

High Point Lead Safe Housing Program Homeowner Eligibility Screening Form

How did you learn about the program? _____

Date Screening Form completed: _____

Name(s) of Homeowners: _____

Contact Number(s): _____

Address of Property:

Reason why lead hazard is suspected and description of potential hazard area(s): _____

Other rehab needs (non-lead hazard): _____

ALL questions below must be answered. Once you have completed an application and it appears you have met all eligibility criteria for the program, your property will be assessed and you will be considered for lead hazard control grant assistance. Application processing is subject to the U.S. Department of Housing and Urban Development's priority requirements.

Was your home property built prior to 1978? ___ Yes ___ No

Is your home in the City of High Point city limits? ___ Yes ___ No

Does your household income fall into the low to moderate income range?* ___ Yes ___ No

Do you have a child under the age of six that lives in your home
or that visits frequently*? ___ Yes ___ No

Family Size	Maximum Income
1	\$32,500
2	\$37,150
3	\$41,800
4	\$46,400
5	\$50,150
6	\$53,850
7	\$57,550
8	\$61,250

*Total gross household income must be at or below 80% of the area median adjusted for family size. (See income table to the right.)

*In order for children to be counted as visiting frequently, they must visit at least 2 days a week, at least 6 hours per week, and at least 60 hours a year.

City of High Point Homeowner Application

Lead _____ Rehabilitation _____

How did you hear about our program? _____

APPLICANT'S NAME _____ Date of Birth _____ SS# _____

CO-APPLICANT'S NAME _____ Date of Birth _____ SS# _____

ADDRESS: _____ YEARS LIVED HERE: _____

TELEPHONE NO: _____ WORK NO: _____

FORMER ADDRESS: _____ YEARS LIVED HERE: _____

RACE*: _____ NO. IN HOUSEHOLD: _____ MARITAL STATUS: **M S W D** DIVORCED DATE: _____
(*For Statistical Purposes Only)

IF DECEASED, DATE OF DEATH: _____ LOCATION: _____

PROPERTY IN NAME OF: _____

RELATIONSHIP TO APPLICANT: _____

Will additional owner(s) sign documents for work to be done? **YES NO**

Please provide name, address and phone number for other owner(s) _____

HOUSEHOLD COMPOSITION (If additional household members please include on separate sheet of paper):

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

Children under the age of six that visit the home at least twice a week, at least 6 hours per week, and at least 60 hours per year (If more please include on separate sheet of paper):

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

HOMEOWNER'S INSURANCE INFORMATION

LOCAL INSURANCE COMPANY: _____

ADDRESS: _____ PHONE NUMBER: _____

AMOUNT OF COVERAGE ON DWELLING: \$ _____ ANNUAL PREMIUM: \$ _____

RENEWAL DATE: _____ ESCROWED: **YES NO**

*****PLEASE PROVIDE PROOF OF INSURANCE*****

Property Address _____

EMPLOYMENT RECORD

ARE YOU EMPLOYED? **YES** **NO** NO. YEARS EMPLOYED: _____ (NEED TWO YEARS COVERAGE)

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

CO-APPLICANT EMPLOYED? **YES** **NO** NO. YEARS EMPLOYED: _____ (NEED TWO YEARS COVERAGE)

CO-APPLICANT'S EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

ADDITIONAL INFORMATION

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU: _____

ADDRESS: _____ TELEPHONE NO.: _____

RELATIONSHIP: _____

ARE YOU / FAMILY MEMBER DISABLED? (Physically Impaired) **YES** **NO**

IF YES, PLEASE DESCRIBE: _____

DWELLING ON PERMANENT FOUNDATION: **YES** **NO**

RELOCATION INFORMATION

IF NECESSARY, ARE YOU WILLING TO BE RELOCATED WHILE LEAD WORK IS BEING PERFORMED?
YES _____ **NO** _____

IF RELOCATION IS NECESSARY, CAN YOU STAY WITH FAMILY OR FRIENDS WHILE LEAD WORK IS BEING PERFORMED? **YES** _____ **NO** _____

IF RELOCATION IS NECESSARY, WILL YOU NEED ACCOMODATIONS WHILE LEAD WORK IS BEING PERFORMED? **YES** _____ **NO** _____

SMOKING _____ **NON-SMOKING** _____ **NO PREFERENCE** _____

DO YOU HAVE SCHOOL AGED CHILDREN THAT MAY NEED ALTERNATE TRANSPORTATION TO SCHOOL IF TEMPORARILY RELOCATED? **YES** _____ **NO** _____

