



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	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800
Gloucester	\$62,500	\$71,400	\$80,350	\$89,250	\$96,400	\$103,550	\$110,700	\$117,850
Salem	\$62,500	\$71,400	\$80,350	\$89,250	\$96,400	\$103,550	\$110,700	\$117,850

Application Instruction

To 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 Applicant 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:

856.451.6330 (Cumberland Ext. 1647) (Salem Ext. 2102) (Gloucester Ext. 1090)

Please mail the completed application to designated Gateway Agency in your county:

Gateway Community Action Partnership
110 Cohansy Street
Bridgeton, NJ 08302
Attn: LRAP



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: _____

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.



Gateway Community Action Partnership EmpowOR Tracking ~ Intake Form



Participant ID #: _____

Applicant Information:

Household ID #: _____

Social Security # ____ - ____ - ____	Name: _____ (first name) (mi) (last name)	DOB: ____ / ____ / ____	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Address: _____

Email Address: _____

Race: 1 <input type="checkbox"/> White	5 <input type="checkbox"/> American Indian and Alaska Native	9 <input type="checkbox"/> Haitian
2 <input type="checkbox"/> Black or African American	6 <input type="checkbox"/> Native Hawaiian and Other Pacific Islander	10 <input type="checkbox"/> Arabic
3 <input type="checkbox"/> Hispanic	7 <input type="checkbox"/> Biracial/Multi-Race	11 <input type="checkbox"/> Japanese
4 <input type="checkbox"/> Asian	8 <input type="checkbox"/> Multi-Race/More than one race	12 <input type="checkbox"/> Other/Mixed

Ethnicity: Hispanic or Latino Origin Yes No Ethnicity: _____ Language Spoken: _____

Phone # (856) ____ - ____ (work) (856) ____ - ____ (home) () ____ - ____ (cell) () ____ - ____ ()	Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Unmarried, living together <input type="checkbox"/> Married, living separate <input type="checkbox"/> Married, living together <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legally Responsible Adult <input type="checkbox"/> Other _____
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Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____	Family Members: # of Adults _____ # of Children _____ Total Household Size: _____ # of Seniors _____ # of Disabled _____	Education Level of Adults: 1 <input type="checkbox"/> 0-8 2 <input type="checkbox"/> 9-12 / non-graduates 3 <input type="checkbox"/> High School grad / GED 4 <input type="checkbox"/> 12+ some post secondary 5 <input type="checkbox"/> 2 or 4 yr college graduate
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Do you currently have Health Insurance? Yes No Other _____

Are you or any household member currently receiving services from Gateway? Yes or No
If yes, what family member(s)? _____ What services? _____

Family Members:

Social Security # ____ - ____ - ____	Name: _____ (first name) (mi) (last name)	Race #: ____	DOB ____ / ____ / ____	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____
Social Security # ____ - ____ - ____	Name: _____ (first name) (mi) (last name)	Race #: ____	DOB ____ / ____ / ____	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____
Social Security # ____ - ____ - ____	Name: _____ (first name) (mi) (last name)	Race #: ____	DOB ____ / ____ / ____	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____

Social Security # ____-____-____	Name: _____ (first name) (mi) (last name)	Race #: Hispanic Origin Y / N	DOB / / Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____
Social Security # ____-____-____	Name: _____ (first name) (mi) (last name)	Race #: Hispanic Origin Y / N	DOB / / Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____
Social Security # ____-____-____	Name: _____ (first name) (mi) (last name)	Race #: Hispanic Origin Y / N	DOB / / Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____
Social Security # ____-____-____	Name: _____ (first name) (mi) (last name)	Race #: Hispanic Origin Y / N	DOB / / Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Education Level #: _____

Are you a Veteran? Yes No

Are any household members a Veteran? Yes No If yes, who _____

Are you disabled? Yes No

Are any household members disabled? Yes No If yes, who _____

Number of Household Members with Income: _____ Number of Household Members 18 years or older: _____

Family Income Information	Parent		Co-Parent	
	Monthly	Annually	Monthly	Annually
Wages and Salary (gross):				
Social Security (SS):				
Supplemental Security Income (SSI):				
Social Security Disability (SSDI)				
Unemployment:				
Workmen's Comp.:				
Disability:				
Pension:				
TANF Cash Assistance: TANF Case #				
General Assistance:				
Food Stamps:				
Child Support/Alimony:				
Foster Care / Adoption Subsidy:				
Other				
Other				
TOTAL GROSS INCOME:				

I verify that the information above is true and accurate.

