

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

INVESTOR OR OWNER-OCCUPIED APPLICATION

Please Note: If the unit seeking assistance is NOT owner-occupied and is an investment property, a separate application is required, and the tenant's income shall determine eligibility.

Application Checklist:

PROOF OF HOME OWNERSHIP:	IF CURRENTLY EMPLOYED AND OWNER-OCCUPIED:	IF CURRENTLY RECEIVING ASSISTANCE AND OWNER OCCUPIED: (Please supply all applicable)
<ul style="list-style-type: none"> ▪ 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 binder ▪ Copy of most recent mortgage statement 	<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.

DATE: _____ E-MAIL: _____ PHONE # _____

Part 1: Property Information:

Unit(s) to be Rehabilitated: _____ City: _____ State: _____ Zip: _____

(Assistance is per unit, please be specific)

Is this a single-family home or multi? If multi please indicate # of units: _____

How did you hear of the LBPHC Program? _____

Is this property an Order to Correct: Yes or No

(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? _____

Is the unit currently vacant? Please be specific and indicate which unit(s) _____

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: Homeowner 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 is listed on deed, please fill 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 (If property is a single-family skip to next section)

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

Unit #	NAME OF HEAD OF HOUSEHOLD	HOUSEHOLD SIZE	# BEDROOMS	# OF CHILDREN UNDER 6 YRS THAT LIVES OR SPENDS MORE THAN 6 HRS PER WEEK	TOTAL RENT	DO YOU HAVE A LEASE	TENANT CONTACT
Unit 1							
Unit 2							
Unit 3							
Unit 4							
Unit 5							

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 & EMPLOYER

**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 6. Statistical Information:

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

	Unit 1 (or if single family)	Unit 2	Unit 3	Unit 4
# persons per unit				
# of children under six (6) yrs 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?				

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 Brockton Redevelopment Authority its employees and/or agents from any and all claims of damage or liability arising from the performance of property inspections.

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 Housing Restriction will be placed upon the property by the BRA beginning on the day of the “Letter of Compliance” for each unit and agree to the \$77.00 Fee.

9. PAYMENT:

I/we understand that we are responsible for 10% of the deleading costs if the unit being assisted is not owner occupied. I/we understand that the grant for Lead Assistance is up to ten thousand (\$10,000) dollars per unit, the homeowner is responsible for the funding gap difference (if any) and may secure funding through personal means or MassHousing’s “Get the Lead Out” Loan Program. *B-LBPHCP staff may determine that due to emergency circumstances, the program may fund more than the threshold.*

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:

_____	_____	_____
<i>Printed Name</i>	<i>Applicant Signature</i>	<i>Date</i>
_____	_____	_____
<i>Printed Name</i>	<i>Applicant Signature</i>	<i>Date</i>
_____	_____	_____
<i>Printed Name</i>	<i>Applicant Signature</i>	<i>Date</i>

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, 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.
- 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 likely be necessary while it is being deleaded.
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>Property Owner Name & Signature</i>	<i>Date</i>	<i>Property Owner Name & Signature</i>	<i>Date</i>
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<i>Property Owner Name & Signature</i>	<i>Date</i>	<i>Property Owner Name & Signature</i>	<i>Date</i>
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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

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.