

**ONONDAGA COUNTY COMMUNITY DEVELOPMENT
LEAD HAZARD REDUCTION PROGRAM**

APPLICANT CHECKLIST

Thank you for your interest in the Lead Hazard Reduction Program. The following documents are required in order to complete your application. **Please provide photocopies.**

1. HOUSE:

- Most recent monthly mortgage statement
- Homeowners Insurance Policy Declarations page

2. INCOME:

Proof of current income from **all sources** for **each household member, for the last 2 months**:

- Employment - Recent **pay stubs**. (8 if weekly, 4 if biweekly)
- Social Security, SSI, pension or other retirement income - a statement which shows the **gross** amount received – most recent COLA letter or Proof of Income Statement. Contact at 1-800-772-1213 or go to www.socialsecurity.gov
- Unemployment, disability, Worker's Comp – award letter or statement
- Public Assistance – budget sheet or other official documentation.
- Alimony, child support – court decree/order or statement from Child Support Services
- Income Tax Form – copy of most recent **Federal 1040** forms, plus all 1099 forms
- Proof of assets (Bank statements, IRA/401k statements, other real estate, etc.)
- Business income or rental income – receipts and/or tax return forms
- Full-time student over age 18 – proof of enrollment
- Other income? Please call us at (315) 435-3558.

3. CHILDREN:

Results of blood lead level test from health care provider or Onondaga County Health Department **only if a child under age six resides** at the property. The test results must be less than three months old. To have your child tested, call your family doctor or the Onondaga County Health Department Lead Poisoning Control Program at (315) 435-3271.

4. IDENTIFICATION:

Driver's license, state photo ID, passport, or birth certificate

**If you have any questions, please call Kristen McGriff or Paula Miller
at (315) 435-3558.**



Onondaga County Community Development Division

Lead Hazard Reduction Program Application

Town / City / Village of: _____

Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

Other Phone _____

Also Contact _____

Email _____

Complete and return to:
Onondaga County Community Development
421 Montgomery St., 11th Fl.
Syracuse, NY 13202

Fill in all spaces or write N/A (not applicable).
Incomplete applications will be returned.

Remember to include copies of all applicable
documents listed in the attached checklist.

Questions? Call (315) 435-3558

OWNERSHIP: (Tenants, please provide owner name, address & phone number)

Owner's Name _____

Owner's Address / Phone _____

Do you have a mortgage? Y / N Name of Lender: _____

Do you have homeowner's insurance? Y / N
Name of Insurance Provider: _____

OCCUPANTS: List each person living in the residence, including yourself.

Name	Relationship	Date of Birth	Sex	Medi-caid?	Full-time Student?
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N

-OVER-

Is there a child under the age of 6 living in the residence? Y / N
 If Yes, provide the results of his / her blood lead level test. (Results must be within 3 months of application.)

Does a child under the age of 6 spend a significant amount of time visiting? Y / N How many? # _____
 If Yes to either question, please complete the attached "Residing / Visiting Child Verification Form".

Is any household member pregnant? Y / N How did you hear about our program? _____

Do you file Income Tax? Y / N If Yes, provide a copy of your Federal income tax return.

Do you have a checking account? Y / N Do you have a savings account? Y / N

INCOME: List all income for each person living in the residence.

Name	Name & Address of Income Source	Rate	Annual Amt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

ASSETS: List all assets, including bank accounts, retirement accounts, real estate, etc.

Family Member	Type of Asset / Source	Amount / Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

Onondaga County Community Development Grant Application Certification Page

Applicant _____

Applicant Address _____

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Community Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Community Development funds.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male _____ Female _____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

12/2012





Onondaga County Community Development Lead Hazard Reduction Program

Residing/Visiting Child Verification Form

Resident

I _____ certify that _____ / /
Applicant Child's Name DOB

(a child under the age of six) is a resident of the property located at:

Address

Visiting

I _____ certify that _____ / /
Applicant Child's Name DOB

(a child under the age of six) spends a significant* amount of time visiting the property located at:

Address

Are you able to obtain recent blood lead level test results for the visiting child listed above? Yes / No (Circle one)

Do several children under the age of six spend a significant* amount of time in the home? Yes / No (Circle one)

If yes, how many? _____

We request blood lead level test results, within the previous 3 months, for all those named above. If you are unable to obtain these results or refuse, please contact our office.

*Significant is defined as "At least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours."

Applicant

Date

Child's relationship to Applicant