

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

Lead Hazard Control Loan Program

Mission

To protect the health of children through the elimination of childhood lead poisoning.

Program Overview & Basic Eligibility

The primary purpose of the program is to reduce the exposure of young children to lead based paint hazards in their homes. Eligible property owners will be offered a five-year forgivable loan of up to \$15,000 per unit for lead hazard control as identified in the City's lead abatement plan.

Loans are 0% interest, for a 5-year term and forgiven at the rate of 20% per year through the term of the loan. Property owners will be responsible for any costs of abatement in excess of the loan amount.

Priority will be given to applicants with an order to abate from the City of New Haven Health Department. The Health Department's strategy is to target the following housing situations:

- Units where lead poisoned children already reside.
- Pre-1978 housing where young children reside and/or likely to reside.
- Pre-1978 housing where adults ages 62 and older reside and/or likely to reside.

Loan applications will be prioritized as follows:

1. Homeowner or renter occupied and vacant units with an order to abate from the City of New Haven Health Department.
2. Dwelling units occupied with resident children 6 years of age or younger.
3. Dwelling units occupied with resident 62 or older.
4. Vacant or homeowner occupied dwelling units where the intention is to house children 6 years of age or younger after the lead hazard control activity is completed.

The property owner must carry enough property insurance to cover the value of the anticipated abatement loan and all other existing loan balances on the property.

Property owners must be current on all City of New Haven property and vehicle taxes. Tax payment plans are acceptable.

Property owners must not have any outstanding housing code violations or a history of housing code/anti-bligh violations in the City of New Haven. Units must be code compliant at the time of abatement. Owners must agree to remedy any code issues identified by the City's inspector. Pending available funding, low-income applicants may qualify for assistance in the form of a repayable loan to support the code work identified. The lead program is not a substitute for a housing rehab program but may allow for modest rehabilitation actions to ensure the viability of lead hazard reduction activities.

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For lead hazard loans made to assist rental housing, at least 50% of the units must be occupied or made available to families with incomes at or below 50% of the area median income level as defined annually by the U.S. Department of Housing and Urban Development's (HUD) HOME Program. The remaining loans shall be to units occupied or made available to families with incomes at or below 80% of the area median income level. During the loan period, a landlord shall give priority in renting assisted units to families with a child 6 years old or younger. For loans made to assist housing owned by owner occupants, all units assisted shall be the principal residence of families with income at or below 80% of the area median income level.

Current rents must not exceed HOME program rents by unit size as determined annually by HUD. During the affordability period of 5 years, the property will be monitored to ensure compliance with the rent and tenant income requirements. It is the owner's responsibility to submit income and rent verifications of the tenants to the City of New Haven on a semiannual basis.

The property does not have to have a contract for project-based Section 8 subsidies. Tenants with section 8 certificates or vouchers do not affect eligibility.

Additional Program Requirements

1. Owners and tenants shall provide City health and code inspectors access to the unit before, during, and at the completion of the hazard control activity.
2. Owners must agree to not permanently displace tenants. Tenants may be temporarily relocated as mandated by the Uniform Relocation Act during the abatement process.
3. Properties listed on local or federal inventories of historic places must agree to follow the Secretary of the Interior's Standards for Rehabilitation.
4. The City of New Haven will provide a list of licensed lead abatement contractors upon request. It is the responsibility of the owner/applicant to select and enter a contractual relationship with a qualified, certified lead abatement contractor.
5. The City of New Haven's contractual relationship is with the property owner. If the abatement project costs more than the loan amount, the applicant will pay the difference with private funds prior to the release of the Lead Hazard Control funds, which will be paid in up to three installments. The final payment will be held until the City of New Haven Health Department issues a letter of compliance.
6. Owners must agree to abide by fair housing regulations and advertise vacant units locally.

Policy of Non-Discrimination

It is the policy of the City of New Haven to administer all programs in a non-discriminatory manner. Applications for lead-based paint hazard control loans will be accepted and processed without regard to the applicant's race, religion, color, national origin, sex, handicap, or sexual orientation. If any applicant requires a reasonable accommodation in order to apply for these funds as a result of a handicap, he/she may request such by contacting the Health Department.

