

Young kids in your home? Worried about **LEAD?** Call **LEADSAFE Erie County.** **We can help.**

OUR LEAD HAZARD REDUCTION PROGRAM:

Can provide no-cost or very-low-cost lead paint work and minor repair to qualifying properties.

If you rent or own a property...

- ◆ In Erie County & built before 1978
- ◆ Occupied or frequently visited by a child or children 5 years old or younger
- ◆ AND the **occupants** meet the income guidelines below

Family Size	Annual Maximum	Monthly Maximum	Weekly Maximum
1	\$52,000	\$4,333	\$1,000
2	59,400	4,950	1,142
3	66,850	5,570	1,286
4	74,250	6,188	1,428
5	80,200	6,684	1,542
6	86,150	7,180	1,657



BEFORE



AFTER

LEADSAFE Erie County - LEAD HAZARD REDUCTION

is a federally funded program designed to help homeowners and families like yours fix their homes and stay safe from lead. Contact us so we can help you!



WWW.ERIE.GOV/HEALTH/LEAD

We can provide you with:

- ◆ **FREE lead based paint inspection & risk assessment** (valued at \$800/unit) and
- ◆ If identified as lead and / or healthy home hazards, **NEW WINDOWS, DOORS, SIDING, TRIM, EXTERIOR & INTERIOR PAINTING, PORCH REPAIR, AND HOME SAFETY MEASURES**

All work performed by EPA-certified lead abatement contractors. Property does not have to be owner occupied; owner does not need to be low income.

961-6800

or email us at leadsafe@erie.gov





COUNTY OF ERIE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

Division of Public Health Laboratories and Environmental Health
Office of Environmental Health Services
LEADS SAFE Erie County



BEFORE



AFTER

The Erie County Dept. of Health is the recipient of funds from HUD to assist residents and property owners in Buffalo and Erie County with correcting lead-based paint hazards in homes with young children. The purpose of this funding is to protect children under six from the dangerous effects of childhood lead poisoning, and help improve the quality of local housing.

In order to qualify for the funds, the family occupying the home must be moderate to low income, and at least one child under the age of six must reside at or spend a significant time visiting the property. The program is open to renters, landlords, and owner-occupants.

The above pictures represent homes that have previously been completed by the program, which can offer door and window replacements, siding, minor repairs and painting, new carpets and flooring, and many other types of work to fix issues associated with lead paint.

Attached, please find application forms and information about how to enroll. Please note the 'Letter of Intent' must be signed by the property owner of record.

For more information or for assistance filling out the forms, we encourage you to contact the Lead Hazard Reduction Program at 716-843-4624. We look forward to working with you.

Sincerely,

Donna Keicher-Cipressi
Administrative Program Manager

503 KENSINGTON AVE., BUFFALO, NY 14214 (716) 961-6800 (OFFICE); 716-961-6880 (FAX)

COUNTY OF ERIE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

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Enclosed is the LEADSAFE Erie County-Lead Hazard Control Application. Property owners, landlords, and occupants should be prepared to work together to provide all the information we need to help make your home LEAD SAFE for children and prevent lead poisoning.

To be eligible to participate in the program:

- The property must be a one, two, three, or four unit building built before 1978
- A child under the age of 6 must live in or regularly visit the home
- The occupants in the household must meet low income eligibility requirements

STEP 1: Application – to be completed by Occupant(s) or Owner

- Fill in primary occupant and owner information and whether children reside or visit

STEP 2: “Letter of Intent”. *Property owner* must agree to terms and sign.

STEP 3: Visiting Child Certification – *to be completed by Occupant(s)*

- Complete this form for children under six who visit regularly.

STEP 4: Demographics and Occupant information – *to be completed by Occupant(s)*

- Complete the table showing all family members info and childrens’ birthdates

Reverse side - Income information and bank accounts

- Fill in who, if anyone, receives income and/or has bank accounts, and sign. These items must be documented in Step 5.

STEP 5: Income checklist.

- Review the list to see what types of documents should be submitted with your application. Items should support income sources indicated in Step 4.

