



State of New York
County of Broome Government Offices

Broome County Health Department • Environmental Health

Jason T. Garnar, County Executive • Mary M. McFadden, Director of Public Health
225 Front Street, Binghamton, NY 13905
Phone: (607)778-2887 • Fax (607) 778-3912 • www.gobroomecounty.com

HUD Lead Hazard Reduction Grant Program 2019-2023

APPLICATION

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LEAD HAZARD REDUCTION FUNDING AVAILABLE

HUD Lead Hazard Reduction Grant funding is available for privately-owned housing units built before 1978 that contain lead-based paint hazards. To be eligible, properties must be in Broome County. The program prioritizes dwellings that house children under the age of six or a pregnant woman. Resident children are required for single-family owner-occupied homes. HUD's income guidelines must be met, and eligibility is based on the income of unit occupants. The property must have no major structural defects, and must be current on all taxes and mortgages.

Each multi-family rental housing unit enrolled in the Lead Hazard Reduction Program will be eligible for a maximum of **\$15,000** worth of lead hazard remediation work, to be completed by approved lead abatement contractors; therefore, two-family dwellings are potentially eligible for \$30,000, three-family dwellings for \$45,000, and so on. Owners are encouraged to enroll multiple units within a property to keep unit costs lower and maximize the lead-safety benefits to the building. Single family units are eligible for a maximum of **\$20,000**.

The cost of lead hazard reduction work varies widely from building to building. Work to be completed will depend on the results of testing, and pricing is based on standard rates (non-negotiable). HUD requires that *all* lead hazards associated with a unit must be addressed; our program cannot complete partial projects. Property owners will be required to provide the additional funding required to make units lead-safe. Before contract signing, "overage" funds must be presented to the Broome County Health Department in the form of a Money Order or Official check made payable to the contractor assigned to the renovation. Property owners are also responsible for the costs of occupant relocation (required). Rental properties will require a lien in the form of a note and mortgage, requiring affirmative marketing of rental units to low-income families with young children for a period of at least three years.

We encourage property owners to take advantage of this opportunity. This program is voluntary, so you may choose to withdraw your application at any time for any reason, prior to the signing of a contract to start the remediation work. It is the property owner's responsibility to notify the Health Department of their intent to withdraw from the program.

For questions about the program or the grant process, please call 607-778-2847.

By signing this document, I acknowledge that I have read this policy.

Owner/Landlord Name _____ Signature _____ Date _____



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Healthy Homes Supplemental Funding

Broome County was awarded additional funding by HUD for the identification and repair of health and safety hazards in homes assisted through the Lead Hazard Reduction grant. It is part of the program, and is required for all participants.

You will be contacted by subcontracted staff from Keystone Environmental Services to schedule a Healthy Homes survey around the time of the lead inspection/risk assessment. This survey will take approximately two hours per unit. The assessor must have access to attic and basement spaces, in addition to dwelling units.

Following the survey, you will be provided with a detailed report of all findings for your information. You will also receive a list of improvements that our program may be able to make to your property. Please be sure to sign and return the Access Agreement as quickly as possible. Repairs may include (but are not limited to) fire safety improvements, trip and fall prevention measures, minor electrical repairs, etc. There is no cost to the property owner for these repairs.

I acknowledge that I have read and understand the role of Healthy Homes Supplemental Funding.

Owner/Landlord Name _____ Signature _____ Date _____

Energy Efficiency Funding Available

Your property may also be eligible for no-cost energy efficiency upgrades through the New York State Energy Research and Development Authority’s (NYSERDA) EmPower NY and Assisted Home Performance programs, Cornell Cooperative Extension, and Weatherization Assistance Program (WAP), administered by the New York State Homes and Community Renewal through Tioga Opportunities. Qualifying properties will receive a free energy audit, and may be eligible for weatherization/energy efficiency upgrades, including insulation, replacement of major appliances, & high efficiency LED light bulbs. Tenants may also qualify for electric bill savings through NYSERDA’s Solar For All program.

YES, please have a Community Energy Advisor contact me regarding available funding for energy efficiency upgrades and electricity bill savings.

*Please submit the attached “**Consent for Release of Financial and Contact Information**” for each household, the attached “**Application for Approval for WAP/EmPower NY**” signed by the individual responsible for heating costs, and a copy of the most recent **heating utility bill(s)**.

Are utilities (heat and electric) included in rent? N/A-Owner Yes, both are included
 No, tenant pays for both No, tenant pays for just electric No, tenant pays for just heat

Owner/Landlord Name _____ Signature _____ Date _____

Contact Phone Number _____ Contact Email Address _____



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Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly. Please contact our office at 607-778-2847 if you have any questions, or need help making copies.

