

CITY OF BROCKTON



LEAD

BASED PAINT HAZARD CONTROL

PROGRAM



BROCKTON REDEVELOPMENT AUTHORITY

50 School Street Second Floor Brockton, MA 02301
508-586-3887 EXT. 2



Office of Mayor Bill
Carpenter

Tenant Application

Proof of household income is required for the program to determine eligibility.

Application Checklist:

IF CURRENTLY EMPLOYED:	IF CURRENTLY RECEIVING ASSISTANCE: (Please supply all applicable)
<ul style="list-style-type: none"> ▪ Any household member over the age of 18 is <u>required</u> to provide income documentation ▪ The last four weeks of consecutive pay stubs for <u>each household member earning income</u> ▪ 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) ▪ Bank statements from the past two (2) months for verification purposes ▪ Copy of identification for anyone over the age of 18 	<ul style="list-style-type: none"> ▪ A current statement of benefits from social security ▪ A current statement from your pension holder indicating your <i>gross monthly</i> 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 ▪ Copy of identification for anyone over the age of 18

NOTE:

***For children under the age of six (6) please provide copy of birth certificate**

***Person(s) claiming no income must complete a NO INCOME STATEMENT (this form can be obtained from our office)**

Additional documentation as requested after your application has been reviewed. There are specific restrictions and conditions associated with federal lead hazard control funds and your application will not be considered for eligibility unless all questions are answered, and all required documents have been submitted.

For assistance please call the Brockton Redevelopment Authority Office at 508-586-3887 Extension 2
 *All information you supply will be treated confidentially

DATE: _____ E-MAIL: _____ PHONE # _____

Part 1: Tenant Information:

Tenant Name: _____ Spouse Name: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

How did you hear of the LBPHC Program? _____

Length of time at this address: _____

How many bedrooms in your apartment? _____ How many people are in your household? _____

Total monthly rent: _____ Do you receive a rental subsidy? Yes No

If you do receive rental subsidy is it: Sec 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity

Landlord(s) Name: _____ Address: _____

Employer: _____ Length of time at this job: _____

Work Telephone: _____

Is there a child under six (6) years old that lives in the home or spends at least three hours per day on two separate days in a week? (6 hours per week for 52 weeks) _____

Is there an expecting mother that currently resides in the home? _____

Part 2: 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

**Please indicate expecting mother if any*

*Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/National Origin information has been requested by the Department of housing and Urban Development for monitoring purposes only. You ARE NOT required to furnish this information. The law provides that a lender may neither discriminate based on this information, nor on whether you chose to furnish it. This information is provided in compliance with federal requirements and its subject to verification.

Part 3. Statistical Information:

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

# Persons living in unit	
# of children under six (6) years old that lives or spends more than 6 hrs. per week	
# of elderly (over 62)	
# of handicapped (non elderly)	
# of elderly handicapped	
Is head of household female?	

CERTIFICATION

I/We certify that, under penalty of perjury, all information on this application is to the best of my/our 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.

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”

This application MUST be submitted with the required information listed on the cover page of the application

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.

LEAD PROGRAM RELOCATION POLICY

According to the state and federal laws, to ensure your family's safety, your home cannot be occupied whenever there is any interior high and/or moderate risk de-leading work being done. You must relocate temporarily. You will receive a minimum of 10 days notification (De-leading Notification) prior to the date that you must relocate. You cannot re-occupy your home until it has been cleared by a licensed lead inspector. Once you have relocated, you may not re-enter your home for any reason. ***You must move back to your unit (or another suitable, decent, safe & sanitary apartment in the same building/complex) once a licensed lead inspector has cleared your home and determined that it is safe to move back.***

Should relocation be required, the program will provide necessary and reasonable location benefits for tenants, property owners, and owner occupants. **The average time for deleading a unit is over 48 hours and can take up to 5 days** and will vary per unit. These expenses shall be considered a part of the overall project financing costs and shall be included in the calculation of the total project amount.

The owner is responsible for ensuring arrangements are made for relocation of any tenants at the Property. Due to the inconvenience this may create, the program will provide a \$350.00 stipend from the grant to the head of the tenant's household as required by LBPHCP "Relocation Costs" when relocation is over a 24-hour period. The BRA will NOT be responsible for any relocation related expenses that exceed the \$350.00 (three hundred and fifty dollars) stipend. If there are no tenants involved and relocation is required, a stipend will be issued to the homeowner. Any payment of Relocation Costs shall not relieve the Owner of its obligation to complete lead abatement at the property and to obtain a Compliance Certificate.

****Please note a stipend will not be released until work has been completed and terms of the program have been met.***

PREPARING FOR THE DELEADING PROCESS

- Tenants and owners are expected to cooperate fully with the deleading contractor in order to expedite the process, reduce inconveniences and expenses resulting from the work.
- Occupants are responsible for preliminary preparation of their units for deleading. Occupants are expected to remove any items that may fall from their shelves and other personal property that may be affected by the deleading process. Furniture should be placed into the center of the room.
- The deleading contractor will cover all personal items with double 6 mil. Plastic during the work process. Upon completion the contractor will clean the site for dust wipe inspection, remove all debris and plastic coverings and leave the unit in a broom clean condition for re-occupancy.
- Occupants will be notified by the property owner when their unit has been completed and temporary re-occupancy certificates have been issued by the City of Brockton.
- The Brockton Redevelopment Authority is not responsible for any damaged or lost items that may occur during the deleading process.

I/We understand that a temporary relocation from our home will be necessary while it is being dealed. I/We have been notified of the Brockton Redevelopment Authority's Relocation Policy as outlined above and I/We accept the terms of this policy as fair compensation for costs associated with my/our temporary relocation.

Street Address	Unit #	City/State	Zip Code
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<i>Tenants Name & Signature</i>	<i>Date</i>	<i>Tenants Name & Signature</i>	<i>Date</i>
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<i>Tenants Name & Signature</i>	<i>Date</i>	<i>Tenants Name & Signature</i>	<i>Date</i>
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DISCLOSURE NOTIFICATION

LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.

I/We, Tenants 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 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

Tenant Signature & Date

X

Tenant Signature & Date

VISITING CHILD UNDER SIX INFORMATION

Visiting Child's Name:
Visiting Child's Date of Birth:
Visiting Child's Address:
Parent's Name:
Parent's Telephone Number:

I certify that the above child visits:
___ at least three hours, two days a week
___ at least six hours, once each week
___ at least sixty hours in one year

****Only to be completed for VISITING children**
***Please provide copy of birth certificate**

Applicant Printed Name

Applicant Signature

Date

Applicant Printed Name

Applicant Signature

Date

Child's Parent Printed Name

Child's Parent Signature

Date



All information on this application will kept confidential.