



Lead-Safe Hudson County Paint Program

Application and Information

INTRODUCTION

The U.S. Dept. of Housing and Urban Development (HUD), Hudson County Division of Housing & Community Development (HCHCD) and Puertorriqueños Asociados for Community Organization (P.A.C.O.) are pleased to announce the Lead-Safe Hudson County Paint 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 six and under.

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 have been built prior to 1978;
- Property must have a lead-based paint presence;

PRIORITY

Applications with the following will receive priority consideration:

- Properties with an Order to Abate
- Households with children with elevated blood lead levels
- Households with children six and under residing in the home, or visits at least twice per week for three hours each visit
- Households with pregnant women

INCOME ELIGIBILITY

The Lead-Safe Hudson County Paint 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.

HUD 2019 Household Income Limits								
Persons in Household								
AMI Limit	One	Two	Three	Four	Five	Six	Seven	Eight
80% Limit	52, 750	60,250	67,800	75,300	81,350	87,350	93,400	99,400

*Based on IRS 1040 Adjusted Gross Income

Questions? Please call us at (844) PACO-HEA (844) 722-6432
Please mail the completed application to: 346 Central Ave., Jersey City, NJ 07307



Lead-Safe Hudson County Paint Program

Client Name:	Phone:
Address:	Client No:

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, please provide copy
- Documents to verify income:**
 - Completed and Signed 4506T-EZ Short Form Request for Individual Tax Return Transcript
 - 60 Days Current Pay Stubs or Employer Provided Statement of Income
 - Social Security Benefits Statement (Retirement, Disability, SSI)
 - Pension/Annuity Benefits Statement
 - Unemployment Benefits Statement
 - Worker’s Compensation Benefits Statement
 - Child Support & Alimony Payments
 - 2 Months Bank Statements
 - Tenant Leases (Owner Occupants Only)
 - Any Other Regular Income
- For Members of Household with No Income: Signed and Notarized Affidavit of No Income**
- Tenants: Lease Agreement**
- Owner:**
 - Copy of property deed (May be obtained from Hudson County Register’s Office-257 Cornelison Ave. 2nd Floor.)
 - Tenant Household Information form completed with requested household information. To expedite application review, please provide Income Verification Documentation for tenant households with the application. Tenant may also provide documentation directly to agency office.

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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: _____

Are you the Owner Tenant?

Owner/Landlord Name & Phone: _____

Property Information

Address: _____

City/Town, and Zip Code: _____

Block Number: _____ Lot Number: _____

Number of Legal Dwelling Units in Building: _____

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 – NO Rental Units Owner Occupied – WITH Rental Units Rental Only Property

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

Applicant Signature: _____

Date: _____

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Lead-Safe Hudson County Paint 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 **Lead-Safe Hudson County Paint Program** to verify the accuracy of the information provided above. I agree to provide HUD and its consultants with reasonable access to the property for inspection and testing related to controlling the lead paint hazards.*

Home Owner Signature: _____

Date: _____

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Lead-Safe Hudson County Paint 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 Lead-Safe Hudson County Paint 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, SSI, alimony/child support, worker's compensation, unemployment.

Copies of 3rd 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				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				

**** 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. White
 2. American Indian or Alaskan Native
 3. Asian
 4. Black or African American
 5. Native Hawaiian or other Pacific Islander
 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.

Total Annual Household Income (Includes income of **all** occupants) \$ _____

*I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the **Lead-Safe Hudson County Paint Program** 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

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