



**CITY OF BROCKTON LEAD
PROGRAM
INVESTOR/OWNER
REQUIRED INFORMATION**



Office of Mayor Bill Carpenter

Proof of home ownership is required for the program to determine eligibility.

- A recorded copy of your deed to the property
- For properties held in a trust, a recorded copy of the Deed of Trust or Trustee's Certificate is required
- Copy of utility bills to the City (Property tax, water bill)
- Your homeowner's insurance policy
- Copy of most recent mortgage statement
- Copy of your driver's license

*** If the property being assisted is a rental unit, the tenant's income should determine eligibility.**

If currently employed:

- The last four weeks of consecutive pay stubs for each household member earning income
- **A complete, signed copy of your CURRENT federal tax return**
This complete copy must include all schedules, all W-2 and 1099 forms.
You must submit a complete federal tax return for each person in the household who is required to file a return.

If currently receiving assistance:

- A current statement of benefits from social security
- A current statement from your pension holder indicating your **gross** monthly pension
- A compensation letter from the VA
- A letter from your social worker describing your monthly award if you receive public assistance (TAFDC, EAEDC, FOOD STAMPS, MEDICAID, ETC)
- Bank statements from the past two (2) months for verification purposes
- Person(s) claiming no income must complete a **NO INCOME STATEMENT** (this form can be obtained from our office)

*Any household member over the age of 18 is required to provide income documentation. For children under the age of six (6) please provide copy of birth certificate

Additional documentation as requested after your application has been reviewed.

Your application will not be considered for eligibility unless all questions are answered, and all required documents have been submitted.

There are specific restrictions and conditions associated with federal lead hazard control funds.

Any questions please call the Brockton Redevelopment Authority office at 508-586-3887 ext. 2 and we will assist you.

City of Brockton Lead Based Paint Hazard Control Program Investor/Owner-Application

For further information or assistance please call the Brockton Redevelopment Authority Office at 508-586-3887
Extension 2

DATE: _____ E-MAIL: _____ PHONE # _____

Part 1: Property Information:

Property to be Rehabilitated: _____ Units #: _____

How did you hear of the LBPHC Program? _____

Is this property historic: Yes or No (circle One)

Is this property an Order to Correct: Yes or No (circle One)

(An Order to Correct is an order issued by Inspectional Services to Correct Lead Paint Violations)

When did you purchase this property? _____ when was the property built? _____

Part 2: Owner Information

Name of Applicant: _____ Age _____ SS# _____
Individual, Partnership, Trust or Corp. (circle one)

Applicants Address: _____ Home Phone: _____
No. and street

Race: _____ Business Phone: _____
City, State, Zip

If more than one Owner, complete the following section.

Second Applicant: _____ Age _____ SS# _____
Individual, Partnership, Trust or Corp. (circle one)

Applicants Address: _____ Home Phone: _____
No. and street

Race: _____ Business Phone: _____
City, State, Zip

*If additional owners, please attach a separate sheet or continue below and check here.

Part 3: Financial Information

Bank Holding Mortgage:	
Address of Mortgage Holder:	
Original Mortgage Amount:	
Unpaid Balance:	

What is Your Monthly Mortgage Payment?	\$
Does Mortgage Payment Include Real Estate Taxes?	
Does Mortgage Payment Include Homeowner Insurance?	
If NO, what is annual cost of insurance?	\$

List any additional mortgages or liens on property- include any cross collateralization:

Mortgage Holder:	
Address of Mortgage Holder:	
Monthly Payment:	\$
Unpaid Balance:	\$

Part 4: Rental Property Information (List ALL Units if applicable)

*** Please note the program is required to income qualify all occupied units that are requesting assistance and a separate tenant application is required**

APT #	NAME OF RESIDENT	HOUSEHOLD SIZE	BEDROOMS	# OF CHILDREN UNDER 6	TOTAL RENT	UTILITIES PAID BY LANDLORD	DO YOU HAVE A LEASE	PHONE NUMBER

Total rent income from dwelling units at full occupancy \$ _____

List any additional ,monthly income from this property including garage, parking, and storage space _____

Are there any young children with elevated blood lead levels (**EBL**) residing in the building? _____

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

Part 5. Occupant and Income Information

List all household members including yourself, all adults & children even if an individual has no income

NAME	SOCIAL SECURITY #	AGE	RACE (optional)	GROSS MONTHLY INCOME

Part 6. Statistical Information:

The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential.

