



**City of Lincoln Lead Hazard Control Grant Application**

Thank you for your interest in the City of Lincoln Lead Hazard Control Grant Program. To be eligible, the dwelling unit (house, apartment, etc.) must have been constructed prior to 1978. The occupant(s) must qualify under the income limits (see below - income guidelines are subject to change), and there must be at least one child six years old or younger living in the dwelling unit and/or visiting six hours per week.

We can make copies of your attachments when you drop off the application (555 South 10th Street, Suite 205). After submitting a complete application, city staff will contact you if additional information is needed. If you prefer to mail the application and attachments, please send it to the following address:

Attn: Julie Fitzgerald, Client Services Coordinator  
Urban Development Department  
555 S. 10<sup>th</sup> Street Ste 205  
Lincoln, NE 68508

The application materials can also be e-mailed to [jmfitzgerald@lincoln.ne.gov](mailto:jmfitzgerald@lincoln.ne.gov).

Following our review of the materials submitted, you will be contacted to set up an appointment to come to your residence and determine the scope of our potential assistance and discuss the program with you.

If you have questions regarding completion of your application or our grant program, please call Julie at 402-441-7808 or send an email to [jmfitzgerald@lincoln.ne.gov](mailto:jmfitzgerald@lincoln.ne.gov)

There may be a waiting list to receive assistance. All information provided is confidential and must be retained by the City Lincoln Lead Hazard Control Program. There are preferences on the waiting list for households with children that have an Elevated Blood Level (EBL). If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time. This is not a housing rehabilitation program. All projects will focus on the removal of lead paint hazards only.

Sincerely,

City of Lincoln

INCOME LIMITS - as of June 1, 2021	
Size of Household	
1	\$46,200
2	\$52,800
3	\$59,400
4	\$66,000
5	\$71,300
6	\$76,600
7	\$81,850
8	\$87,150



Urban Development Department  
555 South 10th Street Suite 205 Lincoln NE 68508  
402-441-7606 [lincoln.ne.gov](http://lincoln.ne.gov)

Required documents for OWNER-OCCUPANTS
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1. Completed and signed Application;
2. Copy of photo i.d. of all applicants;
3. Copy of birth certificates OR any official record including school records, medical records, etc., that identify the child and their birthdate for all children aged six years and under;
4. Copy of your most recent federal income tax return, not just W-2 forms;
5. Current paystubs and/or copies of benefits statements to document all income into the household;
6. Signed Authorization;
7. Affidavit of Non-Consent for Testing, if applicable;
8. Declarations page, i.e. summary page of your homeowners insurance policy showing dates and limits of coverage. Also include proof of payment of your premium if not escrowed through your mortgage payments;
9. Verification of the balance(s) of the mortgage(s) on the property; to include any home equity loans you may have. A monthly statement from the lenders will suffice; and
10. Signed Attestation Form for every person in the household 19 years old and older. Family members not yet 19 years old are included in the bottom section of a parent's/guardian's attestation form. Make copies of a blank form if extras are needed.

**It is important you send the requested information with your application or processing of your application will be delayed.**

# City of Lincoln Lead Hazard Control Program Application

Office Use:

App#

For further information or assistance call the Urban Development Department at (402)441-7808.

## Part I: Property Information

Property is (circle one): Single-family dwelling      Multi-family dwelling

Property Address: \_\_\_\_\_

Approximate year of initial construction: \_\_\_\_\_

## Part 2: Applicant Information

Applicant #1 \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Address, if different from above \_\_\_\_\_ Primary phone # \_\_\_\_\_

Work phone # \_\_\_\_\_ Email address \_\_\_\_\_

Preferred method of contact (select one): Primary phone      Work phone      Email

Race (select all that apply): American Indian/Alaskan      Asian      Black/African American

Native Native Hawaiian/Other Pacific Islander      White      Other

Hispanic? \_\_\_\_\_

If there is more than one owner, complete the following:

Applicant #2 \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Address, if different from above \_\_\_\_\_ Primary phone # \_\_\_\_\_

Work phone # \_\_\_\_\_ Email address \_\_\_\_\_

Preferred method of contact (select one): Primary phone      Work phone      Email

Race (select all that apply): American Indian/Alaskan      Asian      Black/African American

Native Native Hawaiian/Other Pacific Islander      White      Other

Hispanic? \_\_\_\_\_

If there are additional owners, please attach a separate sheet or continue on back and check here.   

Number of children under the age of 6 or visiting three hours a week or more (list below): \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

If more children, please attach a separate sheet and check here.

Are there any children with elevated blood lead levels (**EBL**) residing in the home? \_\_\_\_\_

Has the property ever been tested for lead-based paint? \_\_\_ When? \_\_\_ If yes, did it test positive? \_\_\_

Do you have a code violation or lead order? \_\_\_\_\_ If yes explain in the space below:

**Part 3: Financial Information**

Name & Address of Mortgage Co. \_\_\_\_\_

Are you and other owner(s) current (up to date) on all **mortgage** payments on the property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Are you and other owner(s) current on all **real estate taxes and assessments** levied on the property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Are you and other owner(s) current on all **State & Federal Taxes** and assessments on the property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Have you or any other owner(s) filed for **bankruptcy** during the past 7 years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Household Income – List all persons in your household aged 18 years and older. Include wages, taxable assistance (such as unemployment), alimony, social security, pensions/retirement, etc. Also include monies received on behalf of children under the age of 18 years such as child support and social security. If more space is needed, attach a separate sheet and check here.

