

City of Richmond RVA Lead-Based Paint Hazard Control Program
Tenant Pre-Application for Assistance

<input type="checkbox"/> > 10µg/dL	<input type="checkbox"/> 5 - 9µg/dL	<input type="checkbox"/> Pregnant Female	<input type="checkbox"/> Other
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Applicant Name: _____ **Date of pre-application:** _____

Address: _____ **Length occupied:** _____

Phone: (Primary) _____ **(Secondary)** _____

Email Address: _____

Is the applicant the parent or legal guardian of the Client (child or pregnant female)? Yes No

Race: African American White American Indian or Alaskan Native Asian
 Hispanic/Latino Origin Multiracial/two or more races Other

Marital Status: Married Single Divorced Widowed

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

Phone #: _____ **E-mail:** _____

Please list all occupants in the household, including the applicant(s):

Name	Date of Birth	Relationship to Client (Parent, Grandparent, Sibling, etc.)	Legal Leasee? Y / N
<i>Client Name:</i>		<i>Self</i>	
<i>Applicant Name:</i>			

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

ID# _____

Property Owner Information

Owner's/Agent Name: _____

Owner's/Agent Address: _____ City: _____, State: ____ Zip Code: _____

Telephone Number (H): _____ Office: _____

Owner's/Agent E-mail: _____

Have a Copy of the Lease? Yes No Verbal Lease? Yes No

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 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. Source of income: _____ Household member: _____

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

Total Monthly Household Income: \$ _____

Total Annual Household Income: \$ _____

(Use the Income Addendum Sheet for more than 5 entries)

ID# _____

CERTIFICATION BY APPLICANT



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 abatement. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by the City. The undersigned acknowledges that upon approval of this application, the property owner/or it agent will be contacted to verify my household residency status and that the owner may agree or decline to participate in this grant assistance.

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.

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 residency may be required to complete my full application.

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 and residency. I also understand that should I provide inaccurate information or fail to provide complete documentation in support of this application, my application will be delayed or may be rejected.

Applicant's Name (Print): _____

Applicant's Signature: _____ **Date:** _____

Documentation Required with the Application (Please attach copies)

- 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 two months (or 60 days) of income or equivalent statement for all income sources**
- Most recent bank statements for all checking and savings accounts - 3 monthly statements**
- Copy of the Lease** **OR** **Lease to be collected from the Property owner/Agent**

ID# _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I/We, _____ do hereby authorize the Richmond City Health District to disclose the information I have provided in my City of Richmond RVA Lead-Based Paint Hazard Control Program Pre-Application to representatives from the organizations listed below for the purpose of identifying additional services provided by one of these organizations for which my family or I might qualify.

I am authorizing the release of my information to the following organizations:

- Bon Secours Health System
- Children's Hospital of Richmond
- Family Lifeline
- GHHI Richmond Learning Network
- Green & Healthy Homes Initiative
- HUD Office of Lead Hazard Control and Healthy Homes
- Project:HOMES
- Rebuilding Together Richmond
- Richmond City Building Maintenance and Code Enforcement
- Richmond City Economic and Community Development
- Richmond City Health District
- Richmond City Office of Sustainability
- Richmond Redevelopment and Housing Authority
- Richmond Regional Energy Alliance
- University of Virginia
- VCU Medical College of VA
- Viridiant

By this release, I am **not** giving permission for the receiver of this information to re-disclose this information to any other third party. I understand that my records are protected under state and federal confidentiality regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time and that this consent expires automatically one year from the date below. I understand that this information may be transmitted via email.

Applicant's Name (Print): _____

Applicant's Signature: _____

Date: _____

Parent/Legal Guardian of Client (*if different from Applicant*)- Please print

(Print name)

(Signature)

Date: _____

ID# _____

Income Addendum Sheet

Gross Monthly Household Income of All Residents

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

List all sources of income SEPARATELY

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6. Source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
7. Additional source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
8. Additional source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
9. Additional source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
10. Additional source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
11. Additional Source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
12. Additional source of income: _____ Household member: _____
 Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

Total Monthly Household Income (this sheet): \$ _____

Total Annual Household Income (this sheet): \$ _____

From First Sheet

Total Monthly Household Income: \$ _____ Total Annual Household Income: \$ _____

Final Calculation

Total Monthly Household Income: \$ _____ Total Annual Household Income: \$ _____

ID# _____