Applicant Signature: _____

Date: _____

(EmpowOR Users Only) Level of Family Income (% of HHS Poverty Guidelines) _____ %

Intake completed by: _____ Program: _____ Date: _____

Department: _____ County: _____ Physical Location of Client File: _____

Lead-Safe Home Remediation Pilot Grant Program

Confirmation of Receipt of Lead Pamphlet

Certification:

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, from (_____) informing me of the potential risk of lead hazard exposure. I received this pamphlet prior to my application submission to the NJ Department of Community Affairs' (DCA) Lead-Safe Home Remediation Pilot Grant Program.

Printed Name of Recipient

Date

Signature of Recipient

Lead-Safe Home Remediation Pilot Grant Program

Right-of-Entry (ROE) Permit and Release of Information

Applicant Name:	
Address:	
City:	County:
Phone:	
Email:	

The undersigned (Applicant) hereby unconditionally authorizes New Jersey Department of Community Affairs (NJDCA), and the Lead-Safe Home Remediation Pilot Grant Program (Lead-Safe Pilot Grant Program) Program Managers and their respective assigns, employees, agents, and contractors (collectively, the "Lead-Safe Pilot Program Managers") to have the right of access and to enter in and onto the property described above for the purpose of performing property and environmental and historic preservation review inspections, taking sample materials for specialized testing for the purposes of participating in the NJ Lead-Safe Pilot Grant Program.

It is fully understood that this Right of Entry Permit (ROE) does not create any obligation on the part of the Lead-Safe Pilot Program Managers, or its contractors to perform inspections or undertake repairs to the Property.

Applicant understands and agrees:

- 1) *Completion of ROE:* No inspections and repairs will be performed until this ROE is completed in full.
- 2) *Full Access:* The property owner is solely responsible for insuring that full access is provided to the lead evaluation services company for scheduled on-site testing of the subject property. Full access shall mean providing access to all habitable and non-habitable areas within the subject property, garages, storage areas, outbuildings, lands, and grounds. Should the lead evaluation services company be unable to complete scheduled on-site testing of the subject property due to the owner's failure to provide full access, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, partial access shall mean any limitations on access to the subject property which precludes the lead evaluation services company from completing a Lead-Safe Pilot Program assigned inspection or testing procedure. Partial access shall be treated as no access.
- 3) *Lighting/Visibility:* The property owner is solely responsible for insuring adequate lighting is available at the subject property during scheduled testing. Should the lead evaluation services company be unable to complete scheduled on-site inspection or testing of the subject property due to the owner's failure to provide adequate lighting, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, adequate lighting shall mean sufficient light to allow inspection or testing of building components and surfaces without additional equipment. In the event the property owner is unable to provide sufficient lighting, the owner may request that the lead evaluation services company provide lighting equipment at an additional cost to the owner. If the

Lead-Safe Home Remediation Pilot Grant Program

Owner elects this option, the Owner must notify the lead evaluation services company no later than the date that the inspection or testing is scheduled.

- 4) *Time Period:* The ROE shall expire 12 months after this form is signed, unless sooner cancelled according to the terms herein.
- 5) *Inspections:* The ROE authorizes inspections of the Property and Home. Applicant understands that the NJDCA, its employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands that the Lead-Safe Pilot Program, its employees, agents, contractors and/or representatives, in their sole discretion, determine the extent of the required inspections for environmental and historic preservation reviews. Applicant understands that more than one (1) inspection may be required, and agrees to provide access for any subsequent or all inspections.
- 6) *Lead Inspection/Risk Assessments:* The Applicant authorizes the lead evaluation service company or contractor(s) to conduct lead-based paint inspection and testing, and project management services in accordance with the lead evaluation service company or contractor's contract with the New Jersey Department of Community Affairs.
 - a. *No-Show/No-Entry Fees-* The Applicant/Property Owner will be responsible for paying a No-Show/No-Entry fee to the Lead Evaluation Services company of \$_____ 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 this document.
- 7) *Pets:* The property owner will be responsible for insuring that no unleashed or otherwise unrestrained dogs or other potentially vicious pets are present at the subject property which prevents full access to the property to conduct scheduled testing or observation of the building conditions. Should the lead evaluation services company be unable to complete scheduled on-site testing of the subject property due to the presence of unleashed or otherwise unrestrained dogs or other potentially vicious pets, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), above. For the purposes of this section, partial access which precludes the lead evaluation services company from completing a Lead-Safe Pilot Program assigned inspection or testing procedure shall be treated as no access and will result in a No-Show/No-Entry Fee.
- 8) *Photos:* Applicant understands and authorizes the NJDCA, Lead-Safe Pilot Program, and its contractors, and Lead-Safe Pilot Program Managers, their employees, agents, contractors and/or representatives to take photos, digital likenesses, and audio/video recordings of the Applicant, property and damages, and authorizes the use of such items for the purposes of promotion of the Lead-Safe Pilot Program on the Program website, newsletters, news releases, or other media outlets.
- 9) *Sampling:* Applicant understands and authorizes the Lead-Safe Pilot Program Managers, its inspectors/technicians and its contractors, to collect samples (ex; drywall compound, floor tile, piping insulation, paint, ceiling tile, soil, etc. *this is not an all-inclusive list*) of housing materials for purposes of testing for potentially hazardous materials (including lead paint, asbestos, mold, etc.) in accordance with the requirements of local, state, and federal authorities. Applicant understands that this

