



State of New York County of Broome Government Offices

Broome County Health Department • Environmental Health

Jason T. Garnar, County Executive • Rebecca A. Kaufman, MS, Director of Public Health
225 Front Street, Binghamton, NY 13905

Phone: (607)778-2887 • Fax (607) 778-3912 • www.gobroomecounty.com

HUD Lead Hazard Control Grant Program APPLICATION

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LEAD HAZARD CONTROL FUNDING AVAILABLE

HUD Lead Hazard Control Grant funding is available in the form of five-year forgivable loans for privately-owned housing units built before 1978. To be eligible, units must house at least one child under the age of 6 or a pregnant woman. HUD's income guidelines must be met, and eligibility is based on the income of residents and tenants. The property must have no major structural defects, and the owner must be current on all taxes, insurance, and mortgages.

Each rental housing unit enrolled in the Broome County HUD Lead Hazard Control Program will be eligible for a maximum of **\$11,929** worth of lead hazard remediation work, to be completed by approved lead abatement contractors. Single family owner-occupied units will be eligible for a maximum of **\$17,500**.

The cost of lead hazard control work varies widely from building to building. Work to be completed will depend on the results of testing, and pricing is based on standard rates (non-negotiable). HUD requires that *all* lead hazards associated with a unit must be addressed; our program cannot complete partial projects. Property owners will be required to provide the additional funding required to make units lead-safe. Before contract signing, funds must be presented to the Broome County Health Department in the form of a Money Order or Official check made payable to the contractor assigned to the renovation. Property owners are also responsible for the costs of asbestos testing and occupant relocation.

Owners are encouraged to enroll multiple units within a property to keep unit costs lower and maximize the lead-safety benefits to the building. Each rental unit is eligible for up to \$11,929; therefore, two-family dwellings are potentially eligible for \$23,858, three-family dwellings for \$35,787, and so on. Individual units costing more than \$25,000 will be disqualified.

We encourage property owners to take advantage of this opportunity. This program is voluntary, so you may choose to withdraw your application at any time for any reason, prior to the signing of a contract to start the remediation work. It is the property owner's responsibility to notify the Health Department of their intent to withdraw from the program.

By signing this document, I acknowledge that I have read this policy.

Owner/Landlord Name _____ Signature _____ Date _____



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Point of Construction Asbestos Survey Declaration

Due to New York State Department of Labor (DOL) regulations, all property owners applying for grant assistance through the Broome County's Housing and Urban Development (HUD) Lead Hazard Control (LHC) Grant are required to have a "point of construction asbestos survey" of the property completed. *The scheduling and cost of testing will be the responsibility of the property owner, after a lead inspection/risk assessment has been completed.* Asbestos may be found in window glazing, caulk, plaster/drywall, siding and other materials, and can cause serious health problems if not handled properly when disturbed.

Point of construction survey samples will only be taken from components directly linked to lead remediation work to minimize cost. After the lead inspection/risk assessment, you will be provided with a list of surfaces that must be tested, and a list of companies that are qualified to do the testing. Cost and timeframes for testing may vary, so you are encouraged to select a testing company that will suit your needs. The "point of construction asbestos survey" may cost between \$200 - \$600 per building depending on the number of surfaces that must be sampled.

If asbestos is identified and your property is eligible for the HUD Lead Hazard Control Program, the costs of addressing asbestos associated with lead hazards *will* be covered by the grant. However, having this testing done does not guarantee that your property will be assisted through our program.

Please keep in mind that work cannot proceed until the required asbestos testing is complete and results have been received by our office.

I have read and understand the necessity of the point of construction asbestos survey in accordance with New York State regulations and am fully aware of my responsibility to cover the cost of the survey.

Owner/Landlord Name _____ Signature _____ Date _____



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Healthy Homes Supplemental Funding

Broome County was awarded additional funding by HUD for the identification and repair of health and safety hazards (in addition to lead) through the Healthy Homes Supplemental Funding program. This is part of the Lead Hazard Control grant, and is required for all participants.

You will be contacted by subcontracted staff from Keystone Environmental Services to schedule a Healthy Homes survey, separate from the lead inspection/risk assessment, either before or shortly after lead work is completed. This survey will take approximately two hours per unit. The assessor must have access to attic and basement spaces, in addition to dwelling units.

Following the survey, you will be provided with a detailed report of all findings for your information. You will also receive a list of improvements that our program will be able to make to your property. Please be sure to return the access agreement in a timely fashion so that repairs can be made as soon as possible following the completion and clearance of lead hazard control work.

Repairs may include (but are not limited to) fire safety improvements, trip and fall prevention measures, minor electrical repairs, etc. There is no cost to the property owner for these repairs.

I acknowledge that I have read and understand the role of the Healthy Homes Supplemental Funding program.

Owner/Landlord Name _____ Signature _____ Date _____



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Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly. Please contact our office at 607-778-2847 if you have any questions, or need help making copies.

- ✓ **Completed and signed application form.**
 - Please be sure that the tenant/resident information page is **completely** filled out, including names of **all** residents, names, ages, date of birth, income, Medicaid, and signatures.
- ✓ **Information from the property owner:**
 - Deed.** This provides us with proof of ownership. You can obtain a copy of the deed through the Broome County Clerk at www.gobcclerk.com.
 - Taxes.** Proof that property taxes are paid and current. Payment history is available through www.taxlookup.net or through the Broome County Department of Real Property Tax Service at 607-778-2169 or 607-778-2124.
 - Mortgage.** A copy of the current mortgage *and* proof of mortgage satisfaction *or* a letter from the mortgage lender demonstrating that the mortgage is paid and current.
 - Insurance.** The declaration page of the homeowner's insurance policy.
- ✓ **Information from unit residents/tenants:**
 - Birth Certificates.** Copies of birth certificates for all children under the age of six that reside in or regularly visit the home.
 - Tenant IDs.** Copies of all adults' identification that currently reside in the household.
 - Verification of Visiting Child form, if applicable.
 - A doctor's note if the qualifying resident is a pregnant woman.
 - Medicaid Cards.** Copies of Medicaid cards (if applicable) for all children under the age of six.
 - Proof of income for all residents.** Proof of income may include the most recent paystubs, SSI or public assistance statements, child support documentation, etc.
- ✓ **Blood Lead Tests:**
 - All children under the age of 6, including visiting children, will need to be blood lead tested prior to the start of lead hazard control work (within 6 months of work starting). Parents should contact their Primary Care Physician to obtain current blood lead tests.



