



# Lead Safe & Healthy Homes Program Homeowner/Tenant Application

## **Required Documentation Checklist**

Submitting a complete application will allow us to process your application more quickly. Please contact our office at (208) 234-6255 if you have any questions, or need help making copies. Return completed applications to Planning & Development Services in Pocatello City Hall at 911 N 7<sup>th</sup> Ave or mail to PO Box 4169 Pocatello, ID 83205.

### ✓ **Completed and signed application form.**

- Please be sure the tenant/resident information page is **completely** filled out, including names of **all** residents, ages, date of birth, income, and signatures.

### ✓ **Information from the property owner:**

- Mortgage.** Proof of mortgage satisfaction *or* a letter from the mortgage lender demonstrating that the mortgage is paid and current.
- Insurance.** The declaration page of the homeowner's insurance policy.
- Flood Insurance.** (If applicable)

### ✓ **Information from unit residents/tenants:**

- Birth Certificates.** Copies of birth certificates for all children age five and under that reside in or regularly visit the home.
- Verification of Visiting Child form. (If applicable)
- If the qualifying resident is a pregnant woman.
- Proof of income for all residents.** Proof of income may include the most recent 2 months' paystubs, SSI or public assistance statements, child support documentation, etc.
- Tax Returns.** Most recent 2 years of tax returns or non-filer information.

### ✓ **Blood Lead Tests:**

- All children age five and under, including visiting children, will need to be blood lead tested prior to the start of lead hazard control work (within 6 months of work starting). Parents should contact their Primary Care Physician to obtain current blood lead tests.

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## Eligibility Requirements

**Lead Safe & Healthy Homes Pocatello** is a program funded by a grant from the U. S. Department of Housing and Urban Development (HUD). Although there is no cost to participate in the program, the following eligibility requirements must be met:

- Eligibility for the HUD Lead Safe & Healthy Homes Program is based on the individuals residing in the dwelling unit.
- Unit(s) must be constructed prior to 1978.
- Unit(s) must house a child age five or under *OR* a pregnant woman *OR* a child age 5 or under who spends a significant amount of time in the home – at least 6 hours per week, 10 weeks per year.
- The members of the household must meet low income guidelines, as determined by the federal government.
- Occupied Rental Units (4 units or less)
  - Occupant(s) income must be at or below 80% AMI
- Single-family, owner-occupied and rental units
  - Occupant(s) income must be at or below 80% AMI
- Vacant, family-friendly rental units may qualify.

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*Please complete one application per dwelling unit (apartment or home).*

## **Project Property Unit Information**

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Single-Family Dwelling? Yes  No  Number of Dwelling Units in Building: \_\_\_\_\_

Owner Occupied? Yes  No  Rental Property? Yes  No  Vacant? Yes  No

Year of Building Construction? \_\_\_\_\_ Type of Exterior (e.g. vinyl, wood, brick, stucco): \_\_\_\_\_

Number of original/wood windows in unit: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

**\*Please provide copies of all receipts referenced in the following section.**

Are all property taxes paid/current? Yes  No  Are water bills paid/current? Yes  No

Is Mortgage current? Yes  No  Mortgage Satisfied Date: \_\_\_\_\_ N/A

Can occupant provide proof of ownership? Yes  No  N/A

Is property located in a floodplain? Yes  No

If "Yes," is property insured against flooding? Yes  No

Name of Homeowners insurance company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Has the property ever had lead-paint hazard reduction work? Yes  No

Date of work performed, if known: \_\_\_\_\_

Is the property currently enrolled in any other type of repair or rehab program? Yes  No

If so, identify: \_\_\_\_\_

Are you planning any rehabilitation work on this property in the near future? Yes  No

If so, explain: \_\_\_\_\_

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## **Property Owner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Is your ownership: Individual  Corporation  Partnership  LLC  Other  \_\_\_\_\_

Property Manager/Representative's Name: \_\_\_\_\_

Street: \_\_\_\_\_ Unit#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Is the property owner a City of Pocatello Employee? Yes  No