Lead-Safe Home Remediation Pilot Grant Program

sampling may result in minor damages to the property (damages may be repaired if the Applicant receives assistance from the Lead-Safe Pilot Program, but will not be repaired if the Applicant does not receive assistance from the Lead-Safe Pilot Program Program).

- 10) *Repairs*: The ROE authorizes repairs to the Property and Home. Applicant understands that the NJDCA and the Lead-Safe Pilot Program Managers, their employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands and agrees to provide full access to property and home at all times during the inspection and construction phase to the NJDCA and Lead-Safe Pilot Program Managers, their employees, agents, contractors and/or representatives, during the contracted period, for all Lead-Safe Pilot Program work to be performed.
- 11) *Disclosures*: By signing this ROE, Applicant acknowledges that none, some, or all of the above mentioned work may be performed pursuant to this ROE and the Lead-Safe Pilot Program. Applicant further acknowledges that work may be destructive to limited small amounts/areas of the current home for test sample purposes. Applicant understands and acknowledges that the areas damaged by the inspector taking the testing samples may not be repaired by Lead-Safe Pilot Program if Applicant elects to discontinue with the Lead-Safe Pilot Program or Applicant is not eligible for repairs by the Lead-Safe Pilot Program.
- 12) *Waiver and Hold Harmless*: The undersigned will indemnify and hold harmless the NJDCA, Lead-Safe Pilot Program, and its representatives, and Lead-Safe Pilot Program Managers for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or for bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Lead-Safe Pilot Program Managers taken to accomplish the aforementioned purpose.
- 13) *Authority*: Applicant represents and warrants that Applicant has full power and authority to execute and fully perform Applicant's obligations under this ROE. If Applicant is an entity, Applicant also represents and warrants that Applicant has such power and authority pursuant to its governing instruments, without the need for any further action, and that the person(s) executing this ROE on behalf of Applicant are the duly designated agents of Applicant and are authorized to do so. Applicant expressly represents and warrants that fee title to the Premises is vested solely in Applicant.
- 14) *Tools and Equipment*: All tools, equipment, and other property taken upon or placed upon the property by the Lead-Safe Pilot Program Managers shall remain the property of the Lead-Safe Pilot Program Managers and may be removed by the Lead-Safe Pilot Program Managers at any time within a reasonable period during this ROE, if necessary.
- 15) *Information Sharing*: Information is collected to make it possible for the NJDCA, Lead-Safe Pilot Program, and Lead-Safe Pilot Program Managers, their employees, agents, contractors and/or representatives to enter Applicant's property, inspect for damage, and/or undertake emergency protective measures. Information submitted will be shared with other government agencies (Federal,

Lead-Safe Home Remediation Pilot Grant Program

State and City), their contractors, subcontractors and employees, as well as with vested agencies performing inspections and/or repairs, for official use only in accordance with the purposes stated in this ROE.

To cancel this Right of Entry Permit and Release of Information, I understand the cancellation must be signed by the Applicant and provided in writing to the Lead-Safe Pilot Program Managers. Phone-in and verbal cancellations will not be accepted.

By cancelling this form, the Applicant acknowledges that inspections and repairs may not be performed by the Lead-Safe Pilot Program and their respective assigns, employees, agents, and contractors.

Signature(s) and Witness

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this ____ day of _____, 20 _____.

