



DELAWARE COUNTY LEAD HAZARD REDUCTION PROGRAM

HOMEOWNER APPLICATION

Date Completed: \_\_\_\_\_

APPLICANT INFORMATION

Applicant/Homeowner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Cell/Home/Work)
\_\_\_\_\_ (Cell/Home/Work)
\_\_\_\_\_ (Cell/Home/Work)

E-mail Address: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Cell/Home/Work)
\_\_\_\_\_ (Cell/Home/Work)
\_\_\_\_\_ (Cell/Home/Work)

E-mail Address: \_\_\_\_\_

DEMOGRAPHIC INFORMATION

The race and ethnicity information below is requested solely for the purpose of determining compliance with Federal civil rights law and for the U.S. Department of Housing and Urban Development reporting requirements.

Your response will not affect consideration of your application.

Applicant Ethnicity (Please check one): [ ] Hispanic/Latino [ ] Non-Hispanic/Latino

Applicant Race (Please check one):

- [ ] White [ ] Asian and White
[ ] Black/African American [ ] Black/African American and White
[ ] Asian [ ] Native Indian/Alaskan Native and White
[ ] Native American/Alaskan Native [ ] Native American/Alaskan Native and Black/African American
[ ] Native Hawaiian/Other Pacific Islander [ ] Other/Multi-Racial



## HOUSEHOLD COMPOSITION

1. Is the Head of Household a female? (Circle one) YES    NO
2. How many people live in the Household? \_\_\_\_\_  
 How many of these are adults (18 and over)? \_\_\_\_\_  
 How many of these are young children (under 6)? \_\_\_\_\_  
 How many of these have a disability? \_\_\_\_\_
3. Have children in the household been tested for lead? (Circle one) YES    NO  
 Are you interested in receiving information on lead testing? YES    NO

List the Head of the Household first, and then all individuals who live in the house. Indicate relationship of each member as Husband, Wife, Child, Aunt, etc.

*\*Proof of age for children 6 and under must be attached to this application.*

*\*If lead testing has been done, include if the child received an Elevated Blood Level (EBL) 5µg/dL*

Full Name	Relationship	Age*	Tested EBL (Y/N?)

*Please attach another sheet if necessary*

## PROOF OF INCOME

You must attach the appropriate proof of income for the previous 12 months for **all household members over the age of 18** who reside at in the household. You may use a W-2 form(s) to document previous year income. You may be requested to provide updated financial information to fully document your eligibility for the program.

### What Is Income?

- Wages, salaries, tips, etc. (Provide 3 most recent paystubs for all household members over the age of 18)
- Taxable interest
- Dividends



- Taxable refunds, credits, offsets of State and local income taxes
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital Gain (or loss)
- Other gains (i.e. assets used in a trade or business that were exchanged or sold)
- Taxable amount of individual retirement accounts (IRA) distributions. (Includes simplified employee pension (SEP) and savings incentive match plan for employees (SIMPLE IRA))
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm Income (or loss)
- Unemployment compensation payments
- Taxable amount of social security benefits
- Other income (Including prizes, awards, gambling, Lottery, raffle winnings, and periodic assistance or any other payments or contributions which are received on a recurrent basis and which might be reasonably expected to continue).

Complete the following table using the Definition of Income above:

	Applicant	Co-Applicant	Other Household Member over 18	Other Household Member over 18
Name				
Wages, Salaries, Tips				
Interest and Dividends				
Taxable Refunds				
Alimony				
Business Income				
Capital Gain				
IRA Distributions				
Pensions, Annuities				
Unemployment				
Social Security				
Other Income				
<b>TOTAL ANNUAL INCOME</b>				

*Please attach another sheet if necessary*

**Total annual income of all Adults (18 or over) living in the household** \$ \_\_\_\_\_



## PROPERTY & MORTGAGE DETAILS

1. What year was the property built? \_\_\_\_\_
2. How many bedrooms are in the home? \_\_\_\_\_
3. Has lead testing ever been conducted in your home?  
If so, which areas tested positive? \_\_\_\_\_
4. Do you have a mortgage on the property? YES NO  
First Mortgage Value: \$ \_\_\_\_\_  
Second Mortgage Value: \$ \_\_\_\_\_
5. Are there any liens/judgements on the property? YES NO  
If yes, please describe: \_\_\_\_\_
6. Are taxes current? YES NO
7. Have you ever filed for bankruptcy? YES NO  
If Yes, what year did you file? \_\_\_\_\_
8. Do you own any other real estate? YES NO  
If yes, please provide address and date of purchase: \_\_\_\_\_
9. Do you rent out any part of the home? YES NO



## CERTIFICATIONS

The following certifications are required by law for federally funded programs:

1. I certify that each person in the household is:

A citizen of the United States

A legal resident Alien

2. I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of the Applicant(s) knowledge and belief.

3. I understand that under the U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in prosecution under Federal Law, and that I can be fined, not more than \$10,000 and/or imprisoned for more than five (5) years if found guilty.

4. \_\_\_\_\_ (Initial) I have received the Delaware County Lead Hazard Reduction Program Guide and will abide by the policies and procedures as outlined within it.

5. \_\_\_\_\_ (Initial) I consent to participate in a one (1) year follow-up inspection on lead abatement work completed.

6. \_\_\_\_\_ (Initial) I will adhere to the applicant eligibility requirements of the Lead Hazard Reduction Program for a period of three (3) years.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Return application with required information to:**

Delaware County Office of Housing and Community Development  
2 West Baltimore Avenue, Suite 202  
Media, PA 19063-3740  
Attn: LHRP Program Manager

