

Because lead based paint hazard reduction work in older homes can generate lead-contaminated dust that could be dangerous to occupants, particularly young children, it will be necessary to temporarily relocate the family during the phase of rehabilitation for LHRDP assistance including notification of temporary relocation when deemed necessary. Pursuant to NJAC 8:51-7.1, the N.J. State Sanitary Code Chapter XIII, owner is responsible for the lead abatement and relocation. However, to help reduce the financial and emotional burden of temporary relocation this agency provides some funding to offset the cost of temporary lodging facility. A hotel room will be provided until Lead Reduction Project is complete in case the family has no alternative housing. During the relocation process, the owner(s) agree NOT to

permanently displace the tenants of the assisted unit as a result of this undertaking. Once to remediation has been completed, residents are to return to the assisted unit as determined by LHRD staff.

I, the undersigned 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.

Printed Name (Head of Household)

Applicant Signature

For Office Use Only

<i>Program Manager Signature</i> _____	<i>Date</i> _____
<i>Certified Lead Abatement Contractor Signature</i> _____	<i>Date</i> _____
<i>Application Approved</i> _____	<i>Denied</i> _____
<i>Reason for Denial</i> _____	

**Lead Hazard Reduction Grant Program
Income Eligibility Worksheet**

Applicant Name: _____

Address: _____

Tenure _____ Owner-Occupant _____ Non-Owner Occupant Tel. _____

Please provide the following information for all members of the household beginning with the head of household:

Name	Relationship to Head of Household	Date of Birth	Sex	Race	Occupation

Income of Family: Please provide us with the total gross income. All family Members above 18 years old must have income or unemployment supporting documents. Full time unemployed students must have current student identification.

A	B	C	D
Name	Source of Income	Amount of Yearly Income	Forms of Verification <i>(Pay stubs, SSI, Pension award letter, IRS 1040 income tax Return, Unemployment document)</i>

Gross Annual Household Income _____ (add together all values in column 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.”

Print Name

Signature

<p><i>Recommended Action</i> Approval _____ Denial _____ Recommended by: _____ Comments: _____</p>

HOLD HARMLESS AGREEMENT

The Homeowner, shall defend, indemnify and hold harmless the County of Bergen, Department of Health Services, its agents, servants and administrators from and against any and all claims or actions at law, whether for personal injury, property damage or liability, including any costs of defense incurred by County of Bergen and any payments, recoveries and judgments against the County of Bergen, which arise from actions or omissions of the Contractor, his agents or employees in the execution of the work and/or duties to be performed under the contract.

Costs shall be deemed to include, but not limited to attorney's fees, filing expenses, expert witness fees, reproduction costs and long distance travel and phone expenses in connection with defense and shall be the prevailing interest rate, where applicable.

The contractor shall be responsible for all damage to persons or property cause or alleged to have been caused by or incident to the execution of this work under the aforementioned contract without expense to the County of Bergen, its agents servants and/or administrators.

Date

Signature; Homeowner

COPIES OF THE FOLLOWING MATERIALS MUST ACCOMPANY YOUR APPLICATION. YOUR APPLICATION CANNOT BE PROCESSED UNTIL WE HAVE RECEIVED ALL THE REQUIRED INFORMATION. ONLY COMPLETED APPLICATIONS SHALL BE CONSIDERED FOR PROGRAM PARTICIPATION.

- 1. Completed Income Eligibility Worksheet.**
- 2. Registered Deed**
- 3. Current Mortgage Statement and/or Payment Book**
- 4. Current Homeowner's Liability Fire/Flood Insurance Policy**
- 5. Copies of most recent year IRS Tax Form 1040 or Transcript from IRS Office**
- 6. Four (4) consecutive current payroll stubs {Two (2) current paystubs if paid bi-weekly}**
- 7. If unemployed, provide Four (4) consecutive unemployment benefit statements (unemployment paystubs).**
- 8. TANF or General Assistance Welfare Award Letter or Printout from the Welfare Office.**
- 9. Other Certifications of income from non-payroll sources such as unemployment and disability compensation and severance pay, Aid to families of Dependent Children; (AFDC), Supplemental Security Income (SSI), and rent receipts from all tenants.**
- 10. Copies of Social Security earnings statements (award letters) other retirement or annuity income statements.**
- 11. Photocopies of the birth certificates for all children under the age of six years.**
- 12. Copies of Two Recent Bank Statements- Checking/Savings account**