



## Lead-Safe Home Remediation Pilot Grant Program

### Application and Information

#### INTRODUCTION

The New Jersey Department of Community Affairs (DCA) is pleased to announce the Lead-Safe Home Remediation Pilot Program. The purpose of the program is to identify and remediate lead-based paint hazards via interim controls to prevent elevated blood lead levels in children and pregnant women. The program targets municipalities in New Jersey with high reported incidence of elevated blood lead levels in children under age six.

#### ELIGIBILITY

To be eligible for the Program, properties and homeowners must meet the following criteria:

- Applicants must meet income guidelines for the county;
- Property must consist of 1-2 units;
- Property must have been built prior to 1978;
- Property must have a presence of lead-based paint hazards;
- Property is current on real estate taxes, water and sewer.

#### INCOME ELIGIBILITY

The Lead-Safe Home Remediation Pilot Grant Program's participants should be low to moderate income (LMI) homeowners, or tenants. The homeowner occupant and/or the tenant household's gross income should not exceed 80% of Area Median Income in their respective counties.

County	Number of Person(s) in Household							
	1	2	3	4	5	6	7	8
Atlantic	\$ 37,600	\$ 43,000	\$ 48,350	\$ 53,700	\$ 58,000	\$ 62,300	\$ 66,600	\$ 70,900
Camden	\$ 45,000	\$ 51,400	\$ 57,850	\$ 64,250	\$ 69,400	\$ 74,550	\$ 79,700	\$ 84,850
Bergen	\$ 47,000	\$ 53,700	\$ 60,400	\$ 67,100	\$ 72,500	\$ 77,850	\$ 83,250	\$ 88,600
Essex	\$ 46,000	\$ 52,600	\$ 59,150	\$ 65,700	\$ 71,000	\$ 76,250	\$ 81,500	\$ 86,750
Hudson	\$ 45,050	\$ 51,450	\$ 57,900	\$ 64,300	\$ 69,450	\$ 74,600	\$ 79,750	\$ 84,900
Mercer	\$ 46,000	\$ 52,600	\$ 59,150	\$ 65,700	\$ 71,000	\$ 76,250	\$ 81,500	\$ 86,750
Middlesex	\$ 51,250	\$ 58,550	\$ 65,850	\$ 73,150	\$ 79,050	\$ 84,900	\$ 90,750	\$ 96,600
Monmouth	\$ 46,300	\$ 52,900	\$ 59,500	\$ 66,100	\$ 71,400	\$ 76,700	\$ 82,000	\$ 87,300
Ocean	\$ 46,300	\$ 52,900	\$ 59,500	\$ 66,100	\$ 71,400	\$ 76,700	\$ 82,000	\$ 87,300
Passaic	\$ 47,000	\$ 53,700	\$ 60,400	\$ 67,100	\$ 72,500	\$ 77,850	\$ 83,250	\$ 88,600
Union	\$ 46,000	\$ 52,600	\$ 59,150	\$ 65,700	\$ 71,000	\$ 76,250	\$ 81,500	\$ 86,750

#### Application Instructions

To determine eligibility, an application must contain all of the requested information, including a Resident/Tenant Income Verification Form for each dwelling unit. If the exact 'Year of Building Construction' is unknown, please estimate to the best of your knowledge. A copy of the deed is required.

#### No Show/No Entry Fee

The Applicant will be responsible for paying a No-Show/No-Entry fee to the Lead Evaluation Services company of [ ] if the lead evaluation services company or contractor arrives onsite for a scheduled site visit at the subject

Questions? Please call us at 844-722-6432

Please mail the completed application to: Att Lead Safe Home Program

346 Central Ave

Jersey Cit, NJ 07307

## Lead-Safe Home Remediation Pilot Grant Program

property and testing or other evaluation services cannot be conducted or completed due to no fault of the lead evaluation services company or its employees and/or due to any conditions stated in the attached “Right of Entry (ROE) and Release of Information” Document.

### Application Checklist

- Signed “Confirmation of Receipt of Lead Pamphlet”**
- Completed application form** (*all information completed and signed by owner*)
  - **If Local Department of Health has issued Order to Abate,**
    - Applicant must provide copy of issued Order to Abate
- Documents to verify income:**
  - Copies of current payroll stubs or a signed employer verification of income
  - Certifications of income from non-payroll sources such as unemployment and disability compensation, worker’s compensation and severance pay, Aid to families of Dependent Children (AFDC), or Supplemental Security Income (SSI)
  - Copies of Social Security earnings statements, other annuity or retirement income statements.
- For Applicants and/or Members of Household with No Income, Signed and Notarized Copies of:**
  - **“Affidavit of No Income”**
    - (for Applicant)
    - (for Member of Household)
    - N/A
  - **“Certification of No Income Tax Filing”**
    - (for Applicant)
    - (for Member of Household)
    - N/A
- Signed “Right of Entry Form”**
- Copies of Social Security Cards for all household members**
- Proof of Residence at Property**
- Proof of Ownership** (copy of mortgage deed, or rental agreement, or county tax record)
- Proof of No Tax Lien**
- For Owner Applicants:**
  - **Copy of property deed** (We only need a copy of the first page showing all current owners. May be obtained through your local town clerk)
    - N/A
  - **Page 5 of “Lead Application- “Occupant/Tenant Income Verification Form” filled out by tenants for each unit** (Tenants may submit income verification form and supporting 3<sup>rd</sup> party income documentation directly to agency office).
    - N/A