STEP 6: Blood testing - for parents of *Occupant children only* (not for visiting children)

- It’s recommended that all resident children <6 be tested for lead. Complete the form for any children under six and submit with your application.



OFFICIAL USE ONLY LHC / DEM			
Source:	_____		
Level:	E	M	H
DOC:	_____		
Unit ft ² :	_____		
NOR:	_____		
Approval:	_____		

Application - Lead Hazard Reduction Program

Date: _____

Property Information: *(Fill out one application for each separate unit or apartment)*

Address: _____
(Street address, C/T/V, Zip Code)

Apartment: _____ Total Number of Apartments: _____

Primary Occupants/Head of Household: _____ Language if not English _____

_____ Ph: _____ Cell: _____

_____ Ph: _____ Cell: _____

Property Owner Information:

Owner's Name: _____

Address: _____
(Street address, C/T/V, Zip Code)

Phone #: _____ Cell #: _____

Occupant Information:

1. Are there children under 6 years old living in the home? Yes No

If yes, how many? _____

2. Is this property currently being used as a Family or Group Daycare? Yes No

3. Do children under 6 regularly visit the home? Yes No

Approximate number of hours per week: _____



COUNTY OF ERIE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

Division of Public Health Laboratories and Environmental Health

Lead Hazard Reduction Program Letter of Intent

I / We, the undersigned owner(s) of the property located at _____ in the County of Erie, New York State, have submitted the application for participation in the LEADSAFE Erie County – Lead Hazard Reduction Program (LSEC-LHRP). I / We understand that the property is being considered for lead identification and interim control or abatement. I / We understand that the next step in the qualification process is to have the property inspected for the presence of lead hazards.

I / We acknowledge that once the paint inspection / risk assessment is complete that any deteriorated lead based paint areas must be corrected within a reasonable time, whether the property is further enrolled into the LSEC-LHRP or not. I / We understand that further enrollment is to be determined by income qualification of the occupants of the above property, and that the combined income of the family residing at said property must fall at or below 80% of the mean Erie County income for that family size.

I / We also understand that any residents at the above named property are required to receive advance written notice of the prospective lead hazard control activities and that temporary relocation may be required.

I / We hereby give my / our consent to the LSEC-LHRP to proceed with the lead paint inspection / risk assessment.

I / We, as the owner of the above named property, understand that initiation of interim controls / abatement is dependent on the total cost of all lead hazard control work, and that if the LSEC-LHRP program performs interim controls / abatement at the above noted property, said property will be brought to lead-safe standards. All interior and external components, common areas, outbuildings, and areas of bare soil found to contain lead hazards will be treated. It is further understood that I / we agree to the terms of owner contribution to the cost of labor and materials for the treated property set forth as follows and as determined by my immediate family's total household income, and that I / We may "opt out" of supplying verification of household income and elect, at My / Our option, to pay the maximum owner contribution, amounting to 12 percent of the total cost of labor and materials:

<u>Household Income</u>	<u>Contribution</u>	<u>Household Income</u>	<u>Contribution</u>	<u>Household Income</u>	<u>Contribution</u>
< \$25,000	0%; \$25.00*	\$40,000 - \$44,999	3%	\$55,000 - \$69,999	8%
\$25,000 - \$34,999	1%	\$45,000 - \$49,999	5%	\$70,000 - \$84,999	10%
\$35,000 - \$39,999	2%	\$50,000 - \$54,999	6%	> \$85,000	12%

**Twenty-five dollar processing fee*

I / We understand that, as the owner of the assisted property, I / We are responsible for maintaining said property in a lead-safe condition following the intervention performed by LSEC-LHRP and that a maintenance schedule for all treated surfaces not undergoing abatement is required. If maintenance is required I/We will attend a RRP class to learn techniques for lead safe work practices.

*Information for the RRP Class is available upon request. This class will be offered free of cost due to participation in this program.

I / We understand that priority in renting unit(s) assisted under this program must be given to low income families with a child under the age of six years. All reasonable efforts must be made to comply with this rental priority. This rental priority will be in effect for not less than three (3) years following the completion of lead hazard control activities. If the property transfers ownership within those three years, I understand that a restriction must be incorporated into the deed transferring title to such property. Such deed restriction will require purchaser to comply with the above mentioned rental priority for the remainder of the three year period. I understand that this requirement shall be a non-negotiable condition of transfer of title.

