



State of New York County of Broome Government Offices

Broome County Health Department • Environmental Health

Jason T. Garnar, County Executive • Olivia Catalano, MHA, Director of Public Health

225 Front Street, Binghamton, NY 13905

Phone: (607)778-2847 • Fax (607) 778-3912 • www.broomecountyny.gov

HUD Lead Hazard Reduction Grant Program 2023-2027 APPLICATION - Page 1

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 person. Resident children are required for single-family owner-occupied homes. Eligibility is based on the income of unit occupant(s) and must be within HUD's low-income limits. The property must have no major structural defects and must be current on all taxes and mortgages.

Work to be completed will depend on the results of lead testing. HUD requires that *all* lead hazards associated with a unit must be addressed; our program cannot complete partial projects. All grant work is performed by qualified lead abatement contractors selected by the program. We cannot reimburse for lead remediation work completed by property owners. The cost of lead hazard reduction work will vary by unit and is based on standard material and labor rates (non-negotiable).

Each multi-family rental housing unit enrolled in the Lead Hazard Reduction Program is eligible for around **\$20,000** worth of lead hazard remediation work. 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 around **\$25,000**. Property owners may be required to provide additional funding (amounts over the allowed limit) required to make units lead-safe. Before contract signing, these 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 project.

Temporary occupant relocation will be **required** for all occupied dwelling units, and property owners are responsible for relocation costs. 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. This is part of the Lead Hazard Reduction grant and is required for all participants.

You will be contacted by subcontracted staff to schedule a Healthy Homes survey. Ideally, this survey is conducted around the time of the lead inspection/risk assessment and 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) Assisted Home Performance programs, through Smart Energy Consultants. There is also a Weatherization Assistance Program (WAP). This program is 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, air sealing, replacement of HVAC appliances, refrigerator & high efficiency LED light bulbs. Tenants may also qualify for electric bill savings through NYSERDA's Solar For All program. Please note, if you participate in any of these programs, a separate application will need to be completed. This will be provided by Tioga Opportunities (WAP) and/or Smart Energy Consultants (NYSERDA)

☐ **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 Contact Information"

- For questions about **NYSERDA programs**, please contact Smart Energy Consultants at 607-366-0833 ext. 0.
- For questions about the **Weatherization Assistance Program (WAP)**, please contact Tioga Opportunities, Inc.'s Energy Services Department at 607-687-0944 ext.310.



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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 person.
 - ☐ **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 interested in energy efficiency services, please provide (form attached):**
 - ☐ **Consent for Release of Contact Information for Energy Efficiency Services.**



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Broome County HUD Lead Hazard Reduction Program
FY 2026 Income Limits Summary

FY 2025 Income Limits	Family Size							
	1	2	3	4	5	6	7	8
Low-Income Limits (80% MFI)	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

- 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 limits (80% of the Median Family Income or MFI) 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 person 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 2023-2027

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Please complete one page for the whole building. Please list all units to be enrolled.

Project Property Unit Information

Street: _____ Unit#(s): _____ 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): _____

Property Owner Information

Business Name (if applicable): _____
Owner First Name: _____ Last 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 employed by Broome County, or do they have any relationship with the Broome County Lead Hazard Reduction Program or a Broome County Employee? Yes ☐ No ☐

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 ☐

Any current liens or fines owed? Yes ☐ Explain _____ No ☐

Is property located in a floodplain? Yes ☐ No ☐ If yes, is property flood-insured? Yes ☐ No ☐

Is the property designated "historic," or located in a "historic district?" Yes ☐ No ☐ Don't Know ☐

How did you learn about our program? _____

Has the property ever had lead-paint hazard reduction work? Yes ☐ No ☐ If yes, date: _____

Funding provided by: _____

Is the property currently enrolled in any other type of repair or rehab program? Yes ☐ No ☐

If so, identify: _____

Is any other rehab work planned in the near future? Yes ☐ No ☐ If yes, type: _____



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HUD Lead Hazard Reduction Grant Program 2023-2027

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Please complete one page per dwelling unit (apartment).

Household Resident/Tenant Information Address: _____ Apt/Unit # _____
Monthly Rent (if applicable): _____

1. Head of Household/Point of Contact Name: _____

Phone Number: _____ **Date of Birth:** _____ **Age:** _____ **Relationship:** _____

Monthly Income: _____ **Source(s) of Income:** _____

Employer (if applicable): _____ **Employer Phone:** _____

2. Name: _____ **Date of Birth:** _____ **Age:** _____ **Relationship:** _____

Monthly Income: _____ **Source(s) of Income:** _____

Employer (if applicable): _____ **Employer Phone:** _____

3. Name: _____ **Date of Birth:** _____ **Age:** _____ **Relationship:** _____

Monthly Income: _____ **Source(s) of Income:** _____

Employer (if applicable): _____ **Employer Phone:** _____

4. Name: _____ **Date of Birth:** _____ **Age:** _____ **Relationship:** _____

Monthly Income: _____ **Source(s) of Income:** _____

Employer (if applicable): _____ **Employer Phone:** _____

5. Name: _____ **Date of Birth:** _____ **Age:** _____ **Relationship:** _____

Monthly Income: _____ **Source(s) of Income:** _____

Employer (if applicable): _____ **Employer Phone:** _____

***For additional residents please attach a new sheet of paper**

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

- Does the household receive any assistance from DSS (SNAP, TA, HEAP)? Yes ☐ No ☐
- Is there a child under 6 who is a regular visitor but does not live there (at least 6 hours per week, 10 weeks per year?) Yes ☐ No ☐ *If yes, Visiting Child Certification Form required
- Is a pregnant person living there? Yes ☐ No ☐ *If yes, Verification of pregnancy required
- 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? _____
- Are any household residents employed by Broome County, or have a relationship with the Broome County Lead Hazard Reduction Program or a Broome County Employee? Yes ☐ No ☐

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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Household Resident/Tenant Information (Continued)

Blood Lead Tests: All children under the age of 6, including visiting children, are recommended to be blood lead tested within 6 months of lead hazard work starting. Parents should contact their Primary Care Provider for testing. For children that do not currently have a primary provider, we suggest calling 211 or 1-800-901-2180 for assistance with finding one.

Optional Demographic Information: HUD requires organizations who receive HUD financial assistance to report race and ethnic information. The purpose of doing so allows us to better understand the growing diversity of the U.S. population. 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 indicate the number of household members in each category.**

Racial Categories	Non-Hispanic/Latino	Hispanic/Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Other race combinations greater than 1%		



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HUD Lead Hazard Reduction Grant Program 2023-2027 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 2023-2027
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 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), Smart Energy Consultants, 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)

Current Address _____

_____ (initial here) **I authorize the Broome County Health Department (BCHD) to re-disclose my contact information, including my phone number and address to:**

**The Weatherization Assistance Program (WAP) c/o Tioga Opportunities
NYSERDA Assisted Home Performance Programs c/o Smart Energy Consultants**

For all questions regarding energy efficiency, or to revoke this authorization, contact:

**Darlene Terry, Coordinator
Weatherization Assistance Program
Tioga Opportunities, Inc.
9 Sheldon Guile Blvd.
Owego, NY 13827
607-687-0944 ext. 352
dterry@tiogaopp.org**

_____ (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 _____