- ✓ **Completed and signed application form.**
 - Please be sure that the tenant/resident information page is **completely** filled out, including **all** resident names, ages/dates of birth, and income. The form must also be signed by the property owner and resident head of household (as applicable).
- ✓ **Information from the property owner:**
 - Deed.** Proof of ownership. You may obtain a copy of the deed at www.gobcclerk.com.
 - Taxes.** Proof that property taxes are paid & current. Payment history is available from www.taxlookup.net or Broome County Real Property Tax Services 607-778-2169 or 778-2124.
 - Mortgage.** A copy of the current mortgage with a statement from the mortgage lender demonstrating that the mortgage is paid and current, *or* proof of mortgage satisfaction.
- ✓ **Information from unit residents/tenants:**
 - Birth Certificates.** Copies for all children under the age of 6 that reside in or visit the home.
 - Tenant IDs.** Copies of all adults' identification that currently reside in the household.
 - Verification of Visiting Child form (attached), if applicable.
 - A doctor's note if the qualifying resident is a pregnant woman.
 - Proof of income for all residents.** Please submit all available documentation of any household income, regardless of whether income is taxable. Proof of income may include recent paystubs (at least 4 weeks), wage statements, Social Security or public assistance statements, unemployment, child support, business income, etc. Please also include any tax-deductible expenses such as student loan interest that may affect Adjusted Gross Income (AGI). Our program may need to call employers or request additional documentation to verify income.
 - Consent for Release of Information from Broome County DSS (attached), if applicable.** Please provide for all residents receiving assistance from DSS (SNAP, HEAP, TA, etc.).
 - If also applying for energy efficiency services, please provide (forms attached):**
 - Consent for Release of Financial & Contact Information for Energy Efficiency Services.**
 - Application for Approval for WAP/EmPower NY** for all residents that pay for heat.
 - Copy of most recent heating utility bill(s).**
- ✓ **Blood Lead Tests:**
 - All children under the age of 6, including visiting children, will need to be blood lead tested prior to the start of lead hazard reduction work (within 6 months of work starting). Parents should contact their Primary Care Physician for testing. For children that do not currently have a primary doctor, please call 607-778-2847 for a list of available physicians.



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**Broome County HUD Lead Hazard Reduction Program
FY 2022 Income Limits Summary**

FY 2021 Income Limit Category	Family Size							
	1	2	3	4	5	6	7	8
Very Low (50% AMI) Income Limits	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$50,650
Low (80% AMI) Income Limits	\$42,950	\$49,100	\$55,250	\$61,350	\$66,300	\$71,200	\$76,100	\$81,000

- Eligibility for the HUD Lead Hazard Reduction Program is based on the **Adjusted Gross Income** of individuals residing in each dwelling unit, and **must be below the low income (80% AMI) limits listed above.**
- Resident or visiting children under the age of six are **required** for single-family owner-occupied homes. For rental units, the program prioritizes properties with resident or frequently visiting children under the age of six. A pregnant woman is counted as a qualifying child for eligibility purposes.
- Broome County Health Department staff will determine income eligibility based on documentation provided.



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**HUD Lead Hazard Reduction Grant Program 2019-2023
 APPLICATION**

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Please complete one application per dwelling unit (apartment).

Project Property Unit Information

Street: _____ Unit#: _____ City: _____ Zip: _____
 Total # Units in Building: 1/Single 2/Duplex 3/Triplex 4 5 6 Other _____
 Owner Occupied? Yes No Rental Property? Yes No Vacant? Yes No
 Year of Building Construction? _____ Type of Exterior (e.g. vinyl, wood, brick, stucco): _____
 Number of original/wood windows in unit: _____ Number of Bedrooms: _____

***Please provide copies of all documents listed in the following section, including your deed.**

Are all property taxes paid/current? Yes No Are water bills paid/current? Yes No
 Is Mortgage current? Yes No Mortgage Satisfied Date: _____ N/A
 Current Liens or fines owed? Yes Explain _____ No
 Is property located in a floodplain? Yes No
 If “Yes,” is property insured against flooding? Yes No
 Has property been designated “historic,” or is it located in a “historic district?”
 Yes No Don’t Know
 Name of Homeowners insurance company: _____ Phone Number: _____
 How did you learn about our program? _____
 Has the property ever had lead-paint hazard reduction work? Yes No
 Funding provided by: _____
 Date of work performed, if known: _____
 Is the property currently enrolled in any other type of repair or rehab program? Yes No
 If so, identify: _____
 Are you planning any rehabilitation work on this property in the near future? Yes No
 If so, explain: _____



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**HUD Lead Hazard Reduction Grant Program 2019-2023
 APPLICATION**

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Please complete one application per dwelling unit (apartment).