Owner: Print name _____

Owner Signature _____

Date _____

Property Address (of house / unit to be enrolled; include city/zip) _____



LEADS SAFE – Lead Hazard Reduction Program

Visiting Child Certification Form

To be eligible for participation, applicants must certify that child(ren) aged 5 or younger live at or visit the home a total of 6 hours per week, in increments greater than or equal to 3 hours per visit.

I, _____, declare that I am the ☐ owner/ ☐ tenant of the property located at

Print Name

_____, New York.

Address

City

1. A child named _____, whose DOB is _____, is a regular visitor to my residence:

(approximately how many hours per day) Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Name of Parent/Guardian _____ Phone #: _____ Home Address _____

Relationship with the child (Aunt, grandparent, foster parent, legal guardian, other- specify type) _____

2. A child named _____, whose DOB is _____, is a regular visitor to my residence:

(approximately how many hours per day) Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Name of Parent/Guardian _____ Phone #: _____ Home Address _____

Relationship with the child (Aunt, grandparent, foster parent, legal guardian, other- specify type) _____

3. A child named _____, whose DOB is _____, is a regular visitor to my residence:

(approximately how many hours per day) Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Name of Parent/Guardian _____ Phone #: _____ Home Address _____

Relationship with the child (Aunt, grandparent, foster parent, legal guardian, other- specify type) _____

I agree to participate in the LEADS SAFE– Lead Hazard Reduction Program to support the provision of lead safe housing for children aged five and under.

Signature

Date

STEP 3: OCCUPANTS COMPLETE THIS FORM ONLY IF NO CHILDREN < 6 LIVE IN THE HOME

INCOME CERTIFICATION / ELIGIBILITY DETERMINATION - LEADS SAFE - Lead Hazard Reduction Program



**503 KENSINGTON AVE.
BUFFALO, NY 14214
(716) 961-6800**

1. ADDRESS: _____
Number and Street City / Town State Zip
2. APARTMENT LOCATION (upper, lower, etc.): _____ NUMBER OF UNITS IN THIS HOUSE: _____
3. HOME PHONE: _____ WORK / CELL PHONE: _____
4. DO YOU RENT OR OWN YOUR CURRENT RESIDENCE? ____RENT ____OWN SECTION 8? Yes/No

Please complete the table below

Part A: Household Information - Starting on the first line with the Head of Household, please list ALL adults and children who live in your home

Unit Occupants			Relationship to Head of Household	Male/ Female	Date of Birth	Check any of the following that apply				Social Security Number ** LAST 4 DIGITS REQUIRED**
First name	Middle name	Last name			month/day/year	Disabled	Employed	Asthmatic	Student	
1.			HEAD OF HOUSEHOLD							
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

If necessary, attach a separate sheet to list additional residents.

STEP 4: OCCUPANTS FILL OUT YOUR FAMILY INFORMATION / DEMOGRAPHICS ON THIS PAGE

PART B - INCOME INFORMATION

Please list **ALL income** for **ALL** household members (**including members under 18 years of age**). Include wages (employment), temporary employment, workers compensation / NYS disability, social security, SSI, veterans' benefits, welfare assistance, unemployment insurance, retirement pensions / annuities, child support, alimony, periodic gifts, military pay, and income from business or self-employment. **You must also submit documents to verify income (see attached checklist).**

Name of Household Member	Type of Income See types listed above (Employment, SSI, etc.)	Gross Payment (before taxes)	Is the Gross Payment received weekly, bi-weekly, or monthly?	Name & Address of Income Source (No address needed for Social Security, Veterans' benefits, Welfare, or Unemployment)

If necessary, attach a separate sheet to list additional income.

