

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

### Lead Hazard Control Loan Program

#### Mission

To protect the health of children by eliminating 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.

- **Loan Terms:**
  - 0% interest
  - 5-year term
  - Forgiven at 20% per year over the term of the loan
- Property owners are responsible for any costs exceeding the loan amount.

#### Priority for Loan Applications

Applications will be prioritized based on the following housing situations:

1. Properties with an abatement order from the City of New Haven Health Department.
2. Units occupied by children aged 6 years or younger.
3. Units occupied by adults aged 62 or older.
4. Vacant or homeowner-occupied units intended for children aged 6 or younger after lead hazard control activities are completed.
5. Housing built before 1978 where young children or elderly adults (age 62+) reside or are likely to reside.

#### Property Insurance & Tax Requirements

- Property owners must carry enough **property insurance** to cover both the abatement loan and any 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.

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### **Income and Rent Restrictions for Rental Housing**

For rental properties receiving lead hazard control loans:

- 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 (AMI), as defined annually by HUD.
- The remaining units must be occupied or made available to families with incomes at or below 80% of AMI.

For owner-occupied housing receiving lead hazard control loans:

- All units must be the principal residence of families with incomes at or below 80% of AMI.

Rents:

- Rents must not exceed HOME program limits as determined annually by HUD.
- During the 5-year affordability period, the property will be monitored for compliance with these rent and income requirements. Property owners are responsible for submitting semiannual income and rent verifications to the City of New Haven.

Tenants with Section 8 vouchers or certificates do not affect eligibility for the program

### **Additional Program Requirements**

1. **Access for Inspection:** Owners and tenants must provide the City's health inspectors access to the unit before, during, and after the lead hazard control work.
2. **Tenant Displacement:** Owners must agree to not permanently displace tenants. Tenants may be temporarily relocated as required by the Uniform Relocation Act during the abatement process.
3. **Historic Properties:** Properties listed on local or federal historic inventories must comply with the Secretary of the Interior's Standards for Rehabilitation.
4. **Contractors:** The City of New Haven will provide a list of licensed lead abatement contractors upon request. The property owner is responsible for selecting and contracting with a certified lead abatement contractor.
5. **Loan Funding:** If the abatement project exceeds the loan amount, the owner must cover the difference with private funds before the Lead Hazard Control funds are released. Payments will be made in up to two installments, with the final payment held until the City Health Department issues a letter of compliance.
6. **Fair Housing Compliance:** Owners must adhere to fair housing regulations and actively advertise vacant units locally.



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### **Policy of Non-Discrimination**

The City of New Haven is committed to administering 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. Applicants who need reasonable accommodations due to a handicap may request assistance by contacting the Health Department.

### **Privacy Act Notice**

The information collected during the loan application process will be used by the agency or its assignees to determine whether the applicant qualifies for a loan under this program. This information will not be disclosed outside the agency except as required or permitted by law. Providing this information is voluntary, but failure to do so may delay or prevent the processing of the application.

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

In addition to the completed application, the following supporting documents are required:

#### **For Landlords/Property Owners**

Please provide the following documents:

- Copy of the property deed (including property description)
- Copy of your property insurance policy
- Copies of rental leases
  - If there is no rental lease, a notarized statement must be submitted in its place.
- 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 in place of the mortgage documentation.

#### **For Tenants (for occupied rental units)**

To process your application for lead hazard control, the property owner will need to collect the following information from tenants to verify eligibility:

- Supplemental application completed by the tenant household
- Copies of four (4) consecutive, current pay stubs for all adult members of the tenant household (if applicable)
- A copy of the most recent W-2 or IRS Income Tax Return
  - If you did not file taxes, a notarized letter stating this must be submitted.
- Additional income documentation as necessary to substantiate household income, such as:
  - Social Security statements (Form SSA-1099 and monthly statement)
  - Supplemental Security Income (SSI)
  - Annuity or pension statements
  - State assistance income, etc.

#### **Contact Information**

For more information about how to participate in the Lead Hazard Control Program, please contact:

City of New Haven Health Department

424 Chapel St, 1st Floor

New Haven, CT 06511

Phone: (203) 946-5382

Please ensure all required documents are submitted with your application to avoid delays in processing.

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### 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 to participate in the Lead Hazard Control Program. I/We understand that the property is being evaluated for funding to address lead abatement. The next step in the qualification process is to have the property tested by the City of New Haven Health Department for lead-based paint hazards, if this has not already been done.