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**Broome County HUD Lead Hazard Control Program
FY 2017 Income Limits Summary**

| FY 2017 Income Limit Category | Family Size | | | | | | | |
|---|-------------|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Very Low (50% AMI) Income Limits | \$23,000 | \$26,300 | \$29,600 | \$32,850 | \$35,500 | \$38,150 | \$40,750 | \$43,400 |
| Low (80% AMI) Income Limits | \$36,800 | \$42,050 | \$47,300 | \$52,550 | \$56,800 | \$61,000 | \$65,200 | \$69,400 |

- Eligibility for the HUD Lead Hazard Control Program is based on the individuals residing in the dwelling unit.
- Units must house children under the age of six and/or a pregnant woman to qualify for the program.
- Occupied Rental Units (4 units or less):
 - At least 50% of the units must be eligible at or below 50% AMI
 - The remaining units must be eligible at or below 80% AMI
- Occupied Rental Units (5 units or more):
 - At least 80% of the units must be eligible at or below 50% AMI
 - The remaining units must be eligible at or below 80% AMI
- Single-Family Owner-Occupied and Rental Units
 - Must be eligible at or below 80% AMI



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Please complete one application per dwelling unit (apartment).

Project Property Unit Information

Street: _____ Unit#: _____ City: _____ Zip: _____
 Single-Family Dwelling? Yes No Number of Dwelling Units in Building: _____
 Owner Occupied? Yes No Rental Property? Yes No Vacant? Yes No
 Year of Building Construction? _____ Type of Exterior (e.g. vinyl, wood, brick, stucco): _____
 Number of original/wood windows in unit: _____ Number of Bedrooms: _____

***Please provide copies of all receipts referenced in the following section, including your deed.**

Are all property taxes paid/current? Yes No Are water bills paid/current? Yes No

Is Mortgage current? Yes No Mortgage Satisfied Date: _____ N/A

Current Liens or fines owed? Yes Explain _____ No

Is property located in a floodplain? Yes No

If “Yes,” is property insured against flooding? Yes No

Has property been designated “historic,” or is it located in a “historic district?”

Yes No Don't Know

Name of Homeowners insurance company: _____ Phone Number: _____

How did you learn about our program? _____

Has the property ever had lead-paint hazard reduction work? Yes No

Funding provided by: _____

Date of work performed, if known: _____

Is the property currently enrolled in any other type of repair or rehab program? Yes No

If so, identify: _____

Are you planning any rehabilitation work on this property in the near future? Yes No

If so, explain: _____



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Property Owner Information

Last Name: _____ First Name: _____
 Street: _____ Unit#: _____ City: _____ Zip: _____
 Phone Number: (Home): _____ (Work): _____ (Cell): _____
 Fax #: _____ E-mail Address: _____
 Date of Birth: _____ Last 4 Digits of Social Security Number: _____
 Is your ownership: Individual Corporation Partnership LLC Other _____
 Property Manager/Representative's Name: _____
 Street: _____ Unit#: _____ City: _____ Zip: _____
 Phone Number: (Home): _____ (Work): _____ (Cell): _____
 Fax #: _____ E-mail Address: _____

Household Members/Resident Tenant Information Unit # _____

If applicable: Lease expiration date: _____ Monthly Rent: _____
 1. Is there a child under 6 living there full-time? Yes No
 If "Yes," please list child ages: _____
***Please attach copies of birth certificates for all children under the age of 6.**
 2. Is there a child under 6 who is a **regular visitor but does not live there** (for at least 6 hours per week, 10 weeks per year)? Yes No
***A Visiting Child Certification Form is required.**
 3. Is there a pregnant woman living there? Yes No How many women aged 16-45? _____
***Verification of pregnancy is required.**
 4. If lead hazards will be removed from the house, will members of the household have a place to go (for about 10 days)? Yes No Where? _____

OPTIONAL INFORMATION

This information is used for Federal and statistic compilation only. The Broome County Health Department does not discriminate against any individual or group because of race, sex, religion, age, ethnicity, color, marital status, disability, or political belief.

Please check any/all that apply to this household/dwelling unit:

American Indian or Alaska Native Asian Hispanic/Latino Black or African-American White/Caucasian Other
 I choose not to complete this section: Yes No



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Household Members/Resident Tenant Information (Continued)

***PROOF OF ALL RESIDENT/TENANT INCOME IS REQUIRED.**

***ALL CHILDREN UNDER AGE 6 MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS. Parents should contact their Primary Doctor for testing.**

Household Contact Name: _____ **Phone Number:** _____
Unit # _____

1. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

2. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

3. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

4. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

5. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

6. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
Monthly Income: _____ Receiving Medicaid? Yes No
Employer: _____ Employer's Address: _____

(For additional residents please attach a new sheet of paper)

I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete.

Owner/Landlord Name _____ Signature _____ Date _____

Tenant Name _____ Signature _____ Date _____

BCHD Representative _____ Signature _____ Date _____