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Privacy Act Notice

The information given as part of the loan application process is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under this program.

It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrow may be delayed or rejected.

The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. seq., (if USDA/fmHA).

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Lead Loan Program Application Requirements

Enclosed are application materials for the City of New Haven's Lead Hazard Control Loan Program. If you are interested in applying for the program, please complete the application and call the New Haven Health Department for more information.

In addition to the completed application, you will need to provide the following supporting documents:

LANDLORD/OWNER

- Copy of property deed (with property description)
- Copy of property insurance policy
- Copies of rental leases

If there is no rental lease, a notarized statement must be submitted.

- Copies of **four** (4) recent mortgage statements or a verification of mortgage(s) from the mortgage holder

If there is no mortgage, a notarized statement must be submitted.

TENANT

To abate occupied rental units, the owner will need to collect the following information from tenants to verify their eligibility for the program:

- Supplemental application filled out by tenant household
- Copies of four (4) consecutive, current pay stubs for all adult members of the tenant's household (if applicable)
- A copy of your most recent W2 or IRS Income Tax Return

Or a notarized letter stating that you did not file taxes.

- Any other income documentation to substantiate household income, i.e., social security statements (Form SSA-1099 and monthly statement), supplemental security income, annuity, or pension statements, state assistance income, etc.

For information on how to participate in the Lead Hazard Control Program

contact: City of New Haven Health Department
Bureau of Environmental
Health 54 Meadow Street, 9th
Floor New Haven, CT 06519
(203) 946-5382

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Lead Hazard Control Loan Program

Letter of Intent

I/We, the undersigned owner(s) of the property located at _____ in the City of New Haven have submitted the Preliminary Application for participation in the Lead Hazard Control Program. I/We understand that the property is being considered for funding for lead abatement work. I/We understand that the next step in the qualification process is to have

the property tested by the City of New Haven Health Department for the presence of lead-based paint hazards if this has not already occurred. The property will also be inspected by the City for compliance with building, fire, and housing code regulations.

I/We acknowledge that once the inspection and testing is done, any code violations, including the presence of lead-based paint must be corrected within a reasonable time whether we receive program funds or not. I/We understand that we may do repairs on the structure before the project begins, provided that I/we have the city review what I/we plan to do, otherwise the test commissioned by the city may be compromised, and I/we will ultimately be liable if lead poisoning were to occur.

I/We also understand that any residents residing at the above-named property are required to receive advance written notice of prospective abatement work and of the likelihood that temporary relocation may be required should the abatement work be undertaken. I/We understand that before signing this letter of intent, I/we must secure letters of commitment to relocate (for the duration of the abatement) from the tenant.

I/We hereby give my/our consent to the City to proceed with the lead hazard testing and code inspections. I/We also commit to providing all required documentation with 35 days of my application. Should I fail to comply without proper notice, my application will be deemed a lower priority application.

I/We understand that conditions of this deferred loan will be enforced for five (5) years from the date of the executed contract between the City and residential building owner.

1. The building will be (physically) maintained, with monitoring to be done by City officials.
 - a. The owner will arrange entry to permit the City to inspect the property and all units at reasonable times.
 - b. Owner measures designated in the abatement plan (specification) will be undertaken.
 - c. All code measures will be observed for the full term of the Contract.
 - d. The Lead Management Plan spelled out in the Lead Specification will be followed.
2. The mortgage(s), City taxes, and City fees will be kept current.
3. HUD-imposed standards for income and rent will continue. For properties that were vacant at the time of abatement, income/rental forms for each incoming tenant will be secured and returned to the New Haven Health Department within ten (10) days of the lease signing.

