



State of New York  
County of Broome Government Offices

**Broome County Health Department · Environmental Health**

Jason T. Garnar, County Executive · Rebecca A. Kaufman, MS, 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 2019-2022  
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, dwellings must be in Broome County and must house at least one child under the age of 6 or a pregnant woman. 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, insurance, and mortgages.

Each multi-family rental housing unit enrolled in the Lead Hazard Reduction Program will be eligible for a maximum of **\$12,800** worth of lead hazard remediation work, to be completed by approved lead abatement contractors; therefore, two-family dwellings are potentially eligible for \$25,600, three-family dwellings for \$38,400, 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 **\$18,100**. Individual units costing more than \$25,000 will be disqualified.

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 program staff 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 "Consent for Release of Financial and Contact Information" for each household, and a copy of the most recent utility bill. A WAP/EmPower application and/or Rental Property Energy Efficiency Services Agreement (as applicable) will also be required.**

**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](http://www.gobcclerk.com).
  - Taxes.** Proof that property taxes are paid & current. Payment history is available from [www.taxlookup.net](http://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.
  - Insurance.** The declaration page of the homeowner's insurance policy.
- ✓ **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 Financial and Contact Information for Energy Efficiency Services (attached), if applicable.** Please provide for all residents who pay for utilities, if planning to apply for energy efficiency services.
  - Copy of most recent utility bill** if planning to apply for energy efficiency services.
- ✓ **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 2019 Income Limits Summary**

FY 2019 Income Limit Category	Family Size							
	1	2	3	4	5	6	7	8
<b>Very Low (50% AMI) Income Limits</b>	<b>\$24,700</b>	<b>\$28,200</b>	<b>\$31,750</b>	<b>\$35,250</b>	<b>\$38,100</b>	<b>\$40,900</b>	<b>\$43,750</b>	<b>\$46,550</b>
<b>Low (80% AMI) Income Limits</b>	<b>\$39,500</b>	<b>\$45,150</b>	<b>\$50,800</b>	<b>\$56,400</b>	<b>\$60,950</b>	<b>\$65,450</b>	<b>\$69,950</b>	<b>\$74,450</b>

- 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.**
- Dwellings must house at least one resident or frequently visiting child under the age of six and/or a pregnant woman to qualify for the program.
- Broome County Health Department staff will determine income eligibility based on documentation provided.



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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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*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 any/all that apply to this household/dwelling unit:

American Indian/Alaska Native  Asian  Hispanic/Latino  Black/African-American  White/Caucasian   
 Other  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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**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 \_\_\_\_\_





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**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