Does the property owner have a relationship with the City of Pocatello, the Pocatello Lead Hazard Control

Program, or a Pocatello City Employee? Yes  No  If yes, explain: \_\_\_\_\_

## **Household Members/Resident Tenant Information** Unit # \_\_\_\_\_

If applicable: Lease expiration date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

1. Is there a child age 5 or under living there full-time? Yes  No

If "Yes," please list child ages: \_\_\_\_\_

**\*Please attach copies of birth certificates for all children age 5 and under.**

2. Is there a child age 5 or under who is a **regular visitor (at least 6 hours per week, 10 weeks per year)** but does not live there? Yes  No

**\*A Visiting Child Certification Form is required.**

3. Is there a pregnant woman living there? Yes  No

4. If lead hazards will be removed from the house, will members of the household have a place to go (for about 10 days)? Yes  No  Where? \_\_\_\_\_

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## Household Members/Resident Tenant Information

**\*PROOF OF ALL RESIDENT/TENANT INCOME IS REQUIRED.**

**\*ALL CHILDREN AGE 5 AND UNDER MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS. Parents should contact their Primary Doctor for testing.**

**Household Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Unit #** \_\_\_\_\_

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No   
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No   
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No   
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No   
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Receiving Medicaid? Yes  No   
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

**(For additional residents please attach a new sheet of paper)**

Is any resident listed above a City of Pocatello Employee? Yes  No

Does any resident have a relationship with the City of Pocatello, the Lead Safe & Healthy Homes Program, or a City of Pocatello Employee? Yes  No

If yes, explain: \_\_\_\_\_

**I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete. I agree that the withholding of any pertinent information may result in denial of services by the City of Pocatello or reimbursement of grant funds by the homeowner to the City of Pocatello Lead Safe & Healthy Homes Program.**

Owner/Landlord Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

City Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Lead Hazard Blood Test Release Form

It is recommended that all children age five and under have their blood lead level tested prior to lead hazard control work in your home. If your children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or local health department to arrange for a test.

Blood lead level tests are also recommended for all children age five and under within three (3) months following the completion of all lead hazard control work in the home.

Please check one of the following which best describes your child's/ children's experience.

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\_\_\_\_\_ My child/children age five and under **has/have had** their blood lead levels checked in the past three (3) months. Please identify test provider and date of test.

\_\_\_\_\_ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

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\_\_\_\_\_ My child/children age five and under **has/have not had** their blood lead levels tested in the past three (3) months and I agree to have them tested at this time.

\_\_\_\_\_ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

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\_\_\_\_\_ I choose not to have my child/children age five and under tested for elevated blood lead levels at this time.

I/ We voluntarily disclose this information. I/We understand that disclosure of this information is not required, but recommended, for participation in the Lead Safe & Healthy Homes Program.

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Parent/Guardian Signature

Date

Home Address: \_\_\_\_\_

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## Visiting Child Verification Form

I \_\_\_\_\_ certify that \_\_\_\_\_ / /  
Applicant Child's Name DOB

(a child age five and under) spends a \*significant amount of time visiting the property located at: \_\_\_\_\_  
Address

\*Significant is defined as “At least two different days within any week (Sunday through Saturday period), provided that each day’s visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits at least 60 hours.”

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Child's Relationship to Applicant

# FY2023 CDBG Income Limits

Effective 6/15/2023

FY2021 Income limit category**	Household Size							
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
Extremely Low Income limits <b>30%</b>	\$16,250	\$18,550	\$20,850	\$23,150	\$25,050	\$26,900	\$28,750	\$30,600
Very Low income limits <b>50%</b>	\$27,050	\$30,900	\$34,750	\$38,600	\$41,700	\$44,800	\$47,900	\$51,000
Low Income Limits <b>80%</b>	\$43,250	\$49,400	\$55,600	\$61,750	\$66,700	\$71,650	\$76,600	\$81,550

\*\*Include income of ALL adults in household