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Health Department



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4. The City will file an encumbrance for the term on each property that received Lead Funds.
5. I/we understand that once construction begins and until after clearance and we are informed by the Health Department, we will stay off the construction site and will instruct residents to do the same.
6. I/We understand our responsibilities for informing building residents and enforcing relocation policies and practices (including schedules, conditions, and implementation).
7. Personal valuables will not be the responsibility of the City of New Haven or the construction contractor. Electronic equipment and jewelry should be removed from the construction site.
8. I/We understand that the list of contractors provided by the City of New Haven serves only as a recommendation from the City of New Haven. As property owner, it is my/our responsibility to enter a contractual relationship with the contractor to ensure project remains on schedule and is completed within sixty (60) days of the effective date of the City's commitment letter. If the allotted sixty (60) days is not feasible, I will contact the City of New Haven Program Manager to request an extension. It is understood that cost overruns incurred during this time will be my/our sole responsibility. I/We understand that the property will be brought to lead-safe standards and code compliance.

Printed Name

Signature

Printed Name

Signature

Date _____

Property Address _____

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Lead Hazard Control Loan Program Application

Date _____

The information collected below will be used to determine whether you qualify as a borrower under the City of New Haven's Health Department Programs. It will not be disclosed outside this office without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law. Directions:

- All persons applying for the Lead Hazard Control funds must complete this Lead Hazard Control Application. Business entity applicants' complete pages 1 and 3.
- Individual Applicant must provide a copy of his/her most recent tax return.
- Residents of each unit to be lead abated must complete the Supplemental Application Rental Unit Information.
- If you are the Applicant and occupy a unit which will abated with Lead Hazard Control funds, both this Lead Hazard Control Application and the Supplemental Application-Rental Unit Information must be completed.

| |
|--|
| Property Address: _____ Zip Code: _____ |
| Total Number of Units: _____ Number of Units for this application: _____ |
| Property owner's name as it appears on the Deed: _____ |

Have you and/or any co-applicant and/or business entity controlled by you (if applicable) ever received a long/grant from the City? [] No [] Yes If yes, please provide the following:

Property Location: _____ Purpose: _____

Date of Loan/Grant: _____ Amount: _____ Status: _____

| |
|--|
| Are you applying as a Corporation, LLC, or other business entity? |
| [<input type="checkbox"/>] No If no, proceed to Individual Applicant Information section on next page [<input type="checkbox"/>] Yes, If yes, please provide the following: |
| Entity Name: _____ EIN #: _____ |
| Mailing Address: _____ City: _____ State: _____ Zip Code: _____ |
| Phone Number: _____ Fax Number: _____ |
| Name(s) and Titles(s) of Principal(s) _____ |
| Is the Entity a Non-Profit? [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes If yes, please attach IRS Determination Letter & Authorizing Secretary's Resolution |

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Individual Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Home Telephone: (____) _____ Social Security #: _____ Date of Birth: _____

 Present Street Address City State Zip Code No. of Years (if less than 2 years) Own Rent

 Former Street Address City State Zip Code No. of Years (if less than 2 years) Own Rent

Marital Status: Married Unmarried (single, divorced, or widowed) Separated

Name of Spouse: _____

Employment: Self Employed? Yes No Name of Business/Employer: _____

| Address | Phone No. | Position Title | Type of Business | Years/Months On Job |
|---|-----------|----------------|------------------|---------------------|
| Name, Address, and Zip Code of Previous Employer (if at current position less than 2 years) | | | | |
| Business Phone Number | | Position Title | Type of Business | Years/Months on Job |

Co-Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Home Telephone: (____) _____ Social Security #: _____ Date of Birth: _____

 Present Street Address City State Zip Code No. of Years (if less than 2 years) Own Rent

 Former Street Address City State Zip Code No. of Years (if less than 2 years) Own Rent

Marital Status: Married Unmarried (single, divorced, or widowed) Separated

Name of Spouse: _____

Employment: Self Employed? Yes No Name of Business/Employer: _____

| Address | Phone No. | Position Title | Type of Business | Years/Months on Job |
|---|-----------|----------------|------------------|---------------------|
| Name, Address, and Zip Code of Previous Employer (if at current position less than 2 years) | | | | |
| Business Phone Number | | Position Title | Type of Business | Years/Months on Job |

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The requirements of the Lead Program were explained to me by _____. I understand that, in accordance with the regulations governing sources of funding utilized for this loan, I am obligated to make any rental units available to individuals described as low- or very low-income for an affordability period equal to the term of the loan, which is **five years** for the Lead abatement Program. I am also required to report annually of the occupancy of any rental units and the household income of those units for the term of the loan.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

The City of New Haven is an equal housing opportunity assistance provider. No person shall, on the basis of race, color, religion, gender, sexual orientation, for national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development.

