

**HUD Lead Hazard Reduction Grant Program 2019-2022  
APPLICATION**

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**LEAD HAZARD REDUCTION FUNDING AVAILABLE**

HUD Lead Hazard Reduction Grant funding is available for privately-owned housing units built before 1978 that contain lead-based paint hazards. To be eligible, dwellings must be in St. Lawrence County and must house at least one child under the age of 6 or a pregnant woman. HUD's income guidelines must be met, and eligibility is based on the income of unit occupants. The property must have no major structural defects, and must be current on all taxes, insurance, and mortgages.

Each multi-family rental housing unit enrolled in the Lead Hazard Reduction Program will be eligible for a maximum of **\$20,000** worth of lead hazard remediation work, to be completed by approved lead abatement contractors; therefore, two-family dwellings are potentially eligible for **\$40,000**, three-family dwellings for **\$60,000**, and so on. Owners are encouraged to enroll multiple units within a property to keep unit costs lower and maximize the lead-safety benefits to the building. Single family units are eligible for a maximum of **\$20,000**.

The cost of lead hazard reduction work varies widely from building to building. Work to be completed will depend on the results of testing, and pricing is based on standard rates (non-negotiable). HUD requires that *all* lead hazards associated with a unit must be addressed; our program cannot complete partial projects. Property owners may be required to provide the additional funding required to make units lead-safe. Before contract signing, "overage" funds must be presented to the North Country Housing Council in the form of a Money Order or Official check made payable to the contractor assigned to the renovation. Rental properties will require a lien in the form of a note and mortgage, requiring affirmative marketing of rental units to low-income families with young children for a period of at least three years.

We encourage property owners to take advantage of this opportunity. This program is voluntary, so you may choose to withdraw your application at any time for any reason, prior to the signing of a contract to start the remediation work. It is the property owner's responsibility to notify the Health Department of their intent to withdraw from the program.

**For questions about the program or the grant process, please call 315-386-8576.**

By signing this document, I acknowledge that I have read this policy.

Owner/Landlord Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Energy Efficiency Funding Available**

Your property may also be eligible for no-cost energy efficiency upgrades through the New York State Energy Research and Development Authority's (NYSERDA) EmPower NY and Assisted Home Performance programs, Cornell Cooperative Extension, and Weatherization Assistance Program (WAP), administered by the New York State Homes and St Lawrence County CDP. Qualifying properties will receive a free energy audit, and may be eligible for weatherization/energy efficiency upgrades, including insulation, replacement of major appliances, & high efficiency LED light bulbs. Tenants may also qualify for electric bill savings through NYSERDA's Solar For All program.

**YES, please have a Community Energy Advisor contact me regarding available funding for energy efficiency upgrades and electricity bill savings.**

**\*Please submit the "Consent for Release of Financial and Contact Information" for each household, and a copy of the most recent utility bill. A WAP/EmPower application and/or Rental Property Energy Efficiency Services Agreement (as applicable) will also be required.**

**Are utilities (heat and electric) included in rent?** N/A-Owner Yes, both are included  
No, tenant pays for both No, tenant pays for just electric No, tenant pays for just heat

Owner/Landlord Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Contact Email Address \_\_\_\_\_



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### Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly. Please contact our office at 315-386-8576 if you have any questions, or need help making copies.

✓ **Completed and signed application form.**

- Please be sure that the tenant/resident information page is **completely** filled out, including **all** resident names, ages/dates of birth, and income. The form must also be signed by the property owner and resident head of household (as applicable).

✓ **Information from the property owner:**

- Deed.** Proof of ownership.
- Taxes.** Proof that property taxes are paid & current. Payment history is available from [www.taxlookup.net](http://www.taxlookup.net)
- Mortgage.** A copy of the current mortgage with a statement from the mortgage lender demonstrating that the mortgage is paid and current, *or* proof of mortgage satisfaction.
  - Insurance.** The declaration page of the homeowner's insurance policy.

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

- Birth Certificates.** Copies for all children under the age of 6 that reside in or visit the home.
- Tenant IDs.** Copies of all adults' identification that currently reside in the household.
- Verification of Visiting Child form (attached), if applicable.
- A doctor's note if the qualifying resident is a pregnant woman.
- Proof of income for all residents.** Please submit all available documentation of any household income, regardless of whether income is taxable. Proof of income may include recent paystubs (at least 4 weeks), wage statements, Social Security or public assistance statements, unemployment, child support, business income, etc. Please also include any tax-deductible expenses such as student loan interest that may affect Adjusted Gross Income (AGI). Our program may need to call employers or request additional documentation to verify income.
- Consent for Release of Financial and Contact Information for Energy Efficiency Services (attached), if applicable.** Please provide for all residents who pay for utilities, if planning to apply for energy efficiency services.
- Copy of most recent utility bill** if planning to apply for energy efficiency services.

✓ **Blood Lead Tests:**

- All children under the age of 6, including visiting children, will need to be blood lead tested prior to the start of lead hazard reduction work (within 6 months of work starting). Parents should contact their Primary Care Physician for testing.



