



LINCOLN
Urban Development

Re: City of Lincoln Lead Hazard Control Grand 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. If you are a homeowner, there must be at least one child five years old or younger living in the dwelling unit and/or visiting six hours per week. In rental units, children are not required to live in the unit.

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: Vayda Kirshman, Community Resource Specialist
Urban Development Department
555 S. 10th Street Ste 205
Lincoln, NE 68508

The application materials can also be e-mailed to vgkirshman@lincoln.ne.gov.

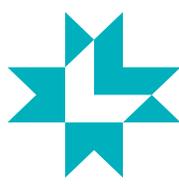
Following our review of the materials submitted, you will be contacted to set up an appointment to come to your residence and determine the scope of our potential assistance and discuss the program with you.

If you have questions regarding completion of your application or our grant program, please call Vayda at 402-441-7808 or send an email to vgkirshman@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



LINCOLN
Urban Development

Required documents for OWNER-OCCUPANTS

- Completed and signed Application;
- Copy of photo i.d. of all applicants;
- 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 five years and under;
- Copy of your most recent federal income tax return for all applicants, not just W-2 forms. If you are not required to file a tax return, please provide a signed and dated statement to that effect;
- Two current paystubs and/or copies of benefits statements to document all income into the household;
- Two current bank statement;
- Signed Authorization;
- Declarations page, i.e. summary page of your homeowners insurance policy showing dates and limits of coverage;
- 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
- 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 (circle one): Primary phone Work phone Email

Marital Status : Married _____ Single _____ Divorced _____ Widowed _____

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

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 (circle one): Primary phone Work phone Email

Marital Status : Married _____ Single _____ Divorced _____ Widowed _____

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

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 six hours a week or more or 60 hours per year (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	Employed? If yes, how long at current job?	Type of Income (wages, social security, etc.)	Amount Received	How often received (weekly, every two weeks, etc.)	Name and Address of employer, if applicable

AUTHORIZATION

Initial and sign:

_____ 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.

_____ 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. Living arrangements for people and pets during the time of construction may be the responsibility of the owner of the property.

_____ 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.

_____ 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 my responsibility.

_____ 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, ownership, property taxes, etc.

_____ 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.

_____ 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.

_____ I have been given the opportunity to ask questions about the information requested in this application.

_____ 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.

_____ I understand that all remodeling/repair projects should be completed prior to accepting an appointment for the initial lead inspection and no remodeling/repair projects should be commenced 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 _____