



Gateway Community Action Partnership

RIVER'S EDGE COMMUNITY CAMPUS

110 Cohansey Street, Bridgeton, NJ 08302

(856) 451-6330 • (856) 455-7288 FAX • www.gatewaycap.org

Application and Information: Lead Assistance Programs

INTRODUCTION

The New Jersey Department of Community Affairs (DCA) provides multiple lead assistance programs for low-income families in NJ. The purpose of the programs is to identify and remediate lead-based paint hazards via interim controls and lead abatement to prevent elevated blood lead levels in children and pregnant women.

ELIGIBILITY

To be eligible for the Program, properties and homeowners must meet the following criteria:

- ☐ Applicants must meet income guidelines for the county;
- ☐ Property must consist of 1-4 residential units;
- ☐ Property must have been built prior to 1978;
- ☐ Property must have a presence of lead-based paint hazards;
- ☐ **HUD Lead Abatement Program ONLY:** Applicant Household must be occupied or frequently visited by a child under the age of 6.

INCOME ELIGIBILITY

The Lead-Safe & Single-Family Home Remediation Grant and HUD Lead-Based Paint Hazard Reduction Program's participants should be low to moderate income (LMI) homeowners or tenant occupants. The homeowner occupant and/or the tenant household's gross income should not exceed 80% of Area Median Income in their respective counties.

Number of Person(s) in Household

80% Area Median Income								
County	One	Two	Three	Four	Five	Six	Seven	Eight
Cumberland	\$43,150	\$49,300	\$55,450	\$61,600	\$66,550	\$71,500	\$76,400	\$81,350
Gloucester	\$52,950	\$60,500	\$68,050	\$75,600	\$81,650	\$87,700	\$93,750	\$99,800
Salem	\$52,950	\$60,500	\$68,050	\$75,600	\$81,650	\$87,700	\$93,750	\$99,800

Application Instruction

To be determine eligibility, an application must contain all the requested information. If the exact 'Year of the Building Construction' is unknown, please estimate to the best of your knowledge.

No Show/No Entry Fee

The Application will be responsible for paying a No-Show/No-Entry fee to the Lead Evaluation Services company of **(\$100.00)** if the lead evaluation services company or contractor arrives onsite for a scheduled site visit at the subject property and testing or other evaluation services cannot be conducted or completed due to no fault of the lead evaluation services company or its employees and/or due to any conditions stated in the attached "Right of Entry (ROE) and Release of Information" Document.

Question?

Please call us at: 856.497.6645 or 856.451.6330 ext.1645

Please mail the completed application to address above: Gateway Community Action Partnership

Helping People • Changing Lives • Gateway to Success

"Our mission is to improve the quality of life and promote self-sufficiency."



Application Checklist

- ☐ **Signed “Confirmation of Receipt of Lead Pamphlet”**
- ☐ **Completed application form** (*all information completed and signed by owner*)
- Documents to verify income:**
 - ☐ • Copies of current payroll stubs or a signed employer verification of income
 - ☐ • Certifications of income from non-payroll sources such as unemployment and disability compensation, worker’s compensation and severance pay, Aid to families of Dependent Children (AFDC), or Supplemental Security Income (SSI)
 - ☐ • Copies of Social Security earnings statements, other annuity or retirement income statements.
- For Applicants and/or Members of Household with No Income, Signed and Notarized Copies of:**
 - ☐ • **“Affidavit of No Income”**
 - ☐ (for Applicant)
 - ☐ (for Members of Household)
 - ☐ N/A
 - ☐ • **“Certification of No Income Tax Filing”**
 - ☐ (for Applicant)
 - ☐ (for Members of Household)
 - ☐ N/A
- ☐ **Signed “Right of Entry Form”**
- ☐ **Copies of Social Security Cards or Equivalent Documentation for all household members**
- ☐ **Proof of Residence at Property**
- ☐ **Proof of Ownership** (copy of mortgage deed, or rental agreement, or county tax record)
- For Owner Applicants:**
 - ☐ • **Copy of property deed** (We only need a copy of the first page showing all current owners. May be obtained through your local town clerk)
 - ☐ N/A
- For HUD Program ONLY:**
 - ☐ • **Proof of Elevated Blood Lead Testing and Results**



**Lead Assistance Program
Application**

Department of Health Information

Has the Local Department of Health issued an Order to Abate for the home? ☐ Yes ☐ No

If yes, and in one of the 11 target service municipalities, then lead abatement must be done under the HUD grant.

