



BROCKTON LEAD-BASED PAINT HAZARD CONTROL PROGRAM

Brockton Redevelopment Authority
50 School Street 2nd FL Brockton, MA 02301
508-586-3887 EXT. 3 or 6

TENANT APPLICATION PACKAGE

INTAKE INFORMATION

Date: _____ Applicant Name: _____

Spouse Name: _____

Applicant Address: _____ Unit# _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

Email Address: _____ Referred By: _____

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: _____

EMPLOYMENT INFORMATION/ASSETS 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: _____

HOUSEHOLD INFORMATION

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

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.						

*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.

FULL TIME STUDENTS

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

STUDENT NAME:	UNIVERSITY OR INSTITUTE:

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.	
Number of people in household	
Number of children under the age of 6	
Number of children under the age of 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?	
Numbers of elderly (over 62)	
Number of handicapped (non-elderly)	
Number of elderly handicapped	
Is the head of household female? (Yes/No)	

STATISTICAL INFORMATION CONTINUED

1. Ethnicity (select *one*):
 - HISPANIC OR LATINO
 - NOT HISPANIC OR LATINO

2. Race (select *all that apply*):
 - AMERICAN INDIAN / ALASKA NATIVE
 - ASIAN
 - WHITE
 - OTHER MULTI-RACIAL
 - BLACK / AFRICAN AMERICAN
 - NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

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, 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

VISITING CHILDREN UNDER 6

(Only to be completed for VISITING children, please provide copy of birth certificate)

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

Child's Parent Name & Signature Date

Child's Parent Name & Signature Date

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.

COMPLETE THIS FORM ONLY IF YOU RECEIVE A RENTAL SUBSIDY

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above-named individual, have authorized the Brockton Redevelopment Authority's Lead Program to verify the accuracy of the information which I have provided the agency from the following sources (specify):

Brockton Housing Authority

OR

(Name of other entity)

I hereby give you permission to release this information to the Brockton Redevelopment Authority's Lead Based Paint Hazard Control and Healthy Homes Program. I would appreciate your prompt attention in supplying the information requested within five (5) days of the receipt of this request. I understand a photocopy of this authorization is valid as the original.

Thank you for your assistance and cooperation in this matter.

Applicant Name

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE (1) YEAR FROM THIS DATE.

REPRESENTATIONS AND CERTIFICATIONS OF THE APPLICANT(S)

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.

LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.5

I/We, tenants 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.

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.

I/We have read the above information and wish to proceed in applying:

Tenant Name & Signature Date

Tenant 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 2nd FL, Brockton MA 02301.

TENANT CHECKLIST FOR LEAD BASED PAINT HAZARD CONTROL & HEALTHY HOMES PROGRAM

Your signed application, including the required documents below should be returned to the Brockton Redevelopment Authority.
All information must be supplied to be considered for program eligibility.

***INCOME DOCUMENTS WILL NOT BE NECESSARY IF THE PROGRAM CAN VERIFY THAT THE APPLICANT QUALIFIES FOR A TENANT HOUSING VOUCHER**

OTHER:

- For Children under six (6) please provide copy of birth certificate (priorities will be given to families where a child under 6 lives or visits)
- Copies of identification for all members over the age of 18

INCOME:

INCOME FROM EMPLOYMENT:

- An employment Verification Form(s) completed by each employer for each household member over 18 years of age (unless a full-time student)

_____ **OR** _____

- Copies of Paystubs from each household member on all income indicating gross earnings for the last eight weeks (4 STUBS IF BI-WEEKLY OR 8 STUBS IF WEEKLY)
- Documentation from school for full time students over the age 18

INCOME FROM BENEFITS:

- Unemployment Benefits
- Social Security Benefits
- Transitional Assistance Benefits
- Retirement or Pension Benefits

INCOME FROM OTHER SOURCES:

- Previous two months Checking/Savings Account statements that are listed on the application

DIVIDEND INCOME:

- Copies of dividend checks, stubs or statements indicating the amount and frequency of dividend payments

CHILD SUPPORT / ALIMONY INCOME:

- Copies of eight weeks child support / alimony checks
- A copy of the current Court Order indicating the amount and frequency

FEDERAL INCOME TAX RETURNS:

- A complete signed copy of your **current** federal tax returns filed for each member of the household filing taxes

OR

- For those who do not file taxes, a signature on an IRS form is required so that the IRS can confirm your non-filing status

RETIREMENT INCOME:

- Copies of 401K, IRA, Retirement statements

For more information, or assistance completing the application please contact our office at:

Brockton Redevelopment Authority Lead Program

50 School Street, 2nd FL
Brockton, MA 02301

Phone: 508-586-3887 Ext 3 or 6
Cell: 508-206-0373 or 508-206-0375
Fax: 508-905-5518



All information on this application will kept confidential.