General Disclosure: I affirm that I am neither a City employee, an elected official of New Haven City Government, one with power or control over the process herein administered, nor a member of the household of any of the entities mentioned above.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

The information provided in this application is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of any and all information necessary or reasonably relative to the review and processing of this application and supporting documentation related to the application for financial assistance. I/We permit the City of New Haven to access first mortgage information and any other relevant information pertaining to this application and as it applies to this loan. I/We understand that any misstatement of a material fact will be grounds for disqualification.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrow may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. seq., (if USDA/fmHA). I/We hereby acknowledge that I/we have received a copy of the Privacy Act Notice.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

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**NON-COLLUSION AFFIDAVIT
(INCLUDING DISCLOSURE OF OBLIGATIONS TO/INTEREST IN BUSINESS WITH THE
CITY OF NEW HAVEN)**

1. Personally appeared _____ who being duly sworn, deposes and says that:

1. I am/We are over the age of eighteen and I understand the obligation of an oath.

2. I am/We are the _____ of _____ that submitted an application, bid, proposal, request to the City of New Haven for a contract, agreement, grant, loan and am acting in my individual capacity or, if an entity, on behalf of said entity, as the case may be.

3. I am/We are fully apprised of the contents of said application/bid/proposal/request and all pertinent facts and circumstances relative to the same.

4. Such application, bid, proposal, request is genuine and is not collusive or a sham.

5. Neither said individual (including any of his/her immediate family as defined in Section 12-5/8 of the local ordinance)/entity nor any of his/her/its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other individual/entity to submit a collusive or sham application/bid/proposal/request in connection with the contract/agreement/grant/loan for which the application/bid/proposal/request has been submitted or to refrain from applying/bidding/proposing/requesting in connection with such contract/agreement/grant/loan, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other individual/entity to fix the prices/quotes/estimates/costs/overhead/figures/profits/amount of the application/bid/proposal/request or of any other individual/entity, or to fix the same of the application/bid/proposal/request or prices/quotes/estimates/costs/overhead/figures/profits/amount of any other individual/entity, or to secure through any collusion, conspiracy/connivance or unlawful agreement any advantage against the City of New Haven or any individual/entity interested in the proposed application/bid/proposal/request.

6. The prices/quotes/estimates/costs/overhead/figures/profits/amount in the contract/agreement/grant/loan are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the individual/entity or any of its officers, partners, owners, agents, representatives, employees, affiliates or parties in interest, including this affiant; and

7. No alderman or other elected/appointed or city/state/federal employee or person/entity whose salary/compensation is payable in whole or in part from city, state or federal funds is directly or indirectly interested in/will benefit financially by/has any is in a position to participate in a decision making process or gain inside information about the application/bid/proposal/request or in the supplies, materials, equipment, work or labor to which it relates, or in any of the profits thereof (This paragraph is hereinafter referred to as “conflict of interest.”).

8. The individual/entity referred to in paragraph 2 above has no outstanding financial or other obligations to the City of New Haven or to any state or federal government that funds the individual’s/entity’s activity, nor is it a party to a lawsuit that may affect the use of any funds that will be derived from the contract/agreement/grant/loan.

9. The individual/entity has filed a list of taxable personal/real property with the City of New Haven and is not delinquent in the same.



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10. The attached Schedule A, which is incorporated herein as though set forth, contains a list of the names, home/business addresses, telephone numbers and titles of the individual/entity's officers, partners, owners, agents, representatives, employees, affiliates or parties in interest including this affiant as well as any conflict-of-interest as described herein in paragraph numbered 7 above, and any applicable local, state or federal law, involving the same.

11. The attached Schedule A further contains a list of any members of my immediate family who are either employed by the City of New Haven or who are members of city boards, commissions, agencies or task forces.

