

**City of Elmira Community Development
Lead Hazard Reduction Program & Healthy Homes
Owner Application**

For further information or assistance call the City of Elmira Community Development Office: (607) 737-5691

DATE: _____ APP. # _____

Part 1: Property Information

Application for (check one): Single Multi-family Is building owner occupied? Yes No

Property Address: _____ # of Dwelling Units: _

How did you hear of the Lead Hazard Reduction Program? _____

No. of Children under the age of 6 (list below): _____ Approximate year of initial construction: _ Name

_____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Part 2: Applicant 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, complete 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

Name & Address of Mortgage Co. _____

Are you and other owner(s) current (up to date) on all **mortgage** payments on the subject property? _____

If not, please explain: _____

Are you and other owner(s) current on all **municipal taxes and assessments** levied on the property? _____

If not, please explain: _____

Are you and other owner(s) current on all **State and Federal Taxes** and assessments on the property? _____

If not, please explain: _____

Have you or any other owner(s) filed for **bankruptcy** during the past 5 years? _____

If yes, please explain: _____

Are you or any other owner(s) willing to contribute your own funds to the abatement effort? Landlords are required to assist by paying 10% of the cost of the project. _____

A credit report will be completed prior to awarding grant money to this project. Please have all owners initial acceptance to this policy. _____

Part 4: Conflict of Interest

Is there any member(s) of the applicant's family or business who are a City employee, consultant, or member of City Council?

Yes No

If yes, please list the name(s) below:

If yes, please identify on a separate sheet of paper the City employee, consultant or member of City Council with whom each individual has family or business ties.

Part 5: Resident Information **Property Address** _____ **App #** _____

Unit	# of Bed rms	Name of Resident (or Vacant)	Race	# in House hold	# of Child <6	Unit Rent	Util. Inc. Y/N	Residents Yrly Income	Phone Number
						\$		\$	
						\$		\$	
						\$		\$	
						\$		\$	

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? _____

Do you have a code or lead order? _____ If yes explain _____ Date: _____

CERTIFICATIONS

The undersigned hereby makes a preliminary application to the City of Elmira Community Development Office (the "City") for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by the City. The undersigned further agrees to permit the Abatement of lead paint in the property by a contractor approved by the City through a selection process.

The undersigned certifies that the property to be improved with the Lead Hazard Reduction Program & Healthy Homes benefits will be continuously rented to persons or families whose income does not exceed HUD's guidelines for low/moderate income and rent that does not exceed the HUD Fair Market limits. In all cases, the landlord shall give priority in renting units for not less than three years following the completion of lead abatement activities, to families with a child under the age of six years.

Building owners agree to maintain the property physically and retain home insurance, naming the City as an insured for the contract term. Building owners agree to maintain tax payments, public fees on the property and mortgage payments.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

All Lead-Safe dwellings created under this program will be placed on a list accessible to all City Departments. Other agencies will have access to this list, including; Community Health Center, Department of Child & Families Services, City of Elmira Housing Authority and other pertinent agencies. The undersigned agrees that the information be accessible as specified to the above departments and agencies.

The City of Elmira has provided a copy of their Policy and Procedures Guidance for the Lead Hazard Control Grant.

The undersigned understands that failure to comply with Lead Hazard Reduction Program & Healthy Homes requirements may result in recapture, by the City, of the monies advanced.

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 and accurate, correct and complete.

Printed Name

Printed Name

Applicant Signature

Date

Applicant Signature

Date

SUBMIT