



CITY OF ELMIRA, NEW YORK
DEPARTMENT OF COMMUNITY DEVELOPMENT
City Hall, Third Floor
317 East Church Street
Elmira, New York 14901

LEAD HAZARD REDUCTION and HEALTHY HOMES PROGRAM
Tenant Information (To be completed by tenants of each unit)

Dear Occupant of _____:

The owner of your rental unit _____ has applied to the Healthy Homes and Lead-Paint Hazard Control programs. The program provides home owners with financial assistance to reduce lead hazards from their property.

For the owner to participate in Healthy Homes, you must fill out the following pages. You also must provide two forms of income documentation. All information you give to the City of Elmira will be kept confidential. Your landlord will not have access to this information.

Please mail/email all completed forms and your income documentation to the City of Elmira or give it to your landlord. If you do not provide this information, the property cannot participate in the program.

If you need help with these forms, please call Linda Sowers at 607-737-5693. Photos of the documents are acceptable in lieu of mailing and can be emailed to: lsowers@cityofelmira.net.

Please note: Households must not exceed the income limits listed below. Households receiving Section 8 automatically qualify (Please provide a copy of award letter). If your household meets the income guidelines, please provide all of the Required Resident Information listed below.

Family Size	50% AMI (VERY LOW)	80% AMI (LOW)
1 Person	\$25,000	\$41,250
2 Persons	\$29,450	\$47,150
3 Persons	\$33,150	\$53,050
4 Persons	\$36,800	\$58,900
5 Persons	\$39,750	\$63,650
6 Persons	\$42,700	\$68,350
7 Persons	\$45,650	\$73,050
8 Persons	\$48,600	\$77,750



EQUAL HOUSING OPPORTUNITY EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

Required Tenant Documentation:

1. Photo ID **for all adults in the household**
2. Copy of your most recent Federal Tax Return
3. Verification of all income **for all adults in the household**
4. **WEEKLY PAYSTUBS FROM THE PAST (2) MONTHS**
5. Tenant Income Affidavit (enclosed) **for all adults in the household**
6. Tenant Applicant Data (enclosed)
7. **Copy of Birth Certificate of Child Under Six & Ages of all children**
8. Child Support Documentation if applicable
9. Third Party Income Verification (enclosed)
10. Blood Lead Level Waiver (enclosed)
11. Section 8 Optional Contact Person form

Application will not be processed until all required documentation has been submitted.



LEAD HAZARD REDUCTION and HEALTHY HOMES PROGRAM

Income Affidavit

NAME: _____

ADDRESS: _____

OCCUPATION: _____

NUMBER OF DEPENDENTS/AGES: _____

MONTHLY INCOME: _____

MONTHLY INCOME OF SPOUSE: _____

MONTHLY INCOME OF EMPLOYED DEPENDENTS: _____

INCOME PRODUCED BY REAL ESTATE: _____

CHILD SUPPORT: _____

OTHER INCOME: _____

I hereby certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Please sign here



LEAD HAZARD REDUCTION and HEALTHY HOMES PROGRAM

APPLICANT DATA FOR REPORTING PURPOSES

In order to meet State and Federal reporting requirements, the Program requests that the owner(s) / tenant(s) voluntarily supply the following information. This data will **not** be considered in the evaluation of the application.

A. TITLE: **Owner** **Tenant**

B. SEX: **Female** **Male**

C. RACE/ETHNIC DATA

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.



LEAD HAZARD REDUCTION and HEALTHY HOMES PROGRAM

THIRD PARTY INCOME VERIFICATION

**Tenant: Please give this form to your HR Director, Payroll Personnel, or
Social Security Administrator**

Dear HR Director/Personnel Director/Social Security Administrator:

Your employee/client is in the process of applying for the City of Elmira Lead Hazard Reduction and Healthy Homes Program for their home. As this is a Federally Assisted Program, a Third Party Income Verification is required.

HR Director/Personnel Director:

I verify that _____ is a current employee and that their current salary/hourly rate is _____ . Their average hours are ____/wk. Overtime is _____ .

Social Security Administrator

I verify that _____ currently receives a Social Security benefit amount of _____ per month. I have attached a copy of their social security information.

I hereby certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature _____

Title _____

Date _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**City of Elmira
Department of Community Development
317 E Church Street
Elmira, NY 14901**

Phone: (607) 737-5691

Fax: (607) 737-5696

Medical Release for Child Blood Lead Level
Release to be provided to the Chemung County Health Department

Program Information

The City of Elmira is coordinating and managing the Lead Hazard Control Program in collaboration with the Chemung County Health Department. The Lead Hazard Control Program will focus on residential property addresses with a history of lead-based paint hazards and/or children with elevated blood lead levels. The lead poisoning prevention activities will address the public health problem of lead poisoning with a focus on children under age-six and pregnant women.

Under the U.S. Department of Health and Human Services Privacy Policy Rule (Title 45 of the Code of Federal Regulations (CFR) Parts 160 and 164) and applicable state or local laws and regulation, the Office of Lead Hazard Control and Health Homes (OLHCHH) and its lead hazard control subgrantees (City of Elmira, Community Development), are functioning as public health authority as defined by the Rule (45 CFR 164.501).

The New York State Department of Public Health Law requires that: Physicians/authorized providers who provide medical care to children or pregnant women shall screen or refer them for screening for elevated lead levels at the intervals and using the methods specified in such regulations (New York State Department of Health).

Under the City of Elmira's Lead Hazard Control Program, lead blood levels will be maintained on file for all project activities to ensure that HUD program requirements and standards are maintained.

Medical Release Form

This form is allowing for the release of lead blood levels data maintained by the Chemung County Health Department to the City of Elmira, Department of Community Development. This data is solely for the purpose of HUD OLHCHH Grant program and will be used for no other purpose nor shared with any other department or organization.

Name of Parent or Legal Guardian _____

Current Street Address _____

City _____ State _____ Zip _____

Parental Permission Form/Release

This Release shall remain in full force and effect until the Parent/Guardian notifies the City in writing of his/her desire to terminate this Release or until the participant attains the age of eighteen years, whichever first occurs.

I certify that that I am the parent or legal guardian of the child named below.

Name of Child _____

Age _____

Current Street Address _____

City _____ State _____ Zip _____

I certify that I have read and understood the foregoing release, and I am authorizing the Chemung County Health Department to share lead-blood level medical test information with the City of Elmira, Department of Community Development.

I join in the release without reservation. I further grant my full consent and authorization for the release of this medical data.

Signature of Guardian/Parent _____

Date _____