12. Except as disclosed in the attached Schedule A, the affiant is not and no member of his/her immediate family is not a city employee or, having been a city employee in the past 12 months, seeking employment with any individual/entity engaged in business with the City of New Haven.

13. Except as disclosed in the attached Schedule A, the affiant has not, and no member of his/her immediate family has applied for within the last twelve month for any city/state/federal program or benefit over which he/she has had control, influence or discretionary authority.

14. Except as disclosed in the attached Schedule A, the individual/organization has no intention of transacting business with any related and/or affiliated individuals/organizations.

Affiant Name(s)

STATE OF CONNECTICUT)
) ss: New Haven , 20_____
 COUNTY OF NEW HAVEN)

Personally appeared _____ of _____

who identified himself/herself as such and who subscribed and swore to the truth of the foregoing before me this __ day of _____, 20____.

Commissioner of the Superior Court
 Notary Public
 My commission expires on:

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SCHEDULE "A"

*Please list your responses to Items 10-14 below. If your response is none, please print or type "N/A". **Applicant signature(s) must appear on this schedule.***

10.

11.

12.

13.

14.

Affiant Signature(s)

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Lead Hazard Control Loan Program
1421-Affidavit of Eligibility

(Must be notarized)

Re: Application for Lead-Based Paint Program Loan Program for the property situated in the City of New Haven at:

(Property Address)

_____, being first duly sworn, deposes, and affirms that:
(Name of Property Owner or Owner’s Agent)

Please check all that apply:

- He/She is the owner and resident of the property listed above.
- He/She will reside at the property listed above after it is abated for lead.
- He/She currently resides at, _____ and the property listed is a rental.
- The applicant, nor any member of his/her immediate family as defined in Section 12-5/8 of the New Haven Code of Ordinances, has no outstanding delinquent financial or other obligations owed to the City of New Haven.
- There are outstanding financial or other obligations owed to the City of New Haven by this applicant or members of his/her immediate family. (List all obligations on a separate sheet and indicate the nature of the obligation, including any payment agreement with the Tax Collector for delinquent taxes.)
- Neither the applicant, nor any member of his/her immediate family, has failed to file a list of taxable personal property with the City of New Haven as required by State law.
- Neither the applicant, nor any member of his/her immediate family, is an owner, partner, or officer of any business entity. (If applicant or immediate family member(s) is an owner or partner of a business entity, please list complete the section below.)

| Name | Name of Business | Position Held | % Interest Owned | Relationship to Applicant |
|------|------------------|---------------|------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

Printed Name

Signature

Date

Printed Name

Signature

Date

(Title)

Subscribed and sworn to before me this _____ day of _____, 20

Notary: My Commission Expires _____ day of _____, 20

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Lead Hazard Control Loan Program

1421 - Affidavit of Eligibility

Tax Collector and Assessor Certification of Information on Previous Page

Tax Collector Certification as to the Applicant:

- No back taxes owed
- Back taxes with current agreement
- Back taxes with default agreement

As To All Business Entities

- No business entities listed
- No back taxes owed
- Back taxes with payment agreement
 - Current
 - In Default
- OK to process agreement

Assessor Certification as to the Applicant:

- Current list of taxable property filed
- Current list of taxable property not required

As To All Business Entities

- No business entities listed
- Current list of taxable property filed
- Current list of taxable property not required
- OK to process agreement

By: _____
Tax Collector

By: _____
Assessor

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Lead Hazard Control Program
Acknowledgement of Receipt

I, _____, hereby acknowledge that I have received a copy of the booklet entitled “Protect Your Family from Lead in Your Home” regarding the property located at _____.

Printed Name

Signature

Printed Name

Signature

Date _____

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**Lead Hazard Control Loan Program
Occupancy Affidavit**

Property Address: _____

Check applicable item below:

- I hereby attest that children aged six (6) or under currently reside at the above address.
- I hereby attest that no children aged six (6) or under currently reside at the above address.

Notification of Lead Paint Testing

- I understand that testing for Lead-Based Paint will be performed at the above address as required by the program funding.