1. Number of Units on this property: _____

2. Statistical Information:

	Apt 1	Apt 2	Apt 3	Apt 4
# persons per unit				
# of children under six (6) years old				
# of elderly (over 62)				
# of handicapped (non-elderly)				
# of elderly handicapped				
Is head of household female				

FOR PROPERTY OWNERS:

1. Ethnicity (select only one): Hispanic or Latino NOT Hispanic or Latino

2. Race (select all that apply): American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White

3. Are you over 62 years of age? Yes No

4. Are You handicapped? Yes No

Part 7. REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNERS:

The undersigned hereby represents and certifies under pains and penalties of perjury respective to the property located at: _____ Brockton, MA

1. CONFLICT OF INTEREST:

Is the owner or any member of his/her immediate family, or any business associate employed by the City of Brockton? Yes No

If yes, please explain: _____

2. DECLARATION OF OTHER REAL ESTATE OWNED:

Are you an owner or part owner of any other real estate in the City of Brockton? Yes No

If yes, please list addresses: _____

3. TAX AND CONTRIBUTETION COMPLIANCE:

The owner is in full compliance with all laws of the Commonwealth of Massachusetts and ordinances of the City of Brockton relating to taxes and to contributions and payments in lieu of contributions.

4. NON-DISCRIMINATION COMPLIANCE:

The undersigned agrees that there will be no discrimination based on race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or material status, source of income or military status, in the sale, lease, rental use, advertisement or occupancy of the property that is rehabilitated with funds provided by the Brockton Redevelopment Authority. Regulations issued by the U.S Department of Housing and Urban Development (HUD) and the Mass Commission Against Discrimination (MCAD) pursuant to title VIII of the Civil Rights Act of 1968, as amended in 1988, and Massachusetts General Law, Chapter 151B, Section shall apply.

5. OWNER'S PERMISSION TO ENTER AND INSPECT:

I/We hereby give my/our permission for the employees and/or agents of the City of Brockton, Brockton Redevelopment Authority to inspect my property including conducting Healthy Homes Inspection as a condition of applying for assistance through the Brockton Lead Based Paint Hazard Control Program. Further I/We relieve the City of Brockton, its employees and/or agents from any and all claims of damage or liability arising from the performance of property inspections by the Brockton Redevelopment Authority.

6. LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.5

I/We, owners of the property certify that I/We has been provided the **DISCLOSURE NOTIFICATION pamphlet; *Protect Your Family from Lead in Your Home***. I/We have been made aware of the hazards of lead that may affect the occupants of the property for which we are seeking assistance. I/We will be required to include ***Lead Hazard Reduction Activities*** that employ ***Safe Work Practices*** as part of the total rehabilitation

project. Further, I/We have been made aware of my/our disclosure, protection, and re-location rights and responsibilities.

7. CERTIFICATION:

We certify that, under penalty of perjury, all information on this application is to the best of my knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

8. AFFORDABILITY RESTRICTION:

I/We certify that notice has been given that upon completion of the project, a five (5) year affordability restriction will be placed upon the property by the city beginning on the day of the “Letter of Compliance” for each unit and agree to the \$75.00 Fee.

9. PAYMENT:

I/we understand that we are responsible for 15% of the deleading costs if the unit being assisted is a rental unit.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C

“Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations or makes or uses false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years or both”

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, accurate, and complete.

ALL PERSONS whose name appear on the recorded copy of the deed must sign here:

Printed Name

Applicant Signature

Date

Printed Name

Applicant Signature

Date

Printed Name

Applicant Signature

Date

APPLICANTS RIGHT TO APPEAL:

If you believe you have been discriminated against regarding any decision made on this application because of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or marital status, you may appeal that decision.

Additionally, if you feel you been wrongly denied assistance for any reason, you may appeal that decision. Appeals must be made within fifteen (15) days of receiving denial letter. All appeals must be in writing to Robert Jenkins, Executive Director, City of Brockton, Brockton Redevelopment Authority 50 School St 2nd FL, Brockton MA 02301.



Office of Mayor Bill Carpenter

DISCLOSURE NOTIFICATION



LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.

I/We, _____ Owners of the property located at _____ certify that the Brockton Lead Based Paint Hazard Control Program has provided the **DISCLOSURE NOTIFICATION** pamphlet *Protect Your Family From Lead in Your Home*. I/We have made aware of the hazards of lead that may affect the occupants of the property for which we reside. I/We understand that *Lead Hazard Reduction Activities* that employ *Safe Work Practices* may be required as part of the total rehabilitation project which I/We the owner of this same property is seeking assistance. Further, I/We have been made aware of my/our disclosure, protection and relocation rights and responsibilities.

X

Property Owner Signature & Date

X

Property Owner Signature & Date