



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM TENANT APPLICATION PACKET

Dear Tenant/Occupant

Your landlord/property owner would like to make your home ‘lead-safe’ and perhaps address other safety issues at the same time. They are requesting assistance from the Sullivan County, NH Lead Hazard Control & Healthy Homes Program to make the necessary repairs. This program seeks to protect children from lead poisoning by cleaning up lead hazards in housing units. For your property owner to be considered for the program, additional information is required from you. **Eligibility and funding are based on resident household income and other documentation.**

In order to help make your unit ‘lead-safe’, please complete this application to the best of your ability and return to your landlord or property owner, or to the program intake specialist as soon as possible. Incomplete or missing information will delay the repairs to your unit and may cause unnecessary harm to you and your family from existing lead hazard exposure. **Please be sure to complete/include the following:**

- 1) Completed “Household Information” form (Pg. 3 & 4).
- 2) Completed “Income Verification” form (Pg. 5) for **each household member, including minor, dependent children who receive benefits.** (make copies as needed)
 - **If you have a Tenant-Based Housing Choice Section 8 voucher, you just need to sign the release of information included so that Sullivan County, NH can get a copy of your assistance letter from the Housing Authority, and you will not have to provide any other documentation regarding household income or assets. Otherwise, you (the tenant) must provide the following:**
- 3) Proof of Income and Assets Back-Up Documentation:
 - Most recent 2 months of pay stubs for all employed residents in unit
 - Documentation of any other resident household income and assets including; Social Security income – this is required for adult and minor household members, Disability income – this is required for adult and minor household members, Child support, Veteran’s pension, Retirement/pension, Interest on savings, checking or investment accounts, Social Services Assistance, Real Estate, Stocks, Bonds, CD’s, Revocable Trusts, Money Market Accounts, Retirement Accounts (if applicable), etc.

- 4) Blood Lead Test Consent form for child(ren) under 6 years of age (**Pg. 8**)
- 5) Blood Lead Level Test results
- 6) “Relocation Contract” form (**Pg. 10**)

Your prompt response is requested. Your property owner’s application is temporarily on hold until we receive this information. **Thank you for help with this matter!**

If you have any questions or need additional information, please do not hesitate to call the Intake Specialist from whom this application was received, or the Sullivan County Lead Hazard Control and Healthy Homes Program Manager, Kate Kirkwood at 603-781-4304 (text or call) or kate@kkirkwood.com



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

HOUSEHOLD INFORMATION

Head of Household Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Please list the number of rooms in your unit: _____ (please include kitchen, bathroom)

Please list your monthly rent: _____

Please list any utilities that are included in your rent: _____

Is this your primary residence? _____

Elderly Resident or Family member (Age 62 or over) Yes No

Do you receive 'Section 8' or any other form of rental assistance? Yes No

If yes, then a tenant with a Tenant-Based Housing Choice Section 8 voucher just needs to sign the release of information included in this packet so that Sullivan County, NH can get a copy of their assistance letter directly from the Housing Authority. If the release is signed, the tenant will not have to provide any other documentation regarding household income or assets.



PLEASE LIST ALL HOUSEHOLD RESIDENTS:

Property Address _____

Unit # _____

Number of bedrooms in your unit? _____

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Income</u>	<u>Indicate if stated income is weekly, monthly or yearly</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Submitted by:

Head of Household Signature _____

Date _____



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

INCOME VERIFICATION

Each resident over the age of eighteen (18) is required to fill in the information listed below; copy this form for each person as needed. Also, all adult members must report any benefits received by any dependent household children on their form as well. (If you receive Tenant-Based Section 8 assistance, you do not have to provide any of this information if you sign a release of information for the specific Housing Authority.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (cell): _____

Email: _____

Employed: Full-time Part-time Self-Employed: _____

Employer's Name: _____

Employer's Address: _____

Gross Pay: \$ _____ Weekly Bi-weekly Monthly

Provide two months of employment income verification – pay stubs. If you are self-employed you may provide a copy of your 1040 Long Form tax return as documentation.)

Please indicate any additional sources of monthly income:

Pension: \$ _____ Income from Assets*: \$ _____

Social Security: \$ _____ Child Support: \$ _____

Alimony: \$ _____ TANF: \$ _____

Worker's Comp: \$ _____ Other: \$ _____

* Income from Assets include bank account interest, real estate, stocks, bonds, CD's, revocable trusts, money market accounts, retirement accounts (if applicable). Documentation is required for any assets.

Total Yearly Income: \$ _____

“I certify that the statements made, and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the Sullivan County, NH Lead Hazard Control Program to verify the information supplied on this form.”

