



**CITY OF BROCKTON  
LEAD-BASED PAINT HAZARD CONTROL PROGRAM  
HOMEOWNER APPLICATION**

50 School Street 2<sup>nd</sup> FL. Brockton, MA 02301  
508-586-3887 ext. 3 or 6

**INTAKE INFORMATION**

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

**PROPERTY TO BE REHABILITATED**

Address seeking assistance: \_\_\_\_\_

Total number of units: \_\_\_\_\_ Which units are seeking funding? \_\_\_\_\_

Please specify which unit you reside in: \_\_\_\_\_

Is this property an Order to Correct? \_\_\_\_\_ When did you purchase this property? \_\_\_\_\_

When was the property built? \_\_\_\_\_ Please indicate which units are vacant if any: \_\_\_\_\_

Is your property held in a trust or LLC? (circle one) Yes No

Are there any outstanding judgements or liens on the property? (circle one) Yes No

If YES, please explain: \_\_\_\_\_

Have you accessed funds through the city before? (circle one) Yes No

If YES, what year? \_\_\_\_\_

**PLEASE COMPLETE THE CHART BELOW FOR ALL OWNERS OF RECORD:**

OWNER'S NAME	PHONE	MAILING ADDRESS	SOCIAL SECURITY NUMBER
1.			
2.			
3.			
4.			

**MORTGAGE INFORMATION:**

**FIRST MORTGAGE/EQUITY LINE:**

NAME OF BANK OR LENDING INSTITUTION	
FULL ADDRESS OF MORTGAGE HOLDER	
ORIGINAL AMOUNT OF THIS MORTGAGE (\$)	
CURRENT BALANCE (\$)	
MONTHLY PAYMENT (\$)	
ANNUAL HOMEOWNERS INSURANCE (MAY NOT BE APPLICABLE TO EVERYONE)	

<b>DO YOU HAVE A FEDERAL HOUSING ADMINISTRATION (FHA) MORTGAGE?</b>	Yes	No
<b>DOES YOUR MORTGAGE INCLUDE REAL ESTATE TAXES?</b>	Yes	No
<b>DOES YOUR MORTGAGE PAYMENT INCLUDE HOMEOWNER INSURANCE?</b>	Yes	No

**SECOND MORTGAGE/EQUITY LINE**

**MORTGAGE INFORMATION** (SKIP IF NOT APPLICABLE)

<b>DO YOU HAVE A HOME EQUITY LINE OR SECOND MORTGAGE? (YES/NO)</b>	
<b>FULL NAME AND ADDRESS OF SECOND LIEN HOLDER</b>	
<b>CURRENT BALANCE</b>	
<b>MONTHLY PAYMENT</b>	

**DO YOU HAVE A FEDERAL HOUSING ADMINISTRATION (FHA) MORTGAGE?**      Yes      No  
**DOES YOUR MORTGAGE INCLUDE REAL ESTATE TAXES?**                      Yes      No  
**DOES YOUR MORTGAGE PAYMENT INCLUDE HOMEOWNER INSURANCE?**      Yes      No

**RENTAL PROPERTY INFORMATION** (If property is a single family, please skip to next section)

(PLEASE COMPLETE CHART BELOW)

<b>UNIT #</b>	<b>BEDROOMS</b>	<b>DO YOU HAVE A LEASE?</b>	<b>HEAD OF HOUSEHOLD NAME</b>	<b>RENT AMOUNT</b>	<b>UTILITIES PAID BY TENANT</b>	<b>IS UNIT AMERICANS WITH DISABILITIES ACT 504 HANDICAP ACCESSIBLE?</b>

Total rental income from dwelling units at full occupancy (\$): \_\_\_\_\_

LIST ANY ADDITIONAL MONTHLY INCOME FROM THIS PROPERTY INCLUDING GARAGE, PARKING, AND STORAGE SPACES

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

TOTAL OF ALL OTHER RENTAL INCOME DESCRIBED ABOVE (\$): \_\_\_\_\_

MONTHLY INCOME FROM PROPERTY (\$): \_\_\_\_\_

**OCCUPANTS & HOUSEHOLD INCOME**

LIST ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELF, ALL ADULTS AND CHILDREN, EVEN IF AN INDIVIDUAL HAS NO INCOME

Occupant First and Last Name	Age	Race (optional)	Social Security #	Relationship to Applicant	Monthly Income \$	Type (wages/salaries or public assistance)
1.						
2.						
3.						
4.						
5.						
6.						
7.						

\*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.

**EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS**

Please complete employment information for all household members over 18.

- 1. Occupant Name: \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 2. Occupant Name: \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 3. Occupant Name: \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 4. Occupant Name: \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_
- 5. Occupant Name: \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

YES NO

- 1. Does anyone in the household own real estate, boat or Mobile home? \_\_\_\_\_
- 2. Has anyone in the household sold other real estate within the last three years? \_\_\_\_\_
- 3. Does anyone in the household own stocks, bonds, Investment portfolio? \_\_\_\_\_
- 4. Does anyone in the household receive financial assistance for bills or in the form of cash from any person(s) outside the household? \_\_\_\_\_
- 5. Has anyone in the household ever used any name(s) or Social Security number(s) other than those indicated in this application? \_\_\_\_\_

## FULL TIME STUDENTS

LIST HOUSEHOLD MEMBERS *OVER 18* CONSIDERED FULL-TIME STUDENTS.  
DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

NAME:	SCHOOL:

### STATISTICAL INFORMATION

THE FOLLOWING INFORMATION IS USED TO ASSIST THIS OFFICE IN REPORTING TO OUR FUNDING SOURCES. INFORMATION WILL BE KEPT COMPLETELY CONFIDENTIAL.

FILL IN THE APPROPRIATE NUMBER FOR EACH QUESTION.	UNIT 1	UNIT 2	UNIT 3	UNIT 4
# of persons living in unit				
# of children under six (6) years old				
# of children under six (6) who spend more than six (6) hours a week, or 60 a year, in the unit (not including those listed above)				
Are any household members pregnant with a child that is anticipated to live in the current residence?				
# of elderly (over 62)				
# handicapped (non-elderly)				
# elderly handicapped				
Is the head of household female? (Yes/No)				

## FOR OWNER

- |                                          |                                                                                                                                                                                                                                             |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Ethnicity (select <i>one</i> ):       | HISPANIC OR LATINO    NOT HISPANIC OR LATINO                                                                                                                                                                                                |
| 2. Race (select <i>all that apply</i> ): | <ul style="list-style-type: none"> <li>• AMERICAN INDIAN / ALASKA NATIVE</li> <li>• ASIAN</li> <li>• WHITE</li> <li>• OTHER MULTI-RACIAL</li> <li>• BLACK / AFRICAN AMERICAN</li> <li>• NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER</li> </ul> |
| 3. Are you over 62 years of age?         | YES OR NO                                                                                                                                                                                                                                   |
| 4. Are you handicapped?                  | YES OR NO                                                                                                                                                                                                                                   |

5. If children under six (6) live in your unit(s), or spend at least three hours per day on two separate days in a week, (6 hours per week for 52 weeks) have those children's lead levels been tested? YES OR NO

6. If yeas, circle the choice below that indicates the results of the blood lead level test:

Normal

Elevated

Poisoned

**VISITNG CHILDREN UNDER 6** (Only to be Completed for visiting children)

<b>Visiting Child's Name:</b>
<b>Visiting Child's Date of Birth:</b>
<b>Visiting Child's Address:</b>
<b>Parent's Name:</b>
<b>Parent's Telephone Number:</b>

**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

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Child's Parent Name & Signature:

Date:

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Child's Parent Name & Signature:

Date:

**\*Please provide copy of birth certificate**

## RELOCATION POLICY

According to the state and federal laws, to ensure your family's safety, the home cannot be occupied whenever there is any interior high and/or moderate risk de-leading work being done. Occupants must relocate temporarily and will receive a minimum of 10 days notification (De-leading Notification) prior to the date of relocation. Occupants cannot re-occupy the home until it has been cleared by a licensed lead inspector. *The occupants may move back to your unit once a licensed lead inspector has cleared the 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 specified in the Grant funding Letter.

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.

## REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNER/S



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:

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**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:

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**3. TAX AND CONTRIBUTION 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 a week after the “Letter of Compliance” has been released to the agency and agree to the \$107.00 Fee.

**9. PAYMENT:**

I/we understand that we are responsible for 10% of the deleading costs if the property being assisted is not an owner-occupied building. 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. Falsification of any information provided to the Brockton Redevelopment Authority may result in termination of this application.

**ALL PERSONS whose name appear on the recorded copy of the deed must sign here acknowledging that they have read the above information and wish to proceed in applying:**

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Owner Name & Signature Date

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Owner Name & 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, Brockton Redevelopment Authority 50 School St 2<sup>nd</sup> floor Brockton, MA 02301