Name	Is this person employed?	Type of Income (wages, social security, etc.)	Amount Received	How often received (weekly, every two weeks, etc.)	Name and Address of employer, if applicable

**CERTIFICATIONS**

The undersigned hereby makes a preliminary application to the City of Lincoln (the "City") for aid for residential lead paint stabilization. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for stabilizing lead paint, cost of such stabilization and other permitted costs will be determined by the City. The undersigned further agrees to permit the stabilization of lead paint in the property by a contractor approved by the City through a bid process.

Building owners agree to maintain the property and retain home insurance, adding the City as an insured for the contract term. Building owners agree to maintain tax payments and mortgage payments.

The undersigned understands that failure to comply with the program requirements may result in recapture, by the City, of the monies advanced.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

\_\_\_\_\_  
Applicant #1 signature                      Date

\_\_\_\_\_  
Applicant #2 signature                      Date

## AUTHORIZATION

1. I hereby give my permission and consent for a representative of the City of Lincoln Lead Hazard Control Program to (LHCP) take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the City of Lincoln LHCP. I hold the City of Lincoln and its partners harmless and free from any claims in connection with the consent and use of photographs. This consent is valid indefinitely unless revoked in writing.
2. I understand that I am a voluntary participant in this program, and if I am approved for the Lincoln LHCP, I and my household members and pets may need to vacate my residence for health and safety reasons for a period of time while lead removal activities occur. The extent of the lead remediation and the possibility of relocation will be based on the initial lead test performed by the City of Lincoln or their consultant and the Lincoln Lancaster County Health Department staff.
3. I authorize and direct any federal, state, local agency, organization, business, or individual to release to the City of Lincoln any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the LHCP. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.
4. I understand that blood tests to detect lead levels are encouraged for resident children aged six years and under before work begins. I authorize the Lincoln Lancaster County Health Department to release any such prior or current blood test results to the Lincoln LHCP. I further understand that any follow-up testing or medical treatment needed due to an elevated blood lead level is the responsibility of the parent or guardian.
5. I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity, employment, income, assets, residence, rental activity, ownership, property taxes, etc.
6. The groups or individuals that may be asked to release information related to me or my household include, but are not limited to: courts and post offices, schools and colleges, law enforcement agencies, support and alimony providers, Veteran's Administration, retirement systems, utility agencies, Social Security Administration, medical and childcare providers, credit providers and credit bureaus.
7. I understand that if I sell the subject house, transfer the deed to another party, or move out of the property within three (3) years of the deed of trust and promissory note being signed, the project funds reflected in the promissory note will be due as outlined in the promissory note.

- 8. I understand that I will be required to sign a deed of trust and a promissory note and that the deed of trust will be recorded against my property and that all with a financial interest in the property (i.e. contract holder, spouse, etc.) must also sign the deed of trust and promissory note. The deed of trust will be filed with the Lancaster County Register of Deeds for the amount of the construction contract. The deed of trust and promissory note will remain on file for three years after the project is complete and the property passes a lead clearance test. No payments will be collected, and no interest will accrue on the promissory note during this time unless there is a default. If there is no default, on or about the third anniversary of the signing of the deed of trust and promissory note, the deed of trust will be reconveyed, and no monies will be owed by me to the City.
- 9. I understand that if I am buying the property on contract, I must ensure that the Contract Holder is able and willing to sign any deed of trust and promissory note as required.
- 10. I have been given the opportunity to ask questions about the information requested in this application.
- 11. I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed.
- 12. I understand that all remodeling/repair projects already started should be completed prior to accepting an appointment for the initial lead inspection and no remodeling/repair projects should be started between the initial lead inspection and the completion of the remediation project.

I certify under penalty of law that the information contained in this declaration and in any attached supporting documentation is true, accurate and complete to the best of my knowledge and ability. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I understand that any false information provided on or attached to this application will cause me to be disqualified for the City of Lincoln LHCP.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

**Affidavit of Non-Consent for Testing**

I verify that I have been made aware of the serious and long-term health effects of lead poisoning on children under the age of six years. I do object to my child being blood tested in order to determine if he/she is lead poisoned, and hereby refuse blood lead testing.

Signed \_\_\_\_\_ (parent or guardian)

Relation to child: \_\_\_\_\_

Date: \_\_\_\_\_



## UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purposes of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act. My immigration status and alien number are as follows:

\_\_\_\_\_ and I agree to provide a copy of the USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

I hereby attest that my response and the Information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand and agree that lawful presence in the United States is required, and the Applicant may be disqualified, or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

PRINT NAME: \_\_\_\_\_  
(First, Middle, Last)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

To comply with 24 CFR Part 5 § 5.216 and § 5.508 and Neb. Rev Stat. §§ 4-108-4-114, please provide the following information for your dependents.

Age	Social Security Number	A U. 5. Citizen? (Please circle your response)
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

\_\_\_\_\_  
Parent/Guardian