Resident Signature _____

Date _____



**SULLIVAN COUNTY, NH
LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM**

RELEASE OF INFORMATION

I _____, authorize _____ Housing Authority, who provides me with a Tenant-based Housing Choice Section 8 Voucher, to give a copy of my HUD-50058 form (certifying my income for the voucher) or my income eligibility notification letter to Sullivan County, NH Lead Hazard Control & Healthy Homes Program confirming that I am a Section 8 voucher recipient. The letter or form may be sent directly to the Sullivan County Program, by the Housing Authority at:

Sullivan County, NH
Lead Hazard Control and Healthy Homes Program
Program Manager
Kate Kirkwood
14 Wellington Dr,
Spofford, NH 03462

Or email to: kate@kkirkwood.com

Print Name

Street Address

City, State, Zip

Signature

Date



DEMOGRAPHIC INFORMATION

INFORMATION FOR GOVERNMENT CENSUS PURPOSES

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that an agency may neither discriminate based on this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex based on visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

Race/National Origin:

American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White
 Other (specify) _____

Sex: Female Male

Female Head of Household: Yes No

Applicant Signature

Date



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

BLOOD LEAD LEVEL TEST CONSENT FORM

Name: _____

Address: _____

For your home to be considered for our program, children under age six residing in your home must have had their blood tested for lead within the past six months, or the parent may refuse by checking the appropriate box below. There is no cost for the blood test, which consists of the collection of a drop of blood from a pinprick on a finger. Test results must be submitted before lead hazard reduction work can begin, unless the parent opts out in writing below.

PLEASE COMPLETE ONE OF THE FOLLOWING:

- My child/ren 6 years of age or under has/have been tested for lead poisoning within the past 6 months. If yes, please supply a copy of the test results for the file: [] Yes [] No
I would like to have my child/ren 6 years of age or under tested for lead poisoning. If yes, make an appointment with your local Health Department, and send in a copy of the test results for the file: [] Yes [] No
[] My child/ren 6 years of age or under has/have been tested for lead poisoning and I DO NOT WISH to disclose the test results. (If you check this box, you must obtain a signed letter from the Health Department stating that your child/ren under 6 years of age were tested, the date of the test(s), and that the results are confidential. This letter must be submitted with this form, before lead hazard reduction work can begin.)
[] I am aware that the above property may contain lead-based paint hazards and I DO NOT WISH to have my child/ren 6 years of age or under tested for lead poisoning.

Parent / Legal Guardian's Signature _____

Date _____

The following children, 6 years of age or under, spend a significant amount of time in my home:

Table with 6 columns: Name, Age, D.O.B, Relationship, Child tested for lead poisoning?, Primary residence? and 3 rows of blank lines for entry.

(A significant amount of time is defined as a child who spends 2 days per week, 6 hours per week, or 60 hours per year in this residence.)

I certify that the above information is accurate as of the signing date of this document.

Resident Signature _____

Date _____



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CERTIFICATION OF LEAD PAINT NOTIFICATION

Please sign this certification after you have read and fully understand the “Protect Your Family from Lead In Your Home”, and the “Renovate Right” pamphlets.



I/We, _____ (homeowner(s)) residing at:

(Address) (City) (State) (Zip)

have read and understand the “Protect Your Family from Lead in Your Home” (pamphlet) and the “Renovate Right” (pamphlet).

Applicant Signature

Applicant Signature

Applicant (print)

Applicant (print)

Date

Date



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

RELOCATION CONTRACT

Relocation During Lead Work:

During the time that the contractors are working inside your home, your family and the tenants may have to temporarily move out. **The average time is ten (10) working days. Only one unit at a time will have to move.** The exact time depends on the size of the unit and/or how much work must be done. **No one, except authorized professionals, can go in and out of the unit during this time.** You cannot move back in until you have been notified that the work is done, and it is safe. To make sure your unit is safe, samples for lead dust will be taken throughout your home. A laboratory will test these wipe samples. Relocation may be required by State and Federal regulations so that no member of your family or tenants will be exposed to hazardous lead dust during renovation. **It is advised that households temporarily relocate with family or friends, or to an lead safe home provided by your landlord, or utilize the “safe house” provided by the Program.** Although the Lead Hazard Control Program will work with owners and tenants toward the least disruptive outcomes regarding relocation, in the end, the property owner is both logistically and financially responsible for tenant relocation.

Preparing Your Unit for Lead Work:

You are responsible for packing and storing your belongings to protect them from lead dust. Detailed instructions are included in the application package.

Non-Liability of Personal Injury/Damage:

I will hold the Sullivan County, NH Lead Hazard Control and Healthy Homes Program and its officials, employees, and K Kirkwood Consulting and American Environmental Testing Services, harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program. Nothing herein shall be deemed to release any contractors, subcontractors, owner, or landlord from such liability.

By signing this application, you: Attest that the information contained herein is true and complete to the best of your knowledge and belief; Agree to the terms of the program relocation policy; acknowledge that you have been given the lead safe pamphlet, “Protect Your Family From Lead in Your Home”; as well as the renovation pamphlet “Renovate Right” and that submission of this application does not guarantee you will receive assistance.

