

**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 – 2020 COLA letter or Proof of Income Statement for Social Security recipients. Contact Social Security at 1-800-772-1213 or go to [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Unemployment, disability, Worker's Comp – award letter or statement
- Public Assistance – budget sheet
- 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 – current course schedule
- 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., 11<sup>th</sup> 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

# ONONDAGA COUNTY COMMUNITY DEVELOPMENT LEAD HAZARD REDUCTION PROGRAM

## FACT SHEET

### 1) WHAT IS THE LEAD HAZARD REDUCTION PROGRAM (LHR)?

The LHR is designed to reduce lead paint hazards found in privately owned residential structures throughout Onondaga County. These hazards are often found on painted window frames, wood siding and doors, all of which can be repaired through the program. The LHR program is administered by Onondaga County Community Development and funded by the US Department of HUD.

### 2) WHO CAN PARTICIPATE IN THE LHR PROGRAM?

Participation is on a first-come, first-served basis to applicants meeting the following requirements:

- Living in a home containing Lead Paint Hazards.
- Having a child under the age of six who lives or spends a significant amount of time in the home. **(See Residing/Child Verification Form for details)**
- Owning or occupying a one to four family residential structure built before 1978.
- Current annual gross household income of no more than 80% of the median income for Onondaga County. **(See chart on reverse side)**

Eligible Properties:

- Currently protected by a current Homeowners Insurance Policy.
- Currently covered by flood insurance if located in a designated flood zone.
- Up-to-date on all property taxes and mortgage(s)\*\*  
*\*\*Properties in formal repayment agreements will be considered.*

### 3) HOW MUCH ASSISTANCE CAN I RECEIVE?

Amounts will vary depending on the scope of the hazards found in the home.

Rental units occupied by tenants meeting the program requirements are eligible to participate in the LHR Program. Property owners may only receive assistance for 2 properties within a 24 month period. Vacant units may be eligible, but are prioritized lower.

To be eligible, the applicant's household gross income **must be below** the income limit for family size, shown in the table on the reverse side. **(Amounts adjusted annually)**

<u>Family Size</u>	<u>Income Limit</u>
<b>1</b>	<b>\$42,500</b>
<b>2</b>	<b>\$48,550</b>
<b>3</b>	<b>\$54,600</b>
<b>4</b>	<b>\$60,650</b>
<b>5</b>	<b>\$65,550</b>
<b>6</b>	<b>\$70,400</b>
<b>7</b>	<b>\$75,250</b>
<b>8</b>	<b>\$80,100</b>

Effective 4/1/2020

**4) WHAT TYPE OF WORK IS DONE?**

Eligible work is determined by a thorough lead paint inspection of your home. The Community Development Housing Inspector, along with an independent contractor hired by Community Development, will perform the inspection according to established standards. Common lead paint hazard reduction repairs include:

- Window and door replacement
- Exterior Siding
- Porch Work

**5) WILL THERE BE A LIEN PLACED ON MY PROPERTY? -- NO (in most situations)**

The Program is funded by several different Federal and State agencies. Please call with any questions.

Owners of rental units: If the assisted unit becomes available, you must agree to give preference in renting the unit to low income families with a child under the age of six, for a period of 3 years.

**FOR ADDITIONAL INFORMATION:**

Onondaga County Community Development Division  
421 Montgomery St. 11<sup>th</sup> Fl.  
Syracuse, New York 13202  
**(315) 435-3558**

Fair Housing Laws prohibits discrimination in the sale or rental of housing based upon race, color, religion, sex, age, marital status, handicapped or familial status, or national origin.