**Lead-Safe Home Remediation Pilot Grant Program**

**Application**

**Department of Health Information**

Has the Local Department of Health issued an Order to Abate for the home?  Yes  No

**NJ Weatherization Assistance Program**

Has the property been deferred from the NJ Department of Community Affairs (DCA) Weatherization Assistance Program (WAP) due to the presence of lead based paint hazards?  Yes  No

**Applicant Information**

Last Name, \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Property Information**

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

City/Town, and Zip Code: \_\_\_\_\_

Block Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

County:  Atlantic  Bergen  Camden  Essex  Hudson  Mercer

Monmouth  Middlesex  Ocean  Passaic  Union

Number of Legal Dwelling Units in Building:  One (1) Unit  Two (2) Units

Year of Building Construction: \_\_\_\_\_

Historical Significance- Has the property been designated "historic," or is it located in a historic district?

Yes  No  Unsure

Type of Exterior (vinyl, wood clapboard, etc.): \_\_\_\_\_

**Occupancy Information** (please choose one)

Owner Occupied Single Family  Rental Only Property

Combined, Owner Occupied with Rental (owner resides at, but rents part of building)

Is the unit determined to be structurally sound, and occupancy is permissible, under State and Local building and property maintenance codes?  Yes  No

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Jersey City, NJ 07307

**Lead-Safe Home Remediation Pilot Grant Program**  
**For Applicant Homeowners with Tenant(s) ONLY**

**Unit Dwelling Information** – All Applicant Homeowners with Tenant(s), please provide the requested information below for each dwelling at this property. For **owner occupied AND rental** properties, each household must also complete the **Occupant/Tenant Income Verification Form** on the next page (page 5). All household occupants on the property must fill out the **Occupant/Tenant Income Verification Form**. If you did not receive or need additional Tenant Income forms, please contact the Lead Program at the number at the bottom of the page.

Unit #	# of Bedrooms	Head of Household's Name	Resident's Phone Number	Family Size

*I hereby certify that I own the above named property and that the information provided in this application is true and complete to the best of my knowledge. In connection with this application for financial assistance to control the lead hazards at my property, I hereby authorize the ( \_\_\_\_\_ ) to verify the accuracy of the information provided above. I agree to provide NJ DCA and its consultants with reasonable access to the property for inspection and testing related to controlling the lead paint hazards.*

*I am also aware of the No Show/No Entry Fee stated at the end of page 1 of this application.*

**Home Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Lead-Safe Home Remediation Pilot Grant Program**  
**Occupant/Tenant Income Verification Form**

**Instructions**

This form must be completed by the occupant(s) of the home for which assistance is being requested from DCA Lead-Safe Pilot Program to provide lead-safe repairs. **(Landlords do not fill out this section unless they are requesting assistance for the unit they are living in).** Please list all household members below. Please provide the total yearly income for all persons residing in the unit from all sources, including income from employment, pensions, social security, ANFC, SSI, alimony/child support, workers compensation, and interest on savings accounts and other assets.

**Copies of 3<sup>rd</sup> party documented evidence of these income sources must be provided. See the attached application checklist for types of documentation that are acceptable. *All evidence provided shall be kept strictly confidential***

List Name(s) of all Occupants	Relationship	Gender	Date of Birth	Ethnicity & Race**	*Income Amount	Income Source
	Head of Household	<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
<b>Total Annual Household Income</b> (Includes income of <u>all</u> occupants					<b>\$</b> _____	

*I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the ( \_\_\_\_\_ ) to verify the income figure I have provided. This may include providing additional information for verification purposes.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If the income amount of 18+ individual is \$0, please complete the appropriate No Income Forms listed on page 2 of this Lead Application, Application Checklist

**\*\* Ethnicity and Race Instructions**

The Lead-Safe Home Remediation Pilot Grant Program is required by State of New Jersey to collect and annually report these demographics in an aggregate manner so that no personal information is shared. Please indicate by number each demographic that applies for each individual. Ethnicity applies for each race response meaning a minimum of two numbers will apply for each response such as B,3 or B,4 etc. or more if multiple race responses such as B,2,5 (Not Hispanic, Asian, *and* White )

**Ethnicity**  
 A. Hispanic or Latino  
 B. Not Hispanic or Latino

**Race**

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other (Hispanic, or mixed)

**Note: The demographic information you provided does not affect in any way how your application for assistance or eligibility is considered by our office.**