I/We understand that any issues identified during the inspection and testing, including lead-based paint hazards, must be addressed within a reasonable timeframe, regardless of whether I/we receive program funding. I/We acknowledge that repairs can be made to the property before the abatement project begins, as long as I/we have the City review any proposed work. Failure to obtain this approval may affect the testing results, and I/we will be held responsible in the event of lead poisoning.

I/We also understand that all residents of the above-named property must receive advance written notice regarding the upcoming abatement work and the possibility of temporary relocation during the process. Additionally, I/We acknowledge that before signing this letter of intent, I/we must obtain letters of commitment from tenants agreeing to relocate for the duration of the abatement work.

I/We hereby grant consent for the City of New Haven to proceed with lead hazard testing and code inspections. I/We also commit to submitting all required documentation within 35 days of submitting my/our application. Failure to comply without prior notice will result in my/our application being prioritized lower.

I/We understand that the terms of this deferred loan will be binding for five (5) years from the date the contract between the City of New Haven and the property owner is executed.

#### Conditions of Participation in the Program:

1. Property Maintenance & Monitoring
  - The property will be maintained according to City regulations, with monitoring conducted by City officials.
  - The owner will allow City inspectors entry to the property and all units at reasonable times.
  - Lead abatement measures outlined in the abatement plan will be implemented as specified.
  - All housing code violations will be corrected and maintained for the duration of the five-year contract term.
  - The Lead Management Plan detailed in the Lead Specification will be followed.
2. Mortgage, Taxes, & Fees
  - The mortgage(s), City property taxes, and City fees will remain current throughout the term of the contract.
3. HUD Income & Rent Standards
  - HUD-imposed standards for income and rent will remain in effect. For properties



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that were vacant at the time of abatement, income/rental forms for each new tenant must be submitted to the New Haven Health Department within ten (10) days of lease signing.

- 4. Encumbrance
  - The City will file an encumbrance on the property for the term of the loan agreement.
- 5. Construction Site Safety
  - Once construction begins, I/we will refrain from entering the construction site and will instruct residents to do the same until the Health Department issues clearance.
- 6. Relocation Responsibilities
  - I/We understand my/our responsibilities for informing building residents about the relocation process and for enforcing relocation policies, including schedules, conditions, and implementation.
- 7. Personal Property
  - The City of New Haven and the construction contractor will not be responsible for any personal valuables left on the property. Residents are advised to remove electronic equipment, jewelry, and other valuables from the construction area.
- 8. Contractor Selection
  - I/We understand that the list of contractors provided by the City of New Haven is a recommendation, and it is my/our responsibility to hire a qualified contractor to ensure the project stays on schedule and is completed within sixty (60) days of the City's commitment letter.
  - If the timeline cannot be met, I/we will contact the City of New Haven Program Manager to request an extension. Any cost overruns during this period will be my/our responsibility.
- 9. Lead-Safe Standards & Code Compliance
  - I/We understand that the property will be brought up to lead-safe standards and made compliant with all applicable building codes.

\_\_\_\_\_  
**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 8 and 10.
• 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: \_\_\_\_\_
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?
[ ] No, if no proceed to Individual Applicant Information section on next page
[ ] Yes, if yes, please provide the following:
Entity Name \_\_\_\_\_ EIN#: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_
Name(s) and Title(s) of Principal(s): \_\_\_\_\_
Is the Entity a Non-Profit? [ ] No [ ] Yes If yes, please attach IRS Determination Letter & Authorizing Secretary's Resolution



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Individual Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address \_\_\_\_\_ # of years if less than 2years [ ] Own [ ] Rent

Present Address \_\_\_\_\_ # of years if less than 2years [ ] 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 # Position Years/Months on Job

Name, Address, and Zip Code of Previous Employer (if current position less than 2 years)

Co-Applicant Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address \_\_\_\_\_ # of years if less than 2years [ ] Own [ ] Rent

Present Address \_\_\_\_\_ # of years if less than 2years [ ] 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 # Position Years/Months on Job

Name, Address, and Zip Code of Previous Employer (if current position less than 2 years)