NJ Weatherization Assistance Program

Has the property been deferred from the NJ Department of Community Affairs (DCA) Weatherization Assistance Program (WAP) due to the presence of lead-based paint hazards? ☒ Yes ☐ No

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: (Home): _____ Phone (Work): _____

Email Address: _____ Cell Phone: _____

Property Information

Address: _____

City/Town, and Zip Code: _____

Block Number: _____ Lot Number: _____

County: _____

Number of Legal Dwelling Units in Building: ☐ One (1) Unit ☐ Two (2) Units
☐ Three (3) Units ☐ Four (4) Units

Year of Building Construction: _____

Historical Significance- Has the property been designated "historic," or is it located in a historic district?

☐ Yes ☐ No ☐ Unsure

Type of Exterior (vinyl, wood clapboard, etc.): _____

Occupancy Information (please choose one)

☐ Owner Occupied Single Family ☐ Rental Only Property

☐ Combined, Owner Occupied with Rental (owner resides at, but rents part of building)

Is the unit determined to be structurally sound, and occupancy is permissible, under State and Local building and property maintenance codes? ☐ Yes ☐ No

Lead Program Manager

I certify that, based on the application information, the applicant shall be allocated to one of the following programs

☐ State Lead-Safe ☐ State Single-Family ☐ HUD Lead-Based Paint Hazard Reduction Program

Manager Signature: _____

Date: _____

Lead-Safe Home Remediation Grant Program/HUD Lead-Based Paint Hazard Reduction Program

Applicant Income Verification Form

Instructions

This form must be completed by the occupant(s) of the home for which assistance is being requested from DCA Lead-Safe Program/HUD Lead-Based Paint Hazard Reduction to provide lead-safe/lead-abatement repairs. **(Landlords do not fill out this section unless they are requesting assistance for the unit they are living in).** Please list all household members below. Please provide the total yearly income for all persons residing in the unit from all sources, including income from employment, pensions, social security, ANFC, SSI, alimony/child support, workers compensation, and interest on savings accounts and other assets.

Copies of 3rd party documented evidence of these income sources must be provided. See the attached application checklist for types of documentation that are acceptable. *All evidence provided shall be kept strictly confidential*

List Name(s) of all Occupants	Relationship	Gender	Date of Birth	Ethnicity & Race**	*Income Amount	Income Source
	Head of Household	<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

Total Annual Household Income (Includes income of all occupants) \$ _____

I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the () to verify the income figure, I have provided. This may include providing additional information for verification purposes.

Applicant Signature: _____ **Date:** _____

*If the income amount of 18+ individual is \$0, please complete the appropriate No Income Forms listed on page 2 of this Lead Application, Application Checklist

**** Ethnicity and Race Instructions**

The Lead-Safe Home Remediation Grant Program is required by State of New Jersey to collect and annually report these demographics in an aggregate manner so that no personal information is shared. Please indicate by number each demographic that applies for each individual. Ethnicity applies for each race response meaning a minimum of two numbers will apply for each response such as B,3 or B,4 etc. or more if multiple race responses such as B,2,5 (Not Hispanic, Asian, and White)

Ethnicity

- A. Hispanic or Latino
- B. Not Hispanic or Latino

Race

- 1. American Indian or Alaskan Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 6. Other (Hispanic, or mixed)

Note: The demographic information you provided does not affect in any way how your application for assistance or eligibility is considered by our office.