



SYRACUSE LEAD PROGRAM APPLICANT CHECKLIST

CITY OF SYRACUSE, MAYOR BEN WALSH

START HERE

Thank you for your interest in the Lead Hazard Reduction Program (the "Lead Program")! Please see the checklist below for required documents before getting started on your application. Include copies of all applicable documents listed on the checklist. Please note that incomplete applications will not be able to be processed. Questions? Please call (315) 448-8710 or email Lead@syr.gov.

CHECKLIST		
<input type="checkbox"/>	Proof of Ownership (for owner occupants)	Copy of the deed
<input type="checkbox"/>	Proof of Homeowner's Insurance	Copy of insurance policy declarations page covering residence
<input type="checkbox"/>	Proof that your mortgage(s) is/are current/up-to-date	Most recent monthly statement(s) or if you do not receive a monthly statement, a statement on bank letterhead stating the mortgage is current/up-to-date.
<input type="checkbox"/>	Proof of value of assets for each adult family member Do not include your residence, car or other items of personal property.	Including but not limited to savings accounts, stocks, bonds, retirement, real estate, or other investments.
<input type="checkbox"/>	Proof of enrolled student status (i.e. a college course schedule)	Required for household members over the age of 18.
<input type="checkbox"/>	Copy of government issued photo ID for applicant.	
<input type="checkbox"/>	If a child under age six resides in the property, it is encouraged that you provide results of a blood lead level test no less than three months old with this application. Need your child tested? Please call your child's doctor or the Onondaga County Health Department Lead Poisoning Prevention Program at 315-435-3271	
<input type="checkbox"/>	Proof of current income from all applicable sources for each household member, except minors and full-time students, in the last 8 weeks (as applicable): <ul style="list-style-type: none"> ○ Social Security, SSI, pension(s) or other retirement income - a statement showing the current gross amount received (COLA letter or Proof of Income Statement for Social Security recipients) . ○ Most Recent Paystubs (8 if paid weekly and 4 if paid bi-weekly) ○ Most Recent Income Tax Return (1014) - this is required for each household member that files ○ Interest or dividend statements. ○ Copy of a past two months' checking and/or savings account statement. ○ Business Income - Federal 1040, Schedule C. ○ Rental income - rent/room & board receipts or Federal 1040, Schedule E. ○ Unemployment, disability, or other compensation benefits - award letter or other statement stating the gross amount of your benefit. ○ Public Assistance - copy of budget sheet. ○ Alimony or child support - copy of court decree/order or statement from Child Support Services office 	

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INFORMATION SHEET

The goal of the Syracuse Lead Program is to reduce lead hazards in privately owned residential structures throughout Syracuse. Lead hazards are often found on painted window frames, wood siding, and painted doors. Common repairs provided by the program are new windows, doors, and siding. The Syracuse Lead Program is administered by City of Syracuse Department of Neighborhood and Business Development and funded by the US Department of Housing and Urban Development (HUD).

Who can participate?

Participation is on a first come, first served basis to applicants who meet the following requirements:

- Live in homes which contain lead paint hazards.
- Must have a child under the age six who lives in or spends a significant amount of time in the home.
- Own or occupy a one to four family residential structure built before 1978.
- Have a current annual gross household income of no more than 80% of the median income for the County.
 - Income guidelines are set by HUD and based on household size :

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$52,300	\$59,750	\$67,000	\$74,650	\$80,650	\$86,600	\$92,600	\$98,550

Eligible properties:

- Must be protected by a current homeowners insurance policy
- Must be covered by flood insurance if located in a designated flood zone
- Have all property taxes and mortgages current
 - *Properties in formal repayment agreements will be considered*

How much assistance can I receive?

The amount will vary depending on scope of the hazards found in the home. Rental units occupied by tenants meeting the program requirements are eligible to participate in the program. Vacant units may be eligible. Please call our office to discuss details.

What type of work is done?

The community development housing inspector, along with an independent contractor will perform an inspection according to established standards. Typical lead paint hazard reduction repairs include:

- Window and door replacement
- Exterior Siding
- Porch Work

Please see the checklist on the first page of this packet for required documents before getting started on your application. Include copies of all applicable documents listed on the checklist.

Questions? Please call (315) 448-8710 or email Lead@syr.gov

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APPLICATION

Please complete and return by mail or in person to the 6th floor of City Hall Commons located at **201 E. Washington St. Syracuse, NY 13202**. If preferred, you may also email your completed application and all corresponding documents to **Lead@syr.gov.net**. Please note: you may need to attach large files to multiple emails.