Owner/Applicants Sign below:

Printed Name

Signature

Printed Name

Signature

Date _____

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Lead Hazard Control Loan Program
Supplemental Application - Rental Unit Information

Address: _____ Unit: _____ Monthly Rent: \$ _____

Resident Contact Name: _____ Number of Children Under Age 6: _____

Resident Contact Telephone Number: _____

Please provide the following information on all households that will be abated with Lead Hazard Control Program funds. Make as many additional copies as needed.

Household Composition (For Tenant)

| List all members who live in the unit residence. Give the relationship of each family member to the Head of Household. | | | |
|--|--------------|------------------------------|-----------------------------|
| Full Name | Relationship | Date of Birth | Annual Income |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1. Does rent include utilities? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does anyone live with you who is not listed above? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does anyone plan to live with you in the future who is not listed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain below if you answered “Yes” to question 2 or 3: | | | |
| | | | |
| | | | |

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Annual Income Information: For All Individuals 18 Years Old and Over

| Source | Tenant | Other Occupant | Other Occupant | Total |
|--|--------|----------------|----------------|-------|
| Salary (Annual Gross) | | | | |
| Overtime Pay | | | | |
| Commissions | | | | |
| Fees | | | | |
| Tips | | | | |
| Bonuses | | | | |
| Interest/Dividends | | | | |
| Net Income from Business | | | | |
| Net Rental Income | | | | |
| Society Security, Pensions, Retirement Funds, etc. | | | | |
| Unemployment Benefits | | | | |
| Workers Compensation | | | | |
| Alimony, Child Support | | | | |
| Welfare Payments | | | | |
| Other | | | | |
| | | | | |
| Total | | | | |

The information provided in this supplement is true and complete to the best of my/our knowledge. I/We consent to the disclosure of any and all information necessary and reasonable relative to the review and processing of this documentation. I/We understand that any misstatement of a material fact will be grounds for disqualification.

Head of Household Signature

Date

Other Occupant Signature

Date

Other Occupant Signature

Date

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Lead Hazard Control Loan Program
Resident's Letter of Commitment to Relocate

Landlord/Owner Name _____
Landlord/Owner Mailing Address _____
Property Address _____
Date _____

Dear Landlord/Owner:

I/We hereby acknowledge current residence in the above noted property. The property is scheduled to receive Lead Abatement funds from the City of New Haven Lead Hazard Control Program.

It is expected that abated units will provide a healthier environment for children, pregnant women, and adults. I/We further understand and acknowledge that the construction work on this property will require that we, as residents, be temporarily relocated to other premises. I/We agree that if such relocation becomes necessary, we hereby give a commitment to move temporarily. I/We will be consulted as to our needs.

It is understood that no additional expenses are to be incurred by us as residents for our temporary relocation. I/We understand that we are expected to pay rent and utilities as usual, under our current lease with our landlord. I/We understand that we will need to have our possessions moved out of the unit during the relocation. I/We understand that we will need to take down all window treatments in all rooms.

Occupant's Signature

Date

Occupant's Signature

Date

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**Lead Hazard Control Loan Program
 Demographic Information**

The Lead Hazard Control Loan Program is funded by the US. Department of Housing and Urban Development (HUD). HUD requires that we report ethnic and racial information of households who live in apartments that are a part of the program. HUD uses this data for statistical purposes only.

Please check the boxes that best describe your household’s ethnicity and race:

ETHNICITY (select only one)

| | |
|--------------|--------------------------|
| Hispanic (H) | <input type="checkbox"/> |
| Non-Hispanic | <input type="checkbox"/> |

RACE (select one or more)

| | |
|---|--------------------------|
| American Indian or Alaska Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American (B) | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White (W) | <input type="checkbox"/> |
| American Indian or Alaska Native <i>and</i> White | <input type="checkbox"/> |
| Asian and White | <input type="checkbox"/> |
| Black or African American <i>and</i> White (B/W) | <input type="checkbox"/> |
| American Indian or Alaska Native <i>and</i> Black or African American | <input type="checkbox"/> |
| Other (write-in): | <input type="checkbox"/> |

Tenant’s Address _____ Apartment Number _____