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 7th 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.
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

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)
  o Occupant(s) income must be at or below 80% AMI
- Single-family, owner-occupied and rental units
  o Occupant(s) income must be at or below 80% AMI
- Vacant, family-friendly rental units may qualify.
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

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: ___________________________________________________________________
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

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? ____________________________________________
# Lead Safe & Healthy Homes Program
## Homeowner/Tenant Application

### 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.*

<table>
<thead>
<tr>
<th>Household Contact Name:</th>
<th>Phone Number:</th>
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</tbody>
</table>

**Unit # _____**

<table>
<thead>
<tr>
<th>1. Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Relationship:</th>
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<tbody>
<tr>
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</tbody>
</table>

Monthly Income: ______  Receiving Medicaid? Yes ☐ No ☐
Employer: _______  Employer’s Address: ____________________________

<table>
<thead>
<tr>
<th>2. Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Relationship:</th>
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</table>

Monthly Income: ______  Receiving Medicaid? Yes ☐ No ☐
Employer: _______  Employer’s Address: ____________________________

<table>
<thead>
<tr>
<th>3. Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Relationship:</th>
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Monthly Income: ______  Receiving Medicaid? Yes ☐ No ☐
Employer: _______  Employer’s Address: ____________________________

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<thead>
<tr>
<th>4. Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Relationship:</th>
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</tbody>
</table>

Monthly Income: ______  Receiving Medicaid? Yes ☐ No ☐
Employer: _______  Employer’s Address: ____________________________

<table>
<thead>
<tr>
<th>5. Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Owner/Landlord Name</th>
<th>Signature</th>
<th>Date</th>
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<tr>
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<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Tenant Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>City Representative</th>
<th>Signature</th>
<th>Date</th>
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</tbody>
</table>
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

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.

_____ 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.

_____ 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.

_____ 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.

________________________________________
Parent/Guardian Signature

Date

Home Address:________________________________________
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.”

__________________________________________ Date __________________________
Applicant Child’s Relationship to Applicant
**FY2023 CDBG Income Limits**

Effective 6/15/2023

<table>
<thead>
<tr>
<th>FY2021 Income limit category**</th>
<th>Household Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 person</td>
</tr>
<tr>
<td>Extremely Low Income limits</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>$16,250</td>
</tr>
<tr>
<td>Very Low income limits</td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>$27,050</td>
</tr>
<tr>
<td>Low Income Limits</td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>$43,250</td>
</tr>
</tbody>
</table>

**Include income of ALL adults in household**