# CITY OF NEW HAVEN

## Health Department

424 Chapel Street, 1<sup>st</sup> Floor • New Haven, Connecticut 06511 • 203-946-6999



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The requirements of the Lead Hazard Control Program were explained to me by \_\_\_\_\_.  
I understand that, in accordance with the regulations governing the funding sources for this loan, I am obligated to make any rental units available to individuals defined as low- or very low-income for an affordability period equal to the term of the loan, which is five (5) years under the Lead Abatement Program. Additionally, I understand that I am required to report annually on the occupancy and household income of any rental units for the duration of the loan term.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**General Disclosure:** I affirm that I am neither a City employee, an elected official of the New Haven City Government, nor an individual with power or control over the process described herein. I further affirm that I am not a member of the household of any of the individuals or 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/our knowledge and belief. I/We consent to the disclosure of any and all information necessary or reasonably relevant to the review and processing of this application, as well as any supporting documentation related to the application for financial assistance. I/We authorize the City of New Haven to access first mortgage information and any other relevant details pertaining to this application as it applies to the 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:
2. I am/We are over the age of eighteen and understand the obligation of an oath.
3. I am/We are the \_\_\_\_\_ of \_\_\_\_\_ (name of entity) that submitted an application, bid, proposal, or request to the City of New Haven for a contract, agreement, grant, or loan, and I am acting in my individual capacity or, if an entity, on behalf of said entity, as the case may be.
4. 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.
5. Such application, bid, proposal, or request is genuine and is not collusive or a sham.
6. Neither said individual (including any of his/her immediate family members as defined in Section 12-5/8 of the local ordinance) 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. Furthermore, there has been no effort to fix prices/quotes/estimates/costs/overhead/figures/profits/amounts of any application/bid/proposal/request or to secure any advantage against the City of New Haven or any interested parties via agreement or collusion.
7. The prices/quotes/estimates/costs/overhead/figures/profits/amounts in the contract/agreement/grant/loan are fair and proper and have not been influenced by any collusion, conspiracy, 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.
8. No alderman, elected official, appointed 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 or will financially benefit from this application/bid/proposal/request or the associated contract/agreement/grant/loan, nor do they have any involvement in the decision-making process or access to inside information about the application. (This paragraph is hereinafter referred to as the "conflict of interest.")
9. The individual/entity referred to in paragraph 3 above has no outstanding financial or other obligations to the City of New Haven or any state or federal government that funds the





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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.

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Affiant Signature(s)

# CITY OF NEW HAVEN

## Health Department

424 Chapel Street, 1<sup>st</sup> Floor • New Haven, Connecticut 06511 • 203-946-6999



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### 1421 - Affidavit of Eligibility (Must be notarized)

Re: Application for Lead-Based Paint Program Loan for the property located at:

\_\_\_\_\_  
(Property Address)

I, \_\_\_\_\_ 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 the applicant or immediate family member(s) is an owner or partner of a business entity, please complete the section below.)

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary: My Commission Expires \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature: \_\_\_\_\_



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**Lead Hazard Control 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

**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
- No back taxes owed
- Back taxes with payment agreement
- Current       In Default
- OK to process agreement

**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 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.
- I understand that if lead-based paint or lead-contaminated soil is discovered in the unit or common areas where a child under six (6) years old resides and poses a health risk to the child, I will receive a lead order letter requiring the hazard to be addressed. This order will be recorded with the City Clerk in the City's land records and will remain in effect until the necessary remediation is completed.

**Notification of Radon Testing**

- I understand that testing for radon will be conducted at the above-mentioned address as a requirement of the program, and that the testing will be performed by an outside contractor.

Owner/Applicants Sign below:

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





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Lead Hazard Control Loan Program Supplemental Application

Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Resident Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Children Under Age 6: \_\_\_\_\_

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 Homeowner and/or Tenant)

Form with instructions: List all members who live in the unit residence. Give the relationship of each family member to the Head of Household. Includes a table with columns: Full Name, Relationship, Date of Birth, Annual Income. Also includes three numbered questions about utilities, other residents, and future plans.

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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 at the property located at the above address. This property is scheduled to receive Lead Abatement funding from the City of New Haven Lead Hazard Control Program.

It is understood that the goal of the abatement work is to create a healthier environment for children, pregnant women, and adults by addressing lead hazards. I/We further understand and acknowledge that the construction work on this property may require us, as residents, to be temporarily relocated to another premises.

If relocation becomes necessary, I/We agree to temporarily move as required. I/We understand that we will be consulted regarding our relocation needs and that every effort will be made to accommodate us.

It is also understood that no additional expenses will be incurred by us as residents for our temporary relocation. We are expected to pay rent and utilities as usual, according to our current lease with the landlord. I/We also acknowledge that we will be required to move our personal possessions out of the unit during the relocation period and that all window treatments in the unit must be removed.

Thank you for your cooperation.

\_\_\_\_\_  
**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 date 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: \_\_\_\_\_