Be sure to fill in all spaces below or write N/A (not applicable). Remember to include copies of all applicable documents listed in the attached checklist on **page one** of this packet as incomplete applications cannot be processed.

Questions? Call (315) 448-8710 or email Lead@syr.gov.net

Name

Street
Address

City, State, Zip

Home Phone

Other Phone

Also Contact

Email

OWNERSHIP: (Tenants, please provide owner name, address & phone number)

Owner's Name

Owner's Address / Phone

Do you have a mortgage? ☐ Y ☐ N

Name of Lender: _____

Do you have Homeowner's Insurance? ☐ Y ☐ N

Name of Insurance Provider: _____

OCCUPANTS: List each person living in the residence, including yourself.

Name	Relationship to applicant	Date of Birth	Gender	Medicaid?	Full-time Student?
			M F OTHER	Y N	Y N
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ ☐

-OVER-

CHILDREN IN HOUSEHOLD

Do any children under the age of 6 living in the residence? ☐ ^Y ☐ ^N

If Yes, provide the results of his / her blood lead level test results (results must be within 3 months of application).

Do any children under the age of 6 spend a significant amount of time visiting? ☐ ^Y ☐ ^N How many? # _____

If Yes to either question, please complete the attached "Residing / Visiting Child Verification Form".

Are any household members pregnant? ☐ ^Y ☐ ^N

INCOME

Do you file Income Tax? ☐ ^Y ☐ ^N

(If yes, provide a copy of your Federal income tax return)

Do you have a checking account? ☐ ^Y ☐ ^N

Do you have a savings account? ☐ ^Y ☐ ^N

List all income for each person living in the residence below:

Name	Name & Address of Income Source	Rate	Annual Amt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:			_____

For Office Use Only

ASSETS: List all assets, including bank accounts, retirement accounts, real estate (rental properties), etc. Do not include your primary home or vehicle(s).

Family Member	Type of Asset / Source	Amount / Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		_____

For Office Use Only

How did you hear about our program? _____

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RESIDING OR VISITING CHILD VERIFICATION

Please fill out the section that applies to your situation

Resident Child or Children

I _____ certify that _____, ____/____/____
Applicant Child's Name DOB

is a child under the age of six and is a **resident of the property** located at: _____

Address

Additionally, the below listed children are also under the age of six and reside at the above address (only fill if applicable):

_____/____/____ ____/____/____
Child's Name DOB Child's Name DOB

Applicant Date Applicant's Relation to Child/Children

Visiting Child or Children

I _____ certify that _____, ____/____/____
Applicant Child's Name DOB

is a child under the age of six that spends a significant* amount of time visiting the property located at:

Address _____

Do several children under the age of six spend a significant* amount of time in the home?

	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how many? _____

*Significant is defined by HUD's OFFICE OF LEAD HAZARD CONTROL AND HEALTHY HOMES as "At least two different days within any week, provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours. The combined annual visits must last at least 60 hours."

Applicant Date Applicant's Relation to Child/Children

Are you able to obtain recent blood lead level test results for any of the children listed on this page?

	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend that blood lead level test results **within the past 3 months** be included with this application. If you are unable to obtain these results or refuse to do so, please let our office know.

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DECLARATION OF NO INCOME

City of Syracuse Department of Neighborhood and Business Development is required to verify all income and assets of anyone residing in the household under this program. To comply with this requirement, we ask your cooperation in supplying the information requested in the certification below. This information will be held in strict confidence and used only for the purpose of establishing your family's eligibility. **Please note: this page must be printed and signed in the presence of a Notary. You may come to our office to have this form notarized. Please call ahead (315-448-8100) and bring a photo ID with you.**

Certification

I, _____ do hereby certify that I do not receive income from any source. I understand that sources of income include, **but are not limited to the following:**

Wages/Employment by Other(s)	Retirement Funds
Unemployment Compensation	Alimony/Child Support
Social Security	Income from Assets
Workers Compensation Disability	Pensions
Self-Employment	Annuities
SSD/SSI	Union Benefits
Family Support	

I certify that the foregoing is true, complete, and accurate. I authorize City of Syracuse Department of Neighborhood and Business Development to verify the information contained herein. I also understand that providing false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

Sworn to before me on this ____ day of _____, 20__.

