



Lead Safe & Healthy Homes Program Homeowner/Tenant Application

Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly. Please contact our office at (208) 234-6255 if you have any questions, or need help making copies. Return completed applications to Planning & Development Services in Pocatello City Hall at 911 N 7th Ave or mail to PO Box 4169 Pocatello, ID 83205.

✓ **Completed and signed application form.**

- Please be sure the tenant/resident information page is **completely** filled out, including names of **all** residents, ages, date of birth, income, and signatures.

✓ **Information from the property owner:**

- Mortgage.** 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.

- Flood Insurance.** (If applicable)

✓ **Information from unit residents/tenants:**

- Birth Certificates.** Copies of birth certificates for all children age five and under that reside in or regularly visit the home.

- Verification of Visiting Child form. (If applicable)

- If the qualifying resident is a pregnant woman.

- Proof of income for all residents.** Proof of income may include the most recent 2 months' paystubs, SSI or public assistance statements, child support documentation, etc.

- Tax Returns.** Most recent 2 years of tax returns or non-filer information.

✓ **Blood Lead Tests:**

- All children age five and under, 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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Eligibility Requirements

Lead Safe & Healthy Homes Pocatello is a program funded by a grant from the U. S. Department of Housing and Urban Development (HUD). Although there is no cost to participate in the program, the following eligibility requirements must be met:

- Eligibility for the HUD Lead Safe & Healthy Homes Program is based on the individuals residing in the dwelling unit.
- Unit(s) must be constructed prior to 1978.
- Unit(s) must house a child age five or under *OR* a pregnant woman *OR* a child age 5 or under who spends a significant amount of time in the home – at least 6 hours per week, 10 weeks per year.
- The members of the household must meet low income guidelines, as determined by the federal government.
- Occupied Rental Units (4 units or less)
 - Occupant(s) income must be at or below 80% AMI
- Single-family, owner-occupied and rental units
 - Occupant(s) income must be at or below 80% AMI
- Vacant, family-friendly rental units may qualify.

Pocatello, ID MSA HUD Lead Hazard Control Program FY 2021 Income Limits Summary

| FY 2021 Income Limit Category | Family Size | | | | | | | |
|--|-------------|----------|----------|----------|--------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Low (80%) Income Limits (\$) | \$40,850 | \$46,650 | \$52,500 | \$58,300 | 63,000 | \$67,650 | \$72,300 | \$77,000 |

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Please complete one application per dwelling unit (apartment or home).

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.**

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

Can occupant provide proof of ownership? Yes No N/A

Is property located in a floodplain? Yes No

If "Yes," is property insured against flooding? Yes No

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

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: _____

Is the property owner a City of Pocatello Employee? Yes No

Does the property owner have a relationship with the City of Pocatello, the Pocatello Lead Hazard Control

Program, or a Pocatello City Employee? Yes No If yes, explain: _____

Household Members/Resident Tenant Information Unit # _____

If applicable: Lease expiration date: _____ Monthly Rent: _____

1. Is there a child age 5 or under living there full-time? Yes No

If "Yes," please list child ages: _____

***Please attach copies of birth certificates for all children age 5 and under.**

2. Is there a child age 5 or under who is a **regular visitor (at least 6 hours per week, 10 weeks per year)** but does not live there? Yes No

***A Visiting Child Certification Form is required.**

3. Is there a pregnant woman living there? Yes No

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? _____

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Household Members/Resident Tenant Information

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

***ALL CHILDREN AGE 5 AND UNDER 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: _____

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

Is any resident listed above a City of Pocatello Employee? Yes No

Does any resident have a relationship with the City of Pocatello, the Lead Safe & Healthy Homes Program, or a City of Pocatello Employee? Yes No

If yes, explain: _____

I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete. I agree that the withholding of any pertinent information may result in denial of services by the City of Pocatello or reimbursement of grant funds by the homeowner to the City of Pocatello Lead Safe & Healthy Homes Program.

Owner/Landlord Name _____ Signature _____ Date _____

Tenant Name _____ Signature _____ Date _____

City Representative _____ Signature _____ Date _____

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Lead Hazard Blood Test Release Form

It is recommended that all children age five and under have their blood lead level tested prior to lead hazard control work in your home. If your children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or local health department to arrange for a test.

Blood lead level tests are also recommended for all children age five and under within three (3) months following the completion of all lead hazard control work in the home.

Please check one of the following which best describes your child's/ children's experience.

_____ My child/children age five and under **has/have had** their blood lead levels checked in the past three (3) months. Please identify test provider and date of test.

_____ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

_____ My child/children age five and under **has/have not had** their blood lead levels tested in the past three (3) months and I agree to have them tested at this time.

_____ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

_____ I choose not to have my child/children age five and under tested for elevated blood lead levels at this time.

I/ We voluntarily disclose this information. I/We understand that disclosure of this information is not required, but recommended, for participation in the Lead Safe & Healthy Homes Program.

Parent/Guardian Signature

Date

Home Address: _____

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Visiting Child Verification Form

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

(a child age five and under) spends a *significant amount of time visiting the property located at: _____
Address

*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 at least 60 hours.”

Applicant Date

Child's Relationship to Applicant