PART C - BANK ACCOUNTS AND ASSET INFORMATION

Please list all **Checking and Savings accounts, stocks, bonds, IRAs, CDs, trusts, and real estate** owned by any household member. **Please submit documents to verify account and asset information. (account numbers can be blacked out)**

Name of Household Member	Type of Account or Asset (See types listed above)	Current Balance or Value	Indicate the name of the Bank or Financial Institution

If necessary, attach a separate sheet to list additional income.

PART D - APPLICANT CERTIFICATION

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODES MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION

I hereby certify that all of the information on this application is true and correct to the best of my knowledge and that all the income for **ALL** household members has been reported.

Signature of Head of Household / Applicant

Date

Signature of Co-Head of Household or other household member 18 years of age or older

Date



RETURN THIS COMPLETED FORM TO LEADS SAFE ERIE COUNTY AS SOON AS POSSIBLE TO AVOID ANY DELAY IN PROCESSING



LEAD HAZARD REDUCTION PROGRAM
INCOME AND ASSETS VERIFICATION CHECKLIST

Please read through the list below, and submit all verification documents that apply to your household.

- ☐ **EMPLOYMENT.** Provide copies of the three (3) most recent pay stubs. If you don't have pay stubs, you can submit a letter from your employer on company letterhead stating your current wage.
- ☐ **SELF-EMPLOYMENT.** Provide a notarized statement of gross receipts, itemized expenses, income for previous 12 months, and a copy of your federal tax return.
- ☐ **SOCIAL SECURITY / SSI / SSD.** Provide current verification for all household members receiving Social Security / SSI / SSD benefits. You may obtain this verification by calling the Social Security Administration at 1-800-772-1213 and requesting a benefits statement.
- ☐ **RETIREMENT PENSIONS / VETERANS BENEFITS / ANNUITIES TRUST.** Provide a copy of your most recent check stub or a statement from the company that issues your payments.
- ☐ **UNEMPLOYMENT.** Provide a copy of your Notice of Benefits letter.
- ☐ **DISABILITY / WORKMAN'S COMPENSATION.** Provide a copy of the most recent check / pay stub received, or a statement from the insurance company.
- ☐ **PUBLIC ASSISTANCE (WELFARE).** Provide a copy of your Public Assistance Benefit statement and Budget Worksheet.
- ☐ **CHILD SUPPORT / ALIMONY.** Provide a copy of the separation/divorce agreement or a notarized statement of the amount(s) from support provider.
- ☐ **BANK STATEMENTS.** Copies of the two most recent statements for all household members' checking, savings, or credit union accounts. Statements must show account activity, including deposits, current balance, and any interest. Account number may be blacked out.
- ☐ **RENTAL PROPERTY INCOME.** Provide copies of receipts to your tenant or a copy of your lease/rental agreement.

Please submit copies of all applicable items to our office at **LEADS SAFE Erie County Lead Hazard Control, 503 Kensington Avenue, Buffalo, New York 14214**. If you have any questions regarding any of the requested items, please call the Lead Hazard Control Staff at (716) 961-6800

STEP 6: IF CHILDREN UNDER 6 LIVE IN HOME, FILL OUT THIS PAGE AND ATTACH TO YOUR APPLICATION

LHC Job #: _____ Please fill out one form for each child under 6 years old



Date: _____

Property Address: _____ Unit: _____

Parent/Guardian Name: _____

Childs Name: _____ DOB: _____

It is recommended that all children under six years of age have their blood tested prior to hazard control work in your home. If your child/children have not received a blood test in the past three (3) months, you should contact your child's/children's primary health care provider or the Erie County Health Department's Childhood Lead Poisoning Prevention Program (961-6800) to arrange for a test.

Please check whichever of the following best describes your child:

- My child under six years of age **has** had his/her blood levels tested in the past three (3) months. Please identify test provider and the date of test.

Provider: _____ Date: _____

- **I hereby authorize the provider to release the results of this blood test to the LEADS SAFE Erie County Lead Hazard Reduction Program.**

- My child under six years of age **has not** had his/her blood lead levels tested in the past three (3) months and **I agree to have him/her tested** at this time.

- For religious and/or personal reasons, I choose **not to have** my child tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the LEADS SAFE Erie County – Lead Hazard Reduction Program.

Parent's or Guardian's Signature

Date