



Dear Homeowner:

Thank you for participating in the City of Rocky Mount Community Development Lead Hazard Control Program. Find attached an application to be completed. Call to schedule an appointment to bring your application. Please include the following information:

- Income Verification(s)
- Income tax return(s)
- Homeowner's insurance
- Social Security statement for all household occupants (*must obtain from the Social Security office on Sunset Avenue*)
- Flood Insurance (if in 100 or 500 year floodplain)
- Copy of Birth Certificate for child(ren) under the age of six
- Mortgage Statement

NOTE: Incomplete applications will not be accepted. All the above requested documentation is required.

If you have any questions, feel free to call me at 972-1145.

Thank you,

Deborah L. Jenkins

Deborah L. Jenkins
Lead Project Coordinator



Lead Hazard Control Owner Occupied Application

Please return application and documentation to:
 City of Rocky Mount
 Lead Hazard Control Program
 P.O. Box 1180
 Rocky Mount, NC 27802-1180
 For questions or assistance call (252) 972-1354

Property Owner 1: _____ SSN: _____ Race: ___ Date of Birth: _____
 Property Owner 2: _____ SSN: _____ Race: ___ Date of Birth: _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____
 Telephone #: Home: (____) _____ Work: (____) _____

Property Information

Property Address _____
 City _____ State _____ Zip Code _____
 Occupant (if Different From Owner) _____ Telephone #: (____) _____

Year House Built _____ Number of Rooms _____ Number of Bedrooms _____
 Total Square Feet (if known) _____
 Homeowners Insurance Yes ___ No ___ Flood Insurance Yes ___ No ___
 Has your property ever been under investigation by the local health department? Yes ___ No ___
 Is your property also the address of an in-home daycare? Yes ___ No ___

The following information will be required to complete the application process:

- Income Verification(s)
- Social Security Form (*must obtain from the Social Security office on Sunset Avenue*)
- Income tax return(s) and W-2s
- Homeowner's insurance
- Flood Insurance (if in 100 or 500 year floodplain)
- Copy of Birth Certificate for child(ren) under the age of six
- Blood Level Test results for child(ren) under the age of six
- Mortgage Statement

List all occupants receiving income in household (attach additional sheet if necessary):

Occupant Information

List of all children under the age of six that reside in the home:

Name	DOB	Age	Relationship to Applicant	Test Results (if known)

Reminder: Income sources include pension/retirement, child support, disability, public assistance, social security, and employment. Please circle pay rate as hourly, weekly, monthly or yearly. For more than one source of income please complete an additional income section, including name of person receiving income.

A. Head of Household Information

(1) Name: _____ Birth date: _____ Sex: M F
SS#: _____ Race: _____ Marital Status: S M D W

(2) Income: _____/hr/wk/mo/yr # hrs/week: _____
Source: _____

Address of Employer: _____
Phone #: _____

Verification Date: _____ Annual Income: _____
Relationship To Applicant: _____ Length of Employment: _____

B) (1) Name: _____ Birth date: _____ Sex: F
SS#: _____ Race: _____ Marital Status: M

(2) Income: _____/hr/wk/mo/yr # hrs/week _____
Source: _____

Address of Employer: _____
Phone #: _____

Verification Date: _____ Annual Income: _____
Relationship To Applicant: _____ Length of Employment: _____

C) (1) Name: _____ Birth date: _____ Sex: M F
SS#: _____ Race: _____ Marital Status: S M D W

(2) Income: _____/hr/wk/mo/yr # hrs/week: _____
Source: _____

Address of Employer: _____
Phone #: _____

Verification Date: _____ Annual Income: _____
Relationship To Applicant: _____ Length of Employment: _____

D) (1) Name: _____ Birth date: _____ Sex: M F
SS#: _____ Race: _____ Marital Status: S M D W

(2) Income: _____/hr/wk/mo/yr # hrs/week: _____
Source: _____

Address of Employer: _____
Phone #: _____

Verification Date: _____ Annual Income: _____
Relationship To Applicant: _____ Length of Employment: _____

E) (1) Name: _____ Birth date: _____ Sex: M F
 SS#: _____ Race: _____ Marital Status: S M D W

(2) Income: _____/hr/wk/mo/yr # hrs/week: _____
 Source: _____

Address of Employer: _____
 Phone #: _____

Verification Date: _____ Annual Income: _____
 Relationship To Applicant: _____ Length of Employment: _____

F) (1) Name: _____ Birth date: _____ Sex: M F
 SS#: _____ Race: _____ Marital Status: S M D W

(2) Income: _____/hr/wk/mo/yr # hrs/week: _____
 Source: _____

Address of Employer: _____
 Phone #: _____

Verification Date: _____ Annual Income: _____
 Relationship To Applicant: _____ Length of Employment: _____

Total Household Income \$ _____ **Household Size** _____

ACKNOWLEDGEMENT OF THE LEAD PAINT NOTICE FOR OWNER-OCCUPANTS

Purpose of information: To assist Community Development in complying with the Federal regulations regarding lead-based paint notification and to assure that property owners are notified of the hazards of lead-based paint.

I/We have received a copy of the pamphlet(s): "Protect Your Family From Lead In Your Home" and "Is Your Home Lead Safe? Your Guide to a Safer Home".

Directions to Applicant(s): Please read the attached notification and sign below certifying that you were advised of this notice and you received a copy.

PROGRAM FUNDING

I/We understand that this program is provided with funding from the City of Rocky Mount/DEHC Lead Hazard Control Program. The program requires that statistical data about members of my/our household and my/ourself be included in monthly and annual reports. I/We understand that these reports may include pictures of my/our home before and after rehabilitation.