Applicant Signature:

Date:

Witness

Lead Assistance Programs

Owner's Permission for Lead Hazard Reduction (For Tenant and Owner-Occupied Applicants)

Client Name: _____

Address: _____

Lead Hazard Reduction Measures to be installed:

I _____, authorize _____ to install or sub-contract the installation of lead hazard reduction measures listed above to my property located at _____

I also understand that under the State Procurement Guidelines, the scope of work is to be bid out and awarded to the lowest responsible bidder or provided to the next contractor in the Request for Qualifications, Round Robin process. I, as the property owner, understand that the contractor and lead evaluator is not chosen by me, but by the Lead Assistance Program Agency, as per the NJ State Procurement Laws.

I further certify that the house or building at the above location is not in foreclosure or scheduled for demolition within the 12 months from the date of lead hazard reduction work.

(Signature of Owner or Authorized Agent)

Date

Certification of No Social Security Number

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

The department requires that all applicants for the Lead-Safe Home Remediation Pilot Grant Program disclose and verify the Social Security Numbers (SSN) for each household member. Any member of the household who has not been assigned an SSN must certify that an SSN has not been assigned by signing this certification. If the individual who is required to execute this certification is less than 18 years of age, his or her parent or guardian must execute it.

I, _____, certify that I have not been assigned a Social Security Number

OR

I, _____, certify that _____ a minor, whose parent or guardian I am, has not been assigned a Social Security Number.

Signature

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION

Lead-Safe Home Remediation Pilot Grant Program

Affidavit of No Income for Applicant

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I do not receive earned income, benefits or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received by my household and that this information must be reported promptly to a representative of the Lead-Safe Home Remediation Pilot Grant Program.

Name of the Applicant

Signature

Date of Signature

Notarize:

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Lead-Safe Home Remediation Pilot Grant Program

Affidavit of No Income for Member of Household

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that, _____ (name of person without income) is a member of my household and does NOT receive earned income, benefits or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received by my household and that this information must be reported promptly to a representative of the Lead-Safe Home Remediation Pilot Grant Program.

Signature of the Applicant

Date

Signature of the Household Member

Date

Notarize:

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Lead-Safe Home Remediation Pilot Grant Program

Certification of No Income Tax Filing for Applicant

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I did not file a Federal or State Income Tax Return for the calendar year 20_____.

Name of the Applicant

Signature of Applicant

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.

Lead-Safe Home Remediation Pilot Grant Program

Certification of No Income Tax Filing for Members of Household

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I did not file a Federal or State Income Tax Return for the calendar year 20_____.

Name of the Household Member

Signature of the Household Member

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.

Lead-Safe Home Remediation Pilot Grant Program

Landlord/Tenant Lead-Safe Remediation Agreement (For Properties with Tenants)

This AGREEMENT, made this _____ day of _____ between _____ hereinafter called the Agency, the Owner or the Owner's authorized Agent _____ hereinafter called the Owner, and _____ hereinafter called the Tenant.

The Owner is the lawful Owner of the property located at _____ Block _____, Lot _____, in the City of _____ County of _____, New Jersey.

The Owner has executed the corresponding affidavits and has provided this Agency with proof that the property is not subject to a tax lien. The Agency has certified that the Tenant is eligible for the Lead-Safe Home Remediation Pilot Grant Program hereinafter called the "Lead-Safe Pilot Program".

The Owner and Tenant hereby grant permission for the designated personnel of the Agency to enter upon said property to make inspections, repairs and/or improvements as necessary to said property for the purpose of remediation of lead-based paint hazards along with the understanding that there will be no charge made to the tenant for either labor or materials as set forth in 10CFR 440.22.

The Owner and the Tenant agree to indemnify and hold harmless the Agency from any and all liability for personal injuries and/or property damage which may occur during or after the completing of the lead-safe remediation project in connection with any of the materials installed or any of the work performed.

The Owner agrees not to evict or remove the tenant from the lead-safe dwelling unit as long as the Tenant is in compliance with all ongoing obligations and responsibilities.

The Owner agrees that rent shall not be raised because of the increased value of dwelling units due solely to lead-safe remediation assistance provided under this program.

The Agency will carry out the lead-safe remediation measures without undue or excessive enhancement of the aforesaid property and with benefit to the Tenant.

Owner _____ *Date:* _____

Tenant _____ *Date:* _____

Agency _____ *Date:* _____