

RENTAL APPLICATION - Landlord

Date Completed: _____

Application for the LHRP must be made by the Landlord/Owner. Completed applications must include this primary application and the Tenant Attachment. Tenant Attachment may be submitted separately to OHCD by the tenant(s).

APPLICANT INFORMATION

Applicant Name: _____ **Date of Birth:** _____

Address: _____

Municipality: _____ **Zip Code:** _____

Telephone Numbers: _____ (Cell/Home/Work)
_____ (Cell/Home/Work)
_____ (Cell/Home/Work)

E-mail Address: _____

Property Owner Name: _____ **Date of Birth:** _____

Rental Property Address: _____

Municipality: _____ **Zip Code:** _____

Telephone Numbers: _____ (Cell/Home/Work)
_____ (Cell/Home/Work)
_____ (Cell/Home/Work)

E-mail Address: _____

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



PROPERTY & MORTGAGE DETAILS

Please provide the address/unit numbers of the units needing remediation assistance. Indicate in the last column if we should contact the tenant directly for required application documentation:

PROPERTY INFORMATION

Tenant Name	Property Address	# of Bedrooms	Tenant Communication

1. What year was the property built? _____

2. How many rental units are in the property? _____

3. How many bedrooms are in each unit? _____

4. Has lead testing ever been conducted in the property?
 If so, which areas tested positive? _____

5. Do you have a mortgage on the property? YES NO
 First Mortgage Value: \$ _____
 Second Mortgage Value: \$ _____

6. Are there any liens/judgements on the property? YES NO
 If yes, please describe: _____

7. Are taxes current? YES NO

8. Have you ever filed for bankruptcy? YES NO
 If Yes, what year did you file? _____

9. Do you own any other real estate? YES NO
 If yes, please provide address and date of purchase: _____



CERTIFICATIONS

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

1. I certify that I as the property owner am:

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 including a good faith effort to market my property/properties to low-income families with children.

Applicant's Signature

Date

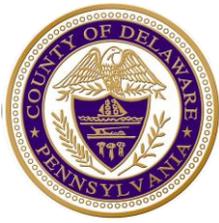
Co-Applicant's Signature

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





RENTAL APPLICATION – Tenant Attachment

Property Owner Name: _____

Information provided in this application is strictly confidential and will not be released to persons outside of the program without written permission from the tenant. Information is requested to establish eligibility and for federal reporting requirements. If you have any questions regarding this application, please contact 610-891-5425.

TENANT INFORMATION

Tenant Name: _____ Date of Birth: _____

Address: _____

Municipality: _____ Zip Code: _____

Telephone Numbers: _____ (Cell/Home/Work)
_____ (Cell/Home/Work)
_____ (Cell/Home/Work)

E-mail Address: _____

Co-Tenant Name: _____ Date of Birth: _____

Telephone Numbers: _____ (Cell/Home/Work)
_____ (Cell/Home/Work)
_____ (Cell/Home/Work)

E-mail Address: _____

TENANT DEMOGRAPHIC INFORMATION

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Applicant Race (Please check one):

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- Black/African American and White
- Native Indian/Alaskan Native and White
- Native American/Alaskan Native and Black/African American
- 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 (6 or under)? _____
 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, please indicate (Y/N) if the child was positive for an Elevated Blood Level (EBL).

Full Name	Relationship	Age*	Tested EBL

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				
TOTAL ANNUAL INCOME				

Please attach another sheet if necessary

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



CERTIFICATIONS

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

1. 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.
2. 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.
3. I hereby consent that I am voluntarily participating in the Lead Hazard Reduction Program for which my landlord is applying for. I give permission to Delaware County to perform a lead paint inspection, risk assessment, and dust wipe sampling to determine the presence of lead-based paint in the home. Should it be determined that lead hazards are found, I agree to allow Delaware County to contract a lead abatement certified contractor to perform remediation work to remove those hazards.
4. I understand that my voluntary participation in this program may include temporary relocation while lead remediation work is underway in order to protect my family and myself from any hazards associated with construction.

Tenant's Signature

Date

Co-Tenant's Signature

Date

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Media, PA 19063-3740
Attn: LHRP Program Manager