ACKNOWLEDGEMENT AND AGREEMENT

I/We understand that the City of Rocky Mount/DEHC will undertake lead-based paint testing on my/our home. If the test results reveal lead-based paint hazards, I/we understand that my/our scope of work will include the work necessary to make my/our home lead safe. Lead safe means that all lead-based paint hazards in my/our home have been stabilized and that my/our home passed a certified lead clearance test upon completion of work.

Also, I/we understand that the City of Rocky Mount/DEHC's Lead Hazard Control Program is voluntary program and if my/our home is under investigation by the local health department it is the property owner's responsibility to work with the appropriate health officials and determine the plan of action that would be taken to reduce the lead hazards.

For the dwelling unit to remain lead safe, I/we understand that I/we must complete a Lead Awareness class provided by the City of Rocky Mount/DEHC before any work is performed. I/We understand that I/we must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard.

The applicant(s)/owner(s) agrees that the City of Rocky Mount/DEHC will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of Rocky Mount/DEHC to award a lead hazard control grant. The applicant(s)/owner(s) agrees to allow the City of Rocky Mount/DEHC to take before and after photographs that will document the remediation work.

I/We understand that the medical records and income verifications of household members will be used for the sole purpose of determining eligibility for this program. I/We hereby authorize the release of medical records and income verifications of persons within the household for this purpose only.

I have read and agree with the above information regarding lead inspections, clearance testing and results, disclosure of information, and on-going lead hazard monitoring. The applicant(s)/owner(s) further agrees that the City of Rocky Mount/DEHC will not be held liable for any damage(s) that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, the relocation process for household individuals and personal items will be discussed if the application is approved.

CERTIFICATION

I understand that it is against the law to willfully withhold information or make false statements and that I am subject to prosecution if I do so. I certify that the information that I have provided is a true and correct statement of facts according to my/our best knowledge and belief. I understand that all statements will be thoroughly investigated. I understand that the State or Federal reviewer may check the information on this form and I agree to this investigation.

Signature _____

Witness _____

Date _____

Date _____

Signature _____

Witness _____

Date _____

Date _____

Lead Hazard Control Program
Authorization to Release Information

To Whom It May Concern:

1. I/We _____
(Please Print Name (s))
have applied for a Lead Hazard Control Grant from the City of Rocky Mount/DEHC.
2. As part of the process, the City/DEHC may verify information required in connection with the lead hazard control process.
3. I/We authorize you to provide to the City/DEHC any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income verification, copies of income tax returns and title search, copy of birth certificates for children under the age of six residing in home.
4. The City/DEHC may address this authorization to any party named on my/our application.
5. A copy of this authorization may be accepted as original.

Applicant's signature

Date

Applicant's signature

Date

City of Rocky Mount/DEHC
Lead Hazard Control Program
Income Verification

Applicant: _____ SSN: _____

Address: _____

Telephone: _____

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or _____ to release to the City of Rocky Mount/DEHC all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

Applicant Signature Date

The person above is an applicant for a City of Rocky Mount/DEHC, Lead Hazard Control Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. Please provide a copy of 1099 or W-2 if available. Thank you for your cooperation in returning this form to the address below.

The above receives \$_____ per HR/WK/MO/YR

Estimated yearly income \$_____ (Note variations below)

Expected Increase/Decrease For the Upcoming Year \$_____

Type of Benefits: _____

Agency/Employer: _____

Title: _____ Phone: (_____) _____

Signature Date

Remarks: _____

Return to: Deborah Jenkins, Lead Project Coordinator
City of Rocky Mount
P.O. Box 1180
Rocky Mount, NC 27802-1180
972-1145

City of Rocky Mount/DEHC
Lead Hazard Control Program
Income Verification

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City of Rocky Mount
P.O. Box 1180
Rocky Mount, NC 27802-1180
972-1145

The City of Rocky Mount/DEHC
LEAD HAZARD CONTROL PROGRAM

ACKNOWLEDGMENT OF THE LEAD PAINT
NOTICE FOR OWNER-OCCUPANTS

ATTACHMENT " A "

APPLICANT'S NAME: _____

CO-APPLICANT'S NAME: _____

ADDRESS OF UNIT(S): _____

Purpose of Form: To assist Rocky Mount Community Development in complying with Federal regulations regarding lead-based paint notification and to ensure that property owners are notified of the hazards of lead-based paint.

Directions to Applicant(s) : Please read the attached notification and sign below certifying that you were advised of this notice and you have received a copy.

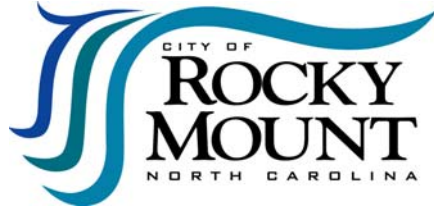
Applicant Signature

Date

Applicant Signature

Date

The City of Rocky Mount/DEHC
LEAD HAZARD CONTROL PROGRAM



Visiting Children Documentation

HUD's Definition of Frequently Visiting:

"A significant amount of time visiting" is visiting regularly by the same child, six years of age or under, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visit lasts at least six hours, and the combined annual visits last at least 60 hours.

I certify that the child/children listed below are under the age of six and visit the property located at _____ with equal or greater frequency then described in the above definition.

Childs Name	Age	Relationship	Duration/Frequency of visits
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property Owner Signature

Date

Parent/Guardian Signature

Date