PLEASE LIST SCHOOLS THAT YOUR CHILDREN ATTEND: _____

TYPE AND SIZE OF HOUSEHOLD PETS: _____

****PLEASE NOTE THAT IF YOU ARE RELOCATED WHILE LEAD WORK IS BEING PERFORMED YOU ARE RESPONSIBLE FOR ANY DAMAGE TO THE PROPERTY TO WHICH YOU WERE RELOCATED. YOU ARE ALSO RESPONSIBLE FOR ANY LONG DISTANCE CALLS MADE DURING YOUR RELOCATION.****

Property Address _____

**Lead Information, Inspections, Clearance Testing, Disclosure,
Lead Remediation and Ongoing Lead Hazard Monitoring**

The Lead-Based Hazard Reduction Program requires that lead hazard evaluation and remediation activities be carried out on homes constructed prior to 1978 that contain lead-based paint hazards in order to participate in the program and to receive assistance.

I understand that the City of High Point will undertake lead-based paint testing on my home. If the test results reveal lead-based paint hazards, I understand that my scope of work will include the work necessary to make my home lead safe. Lead safe means that all lead-based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I 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. I will receive a copy of the results of the lead hazard reduction and clearance test within 15 days of their completion.

I have received a copy of the pamphlet "Protect Your Family From Lead in Your Home".

The interviewer has discussed the hazards of lead based paint with me and we have reviewed each item listed above.

The applicant(s)/owner(s) agrees that the City of Greensboro 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 Greensboro to award a lead remediation grant.

The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspection and clearance test will be registered with the Department of Health and Human Services - Health Hazards Control Unit and will be a permanent part of my home's legal records. The applicant(s)/owner(s) is(are) required to disclose the inspection results and/or clearance results in the home in the event of future sale or lease of the property.

The applicant(s)/owner(s) further agrees that the City of High Point will not be held liable for any damages that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, please list any known allergies or respiratory conditions of family members or others in the household. Please provide details: _____

Property Address _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Whoever knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be prosecuted as provided by the laws of the State of North Carolina.

EMERGENCY REPAIRS: The Department of Housing and Urban Development (HUD) requires that any emergency repairs be taken care of prior to receiving lead hazard control grant assistance. If it is determined that your property requires emergency repairs during the home inspection and emergency repairs are included in your work write-up, you will be enrolled in the Emergency Repair Program. Dependent on applicant household income, the Emergency Repair Program is a forgivable loan. A lien is placed on the property by a note and deed of trust. Under some circumstances, forgivable loans are repayable. No loan subordinations by the City are guaranteed.

SITE CONTAMINATION: The homeowner agrees that when lead work is performed on the homeowner's property and the property is prepared for clearance, the homeowner or other household member will not enter the property prior to clearance. Entering the property prior to clearance may contaminate the site. If either enters the property prior to clearance testing and the property does not pass clearance, then the homeowner is responsible for the cost of re-clearance.

Household Bills: During the entire process, you will need to continue to pay your utilities, mortgage and any other household bills.

The signature(s) below signify that all information contained in this application is true and complete and that Emergency Repair Program requirement and guidelines, Lead Information statement, and Site Contamination statement are understood and agreeable.

Homeowner Signature

Date

Homeowner Signature

Date



Lead Testing Release Form

I, _____, acknowledge that by having my property at _____ tested for lead-based paint hazards by the City of High Point's Lead-Safe Housing Program, I am required to disclose the testing results to all current and future tenants and potential buyers.

Even if the property is tested for lead hazards, I also understand that the City of High Point's Lead-Safe Housing Program might not be able to assist in the lead remediation of the above property if program limitations do not make the activities feasible.

Signed by _____ on _____.
signature *date*

Signed by _____ on _____.
signature *date*



INFORMATION DISCLOSURE AUTHORIZATION

The undersigned does hereby authorize and request that you release to the Community Development & Housing Department of the City of High Point for verification purposes, information concerning the following:

- Employment history, dates, title, income, etc.
- Banking and savings account or record.
- Mortgage loan rating (including opening date, high credit, payment amount, loan balance, and payment record).
- Account information (including opening date, high credit, payment amount, loan balance, payment record, and payoff amount at 30 and 60 days).
- Any information deemed necessary in connection with a consumer credit report for a real estate transaction.

Date: _____

Signature: _____

Social Security No.: _____

Date: _____

Signature: _____

Social Security No.: _____