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**St Lawrence County HUD Lead Hazard Reduction Program  
 FY 2021 Income Limits Summary**

FY 2021 Income Limit Category	Family Size							
	1	2	3	4	5	6	7	8
Very Low (50% AMI) Income Limits	\$24,300	\$27,800	\$31,250	\$34,700	\$37,500	\$40,300	\$43,050	\$45,850
Low (80% AMI) Income Limits	\$38,880	\$44,480	\$50,000	\$55,520	\$60,000	\$64,480	\$68,880	\$73,360

- Eligibility for the HUD Lead Hazard Reduction Program is based on the **Adjusted Gross Income** of individuals residing in each dwelling unit, and **must be below the low income (80% AMI) limits listed above.**
- Dwellings must house at least one resident or frequently visiting child under the age of six and/or a pregnant woman to qualify for the program.

• North Country Housing Council staff will determine income eligibility based on documentation provided.



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*Please complete one application per dwelling unit (apartment).*

**Project Property Unit Information**

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Total # Units in Building: 1/Single 2/Duplex 3/Triplex 4 5 6 Other \_\_\_\_\_

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 documents listed in the following section, including your deed.**

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

Current Liens or fines owed? Yes Explain \_\_\_\_\_ No

Is property located in a floodplain? Yes No

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

Has property been designated "historic," or is it located in a "historic district?"

Yes No Don't Know

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

Funding provided by: \_\_\_\_\_

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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*Please complete one application per dwelling unit (apartment).*

**Property Owner Information (Complete only IF it's a multi-unit property)**

Business Name (if applicable):

Owner Last Name:

First Name:

Street:

Unit#:

City:

Zip:

Primary Phone #:

Alternate:

E-mail:

Is your ownership: Individual Corporation Partnership LLC Other

Property Manager/Representative:

Street:

Unit#:

City:

Zip:

Primary Phone #:

Alternate:

E-mail:

Is the property owner a St Lawrence County Planning Office or North Country Housing Council Employee? Yes No  
Does the property owner have a relationship with North Country Housing Council or St Lawrence County Planning Office or St Lawrence County Public Health Employee? Yes No If yes, explain: \_\_\_\_\_

**Household Members/Resident Tenant Information**

**Apartment/Unit #**

If applicable: Lease expiration date:

Monthly Rent:

1. Is there a child under 6 living there full-time? Yes No

If "Yes," please list child ages:

**\*Please attach copies of birth certificates for all children under the age of 6.**

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

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

3. Is there a pregnant woman living there? Yes No How many women aged 16-45?

**\*Verification of pregnancy is required.**

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?

**Optional Demographic Information:** This information is used for Federal and statistic compilation only. The St Lawrence County Health Department does not discriminate against any individual or group because of race, sex, religion, age, ethnicity, color, marital status, disability, or political belief.

Please check any/all that apply to this household/dwelling unit:

American Indian/Alaska Native Asian Hispanic/Latino Black/African-American White/Caucasian Other  
I choose not to complete this section



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**Household Members/Resident Tenant Information (Continued)**

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

**\*ALL CHILDREN UNDER AGE 6 MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS.**

Parents should contact their Primary Doctor, or call St Lawrence County Public Health Department at 315-386-2325.

**Household Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Apartment/Unit #** \_\_\_\_\_ **Does the household receive any assistance from DSS? Yes No**

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Employer Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Employer Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Employer Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Employer Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
Employer (if applicable): \_\_\_\_\_ Employer Address: \_\_\_\_\_

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

Is any resident listed above a County Planning or NCHC Employee? Yes No

Does any resident have a relationship with St Lawrence County Planning Office, the St Lawrence County Public Health Program, or a North Country Housing Council 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 understand that it is a crime to provide information that I know to be false or have reason to believe to be false.**

**Owner/Landlord Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





Tenant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

NCHC Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR RELEASE OF FINANCIAL AND CONTACT  
INFORMATION FOR ENERGY EFFICIENCY SERVICES**

**\*This form must be completed by the resident/tenant point of contact where the Owner has requested the property to be assessed by any or all of the following agencies, programs, or organizations: New York State Energy Research and Development Authority (NYSERDA), and Weatherization Assistance Program (WAP), administered by the New York State Homes and Community Renewal through St Lawrence County CDP.**

Please complete one form per household (primary household point of contact).

Name \_\_\_\_\_  
Last First MI (Former)

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_ (initial here) I authorize the North Country Housing Council (NCHC) to re-disclose my contact information, including my phone number, income documentation, any other information related to my financial situation, and whether any and how many children reside or visit my residence to:

The NYSERDA EmPower and Assisted Home Performance Programs  
The Weatherization Assistance Program (WAP) c/o St Lawrence County CDP

\_\_\_\_\_ (initial here) The financial and contact information I authorize NCHC to re-disclose will be used to identify whether my property/residential unit is eligible for additional services that are offered through the above-listed organizations, only.

\_\_\_\_\_ (initial here) I understand that any disclosure and/or re-disclosure of these records to a party other than the above-listed organizations is forbidden without further permission from me.

\_\_\_\_\_ (initial here) I understand I may revoke this authorization at any time and this authorization expires one year from the below date.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



## VISITING CHILD VERIFICATION FORM

**\*This form is required when the qualifying child does not live in the dwelling (if applicable).**

I \_\_\_\_\_ verify that \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Owner/Tenant Child's name

spends at least two different days within any week at \_\_\_\_\_, provided  
Address

that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours. In

addition, the combined annual visits must last at least 60 hours.

\_\_\_\_\_  
Owner/Tenant signature

\_\_\_\_\_  
Child's Relationship to Owner/Tenant