SEAL

by _____
Name of Signer

Notary Public

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GRANT APPLICATION CERTIFICATION PAGE

Applicant _____

Applicant Address _____

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Department of Neighborhood and Business Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Department of Neighborhood and Business Development funds. I also authorize the Department of Neighborhood and Business Development to share information regarding my case with staff members of the Onondaga County Community Development and Onondaga County Health Department.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male ☐ Female ☐ Other ☐

Ethnicity:

Race: (Mark one or more)

White ☐ Black or African American ☐

American Indian/Alaska Native ☐ Asian ☐

Native Hawaiian or Other Pacific Islander ☐

Hispanic or Latino ☐

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ONONDAGA COUNTY HEALTH DEPARTMENT

Lead Poisoning Control Program

421 Montgomery Street, 9th Floor

Syracuse, New York 13202

Phone: (315) 435-3271

Fax: (315) 435-3720

Authorization for Use or Disclosure of Individually Identifiable Health Information

Name of (Client/Patient/Child)

DOB

SS#

(Other)

I allow the ONONDAGA COUNTY HEALTH DEPARTMENT to:

RELEASE TO: X OBTAIN FROM:

RELEASE TO: _____ OBTAIN FROM: _____

City of Syracuse Lead Program

201 E. Washington St

Syracuse, NY 13202

The following information:

Blood lead testing results for at least six months

prior to date of this authorization and extending

for one year after the date of this authorization.

Reason:

To use as criteria for accepting my family into

the City of Syracuse's Lead Hazard Control

Grant Program

The following information:

Reason:

I understand that I can take back this permission unless the information has already been given out. To take back the permission, I must send a letter to the Health Department program listed at the top of this page. Any records given out using this signed permission may be sent somewhere else by the agency we give it to. If they send it on, it may not be protected by the same laws.

You will not be refused any care by the Onondaga County Health Department if you decide not to sign this form. The line below lists anything that will not be given out.

I understand that a copy of this can be used the same way as this form.

This permission ends One Year from the date signed by the (client/patient/parent/guardian).

(Client/Patient/Parent/Guardian)

Witness

Relationship to (Client/Patient/Child)

Date

Date _____



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FACT SHEET

You may keep this sheet for your records

1) WHAT IS THE LEAD HAZARD REDUCTION PROGRAM (LHR)?

The LHR is designed to reduce lead paint hazards found in privately owned residential structures throughout Onondaga County. These hazards are often found on painted window frames, wood siding and doors, all of which can be repaired through the program. The LHR program is administered by Onondaga County Community Development and funded by the US Department of HUD.

2) WHO CAN PARTICIPATE IN THE LHR PROGRAM?

Participation is on a first-come, first-served basis to applicants meeting the following requirements:

- Living in a home containing Lead Paint Hazards.
- Having a child under the age of six who lives or spends a significant amount of time in the home. **(See Residing/Child Verification Form for details)**
- Owning or occupying a one to four family residential structure built before 1978.
- Current annual gross household income of no more than 80% of the median income for Onondaga County. **(See chart on reverse side)**

Eligible Properties:

- Currently protected by a current Homeowners Insurance Policy.
- Currently covered by flood insurance if located in a designated flood zone.
- Up-to-date on all property taxes and mortgage(s)**

***Properties in formal repayment agreements will be considered.*

3) HOW MUCH ASSISTANCE CAN I RECEIVE?

Amounts will vary depending on the scope of the hazards found in the home.

Rental units occupied by tenants meeting the program requirements are eligible to participate in the LHR Program. Property owners may only receive assistance for 2 properties within a 24 month period. Vacant units may be eligible, but are prioritized lower.

To be eligible, the applicant's household gross income **must be below** the income limit for family size, shown in the table on the reverse side. **(Amounts adjusted annually)**

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<u>Family Size</u>	<u>Income Limit</u>
1	\$52,300
2	\$59,750
3	\$67,200
4	\$74,650
5	\$80,650
6	\$86,600
7	\$92,600
8	\$98,550

Effective 4/1/2021

4) WHAT TYPE OF WORK IS DONE?

Eligible work is determined by a thorough lead paint inspection of your home. The Community Development Housing Inspector, along with an independent contractor hired by Community Development, will perform the inspection according to established standards. Common lead paint hazard reduction repairs include:

- Window and door replacement
- Exterior Siding
- Porch Work

5) WILL THERE BE A LIEN PLACED ON MY PROPERTY? -- NO (in most situations)

The Program is funded by several different Federal and State agencies. Please call with any questions.

Owners of rental units: If the assisted unit becomes available, you must agree to give preference in renting the unit to low income families with a child under the age of six, for a period of 3 years.

FOR ADDITIONAL INFORMATION:

CITY OF SYRACUSE LEAD PROGRAM
201 E. Washington St. - 6th Fl.
Syracuse, New York 13202
(315) 448-8710

Fair Housing Laws prohibits discrimination in the sale or rental of housing based upon race, color, religion, sex, age, marital status, handicapped or familial status, or national origin.

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