

City of Richmond Lead-Based Paint Hazard Control Program Owner-Occupied Pre-Application for Assistance

Applicant Name: _____ Date of pre-application: _____

Address: _____

Phone: (Primary) _____ (Secondary) _____

Email Address: _____

Is the applicant the parent or legal guardian of the client (EBL child)? YES NO N/A

Race: African American White American Indian or Alaskan Native Asian

Hispanic/Latino Origin Other Multiracial/two or more races

Marital Status: Married Single Divorced Widowed

Co-Applicant Name (*if applicable*): _____

Please list an additional contact person in case we cannot reach you: _____

Contact phone: _____ Contact email: _____

Do you own your home? YES NO

Are your property taxes paid to date? YES NO N/A

How many members comprise the household? # Aged 6 or older: _____ # of children under 6: _____

Please list *all members 6 years or older* in household, including *self*:

Name	Date of Birth	Relationship to Child (Parent, Grandparent, Sibling, etc.)

Are any of the members listed above pregnant? YES NO Name: _____

Please list all children under the age of 6 in household:

Name	Date of Birth

Gross Monthly Household Income of All Residents

(Please use income before taxes and deductions are taken out):

List all sources of income SEPARATELY

Directions: Applications may have more than one source of income. Please list these sources as two separate entries on the lines below. Note: Proof of income is required for all **household** members (with the exception of minor children). Also note: Twice monthly refers to client that are paid on the 1st and 15th of each month. **Income can include SSI, disability, retirement, veteran's benefits, child support etc. but does NOT include TANF or SNAP.**

1. Source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

2. Additional source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

3. Additional source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

4. Additional source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

5. Additional source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

6. Additional source of income: _____ Household member: _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

Total Monthly Household Income: \$ _____

Total Annual Household Income: \$ _____

CERTIFICATION BY APPLICANT(S)

PLEASE READ CAREFULLY BEFORE SIGNING



Attention: It is a criminal offense under Section 1001 of title 18 of the code of the United States to make willful false statements or misrepresentation of any information provided in completion of this application.

The undersigned hereby makes a preliminary application to the City of Richmond (the "City") for aid for residential lead paint hazard control. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for controlling lead paint hazards, cost of such controls and other permitted costs will be determined by the City. The undersigned further agrees to permit the control of lead paint hazards in the property by a contractor approved by the City through a bid process.

All Lead-Safe dwellings created under this program will be placed on a list accessible to all City Departments. Other agencies will have access to this list, including; Community Health Center, Department of Child & Families Services, RRHA Housing Authority and other pertinent agencies. The undersigned agrees that the information be accessible as specified to the above departments and agencies.

I certify that the information provided is accurate to the best of my knowledge. Nothing requested has been omitted or misrepresented in this pre-application. I understand that my eligibility for assistance from the City depends on verification of income. I also understand that should I provide inaccurate information on this application, I may be required to repay any funds spent on my/our home, and may be charged with a criminal offense.

Attached is proof of income for each member of the household receiving income (i.e. payroll, Social Security and/or pensions). I understand that further documentation of household income and assets will be required to complete my full application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Documentation Required with the Pre-Application

- Valid Virginia Driver's License - OR- Other Gov't Issued Picture ID (all adult HH members)**
- Copy of a Blood Lead testing result of child or pregnant HH member**
- Income – Most recent consecutive pay stubs covering at least 60 days of income or equivalent statement for all income sources**
- Most recent bank statements for all checking and savings accounts - 3 monthly statements**
- Most recent mortgage statement (if applicable)**

**OWNERSHIP DECLARATION AND CERTIFICATION TO
ACCESS TO PROPERTY**

I, _____, do hereby attest and affirm that I am the homeowner
(Client Name)

of record for the residence located at _____,
(Client Address)

Richmond, Virginia _____. I further certify that should my application be approved,
(Zip code)

I will allow project:HOMES and project:HOMES Contractors access to my/our property in order to

have my home treated for lead within the terms of Richmond City's Lead-Based Paint Hazard Control

Program.

In addition to myself, the following individuals are co-owners of record for the above residence and agree to the statement above: (leave blank if client is the sole owner)

(Co-owner full name)

(Co-owner full name)

Owner Signatures:

Applicant Signature Date

Co-Owner Signature Date

Co-Owner Signature Date