Property Owner Information

Business Name (if applicable): _____

Owner Last Name: _____ First Name: _____

Street: _____ Unit#: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternate: _____ E-mail: _____

Is your ownership: Individual Corporation Partnership LLC Other _____

Property Manager/Representative: _____

Street: _____ Unit#: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternate: _____ E-mail: _____

Is the property owner a Broome County Employee? Yes No

Does the property owner have a relationship with Broome County, the Broome County Lead Hazard Reduction Program, or a Broome County Employee? Yes No If yes, explain: _____

Household Members/Resident Tenant Information

Apartment/Unit # _____

If applicable: Lease expiration date: _____ Monthly Rent: _____

1. Is there a child under 6 living there full-time? Yes No

If "Yes," please list child ages: _____

***Please attach copies of birth certificates for all children under the age of 6.**

2. Is there a child under 6 who is a **regular visitor but does not live there** (for at least 6 hours per week, 10 weeks per year)? Yes No

***A Visiting Child Certification Form is required.**

3. Is there a pregnant woman living there? Yes No How many women aged 16-45? _____

***Verification of pregnancy is required.**

4. If lead hazards will be removed from the house, will members of the household have a place to go (for about 10 days)? Yes No Where? _____

Optional Demographic Information: This information is used for Federal and statistic compilation only. The Broome County Health Department does not discriminate against any individual or group because of race, sex, religion, age, ethnicity, color, marital status, disability, or political belief. **Please check all that apply.**

- Race:** American Indian/Alaska Native
 Asian
 Native Hawaiian/Pacific Islander
 Black/African-American
 White/Caucasian

- Ethnicity:** Hispanic/Latino
 Non-Hispanic/Latino

OR: I choose not to complete this section



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Household Members/Resident Tenant Information (Continued)

***PROOF OF ALL RESIDENT/TENANT INCOME IS REQUIRED.**

***ALL CHILDREN UNDER AGE 6 MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS. Parents should contact their Primary Doctor, or call 778-2847 to find a physician.**

Household Contact Name: _____ **Phone Number:** _____
Apartment/Unit # _____ **Does the household receive any assistance from DSS?** Yes No

1. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
 Monthly Income: _____ Source(s) of Income: _____
 Employer (if applicable): _____ Employer Address: _____

2. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
 Monthly Income: _____ Source(s) of Income: _____
 Employer (if applicable): _____ Employer Address: _____

3. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
 Monthly Income: _____ Source(s) of Income: _____
 Employer (if applicable): _____ Employer Address: _____

4. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
 Monthly Income: _____ Source(s) of Income: _____
 Employer (if applicable): _____ Employer Address: _____

5. Name: _____ Date of Birth: _____ Age: _____ Relationship: _____
 Monthly Income: _____ Source(s) of Income: _____
 Employer (if applicable): _____ Employer Address: _____

(For additional residents please attach a new sheet of paper)

Is any resident listed above a Broome County Employee? Yes No

Does any resident have a relationship with Broome County, the Broome County Lead Hazard Reduction Program, or a Broome County Employee? Yes No

If yes, explain: _____

I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete. I understand that it is a crime to provide information that I know to be false or have reason to believe to be false.

Owner/Landlord Name _____ **Signature** _____ **Date** _____

Tenant Name _____ **Signature** _____ **Date** _____

BCHD Representative _____ **Signature** _____ **Date** _____



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HUD Lead Hazard Reduction Grant Program 2019-2023 CONSENT FOR RELEASE OF INFORMATION From Broome County Department of Social Services (BCDSS)

This form is to be completed by residents receiving DSS assistance, for income verification purposes. Please complete one form for each adult resident in the household.

Name: _____
Last First MI (Former)

Date of Birth: _____

Current Address: _____

Previous Address: _____

_____ I authorize the Broome County Health Department (BCHD) to receive employment and other income information, including Temporary Assistance and Supplemental Nutrition Assistance Program (SNAP) budget information about myself and members of my household from the Broome County Department of Social Services (BCDSS). I am authorizing this financial information sharing about myself and members of my household, for the sole purpose of BCHD verifying my household's public assistance and other income, for BCHD to determine my eligibility for the HUD Lead Hazard Reduction Program.

To: Broome County Health Department
Division of Environmental Health
Attn: HUD
225 Front Street
Binghamton, New York 13905
Fax # 607-778-3912

Unless required by law, I understand any disclosure and/or re-disclosure of records disclosed through this *Release* to a party, other than the one named above, is forbidden.

I understand any information released by BCDSS will only be used by BCHD for income verification, to determine my eligibility for HUD Lead Hazard Reduction Program benefits. I understand I may revoke this consent at any time upon written notice, but such revocation may affect my eligibility for lead hazard abatement assistance.

Print Name: _____ Signature: _____ Date: _____

Broome County Health Department Representative:

Print Name and Title: _____ Signature: _____

Date: _____



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**HUD Lead Hazard Reduction Grant Program 2019-2023
VISITING CHILD VERIFICATION FORM**

***This form is required when the qualifying child does not live in the dwelling, (if applicable).**

I _____ verify that _____ D.O.B. ____/____/____
Owner/Tenant Child's name

spends at least two different days within any week at _____, provided
Address

that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours. In

addition, the combined annual visits must last at least 60 hours.

Owner/Tenant signature

Child's Relationship to Owner/Tenant



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**CONSENT FOR RELEASE OF FINANCIAL AND CONTACT
INFORMATION FOR ENERGY EFFICIENCY SERVICES**

*This form must be completed by the resident/tenant point of contact where the Owner has requested the property to be assessed by any or all of the following agencies, programs, or organizations: New York State Energy Research and Development Authority (NYSERDA), Cornell Cooperative Extension, and Weatherization Assistance Program (WAP), administered by the New York State Homes and Community Renewal through Tioga Opportunities.

Please complete one form per household (primary household point of contact).

Name _____
Last First MI (Former)

Date of Birth _____

Social Security # _____

Current Address _____

_____ (initial here) I authorize the Broome County Health Department (BCHD) to re-disclose my contact information, including my phone number, income documentation, any other information related to my financial situation, and whether any and how many children reside or visit my residence to:

The NYSERDA EmPower, Solar for All, and Assisted Home Performance Programs
The Weatherization Assistance Program (WAP) c/o Tioga Opportunities
Energy Finance Solutions, NYSERDA subcontractor for income verification and loan origination
ClearResult, project implementation subcontractor for EmPower and WAP
Cornell Cooperative Extension

For all questions regarding energy efficiency, or to revoke this authorization, contact:
Eileen Hanrahan, Community Energy Advisor
Cornell Cooperative Extension
840 Upper Front Street #2
Binghamton, NY 13905
607-366-0833
607-772-8953 (CCE main number/operator)

_____ (initial here) The financial and contact information I authorize BCHD to re-disclose will be used to identify whether my property/residential unit is eligible for additional services that are offered through the above-listed organizations, only.

_____ (initial here) I understand that any disclosure and/or re-disclosure of these records to a party other than the above-listed organizations is forbidden without further permission from me.

_____ (initial here) I understand I may revoke this authorization at any time and this authorization expires one year from the below date.

Resident Signature _____ Date _____

APPLICATION FOR APPROVAL

Weatherization Assistance Program EmPower NY Program



APPLICANT AFFIRMATION/FUEL/ENERGY BILLS RELEASE

I authorize release of my contact information, dwelling information, and income documentation to representatives of NYSERDA, to the Weatherization Assistance Program (WAP) and/or its designated representatives, to any community-based organizations identified on this application, and to my utilities. I understand that the information provided by me will be used only for the purposes of determining eligibility for NYSERDA's residential programs and financial incentives, eligibility for the WAP, and for estimating and evaluating energy savings. I understand that all information will be kept confidential, to the extent permitted by law. I understand that if energy efficiency services are provided to me through NYSERDA's EmPower New York program or WAP, there will be no cost to me and that participation in these programs will not affect my social security, public assistance, or any other income.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs. I also understand that I will not be eligible to receive financial incentives or rebates from an electric or natural gas utility for measures provided at no cost through NYSERDA programs or the WAP.

I agree to provide NYSERDA representatives, the WAP representatives, and independent participating contractors access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, and Quality Assurance activities. I understand that participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that participating contractors and vendors will provide appropriate warranties on any equipment provided and that no additional warranties are provided by NYSERDA or the WAP.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete. I understand that my signature on this form gives permission for NYSERDA, representatives of the WAP, and their designees, to assure my eligibility for NYSERDA's programs and the WAP. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-063). I have read and understand the provisions of the Personal Privacy Protections Law in Attachment #1.

CUSTOMER AUTHORIZATION for Release of Fuel/Energy Bills (for previous two years and future three years)

My signature certifies that I am financially responsible for the account(s) listed on this application. I hereby consent and authorize the electricity and fuel suppliers named in this application to release any and all energy usage information, including account number(s), related to the above property address, to representatives of the New York State Energy Research and Development Authority (NYSERDA), and the Weatherization Assistance Program (WAP), and/or its designated representatives for the period beginning two years prior to the application date and ending three years after program participation. I understand that this information will be kept confidential, to the extent permitted by law, and used only for the purpose of determining program eligibility, estimating energy savings, program implementation, and evaluation, including the evaluation of achieved energy savings.

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here. ___

Please print name

X

Applicant Signature

Date

**Homes and
Community Renewal**

NYSERDA