Resident Signature

Date

Resident Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



SULLIVAN COUNTY, NH LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CERTIFICATION FOR CHILD OCCUPIED UNIT

Property Address: _____

I understand that one of the requirements for the owner to receive a Lead Hazard Control Grant from the Sullivan County, NH Lead Hazard Control Program is that a child under the age of 6 lives in or frequently visits my residence, according to the department of Housing and Urban Development definition (Title X, 40 CFR Part 745). HUD defines “frequently visits” as: a child, who is under 6 years of age, who visits at least twice a week, each visit is at least 3 hours, with an annual combination of all visits of at least 60 hours. Please indicate below under which category each child under the age of 6 for your unit qualifies. If it is a visiting child only, please provide the name and phone number of the child’s parent. _____

Child’s Name	Lives In	Visits	Age
_____	<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"/>	_____

I certify that the above-named child/children lives in; or, visit(s) my property at least 3 hours a day for two different days, combined weekly visits is at least 6 hours, and the combined annual visits last at least 60 hours.

Tenant’s Signature: _____

Tenant Print Name: _____

Unit #: _____



How Do I Prepare My Apartment/Home to Address Lead Hazards?

PLEASE FOLLOW THESE STEPS TO PREPARE YOUR UNIT BEFORE THE CONTRACTOR ARRIVES

- **Please remove and take with you all valuables and/or hazardous items.**
 - (Examples: Jewelry, Cash, Firearms, etc.)
- For the Lead Paint Inspection of your unit, it is of the utmost importance that the inspector is able to access **all** areas of the residence. Windows must be able to be opened for the testing of tracks and exterior sills.
- **CLOSETS SHOULD BE CLEAR ENOUGH THAT THE INSPECTOR CAN TEST AND VISUALLY ASSESS CLOSET BASEBOARDS, SHELVES AND SHELF SUPPORTS, CEILINGS, ETC.**
- ALL PERSONAL ITEMS and MOVABLE OBJECTS must be PACKED and STORED or removed. Move all packed items to the center of the room. Examples: food, dishes, pots, pans, curtains, draperies, window blinds, window shades, wall hangings, area rugs, toys, and clothing. Owner is responsible for providing a secure place for storage of personal items and to work with tenants to fulfill these obligations.
- If there is a room(s) that is not being addressed, you will be notified if you can store items in that room.
- ALL breakable items, such as ‘knick-knacks’ and glassware, should be removed from cabinets or shelves and packed to avoid breakage or other damage.
- ALL furniture with the packed items must be moved to the center of the room or removed. For example, move the bed the center of the room. Clothing and other items from your closet can be stacked on the bed. ALL furniture and packed items must be removed from rooms where floors will be addressed.
- Your belongings should be sealed with plastic and duct tape to prevent contamination.
- PLEASE COMPACT YOUR BELONGINGS AS MUCH AS POSSIBLE. Lead abatement contractors need to have enough room to do their work.
- ALL FOOD SHOULD BE REMOVED FROM CABINETS and THE REFRIGERATOR AND REMOVED FROM THE UNIT.
- PETS CANNOT STAY IN THE UNIT. This includes aquariums, fishbowls, hamsters, etc.
- If gas appliances need to be shut off, it must be done by you (or the owner). If the contractor must do this, they will not be responsible for any damages or problems that may be incurred.

Please sign below to indicate you have received these instructions and the lead safe pamphlet, “Protect Your Family from Lead in Your Home.”

Tenant (Head of Household)

Date

“ONE-TOUCH” HEALTHY HOMES CHECKUP FORM

DEMOGRAPHICS		No	Yes	Comments
1	Any residents >62 yrs of age?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Any disabled residents?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Any children <6 years old?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Any pregnant women?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do residents have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do any residents receive federal assistance? (i.e, WIC, Headstart, Fuel Assistance, Section 8, TANF, Food stamps)	<input type="checkbox"/>	<input type="checkbox"/>	
Please list Federal Assistance received:				

ENERGY EFFICIENCY		No	Yes	Please check all that apply
7	What fuel is used for heating? (Indicate primary vs. secondary heating source)	<input type="checkbox"/>	<input type="checkbox"/>	Oil
				Natural Gas
				Propane
				Electric
				Wood
8	Were residents cold last winter in this home?	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat setting in winter:
9	Was it necessary to close off/ isolate rooms to stay warm in this home?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, we closed off _____ out of the _____ rooms in the house/apt.
10	Is the heating system old or inefficient?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Are there cold spots in walls?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Does the home/apt consume large amounts of energy (is your monthly bill generally too expensive)?	<input type="checkbox"/>	<input type="checkbox"/>	

OCCUPANT HEALTH		No	Yes	NA	Comments
13	a. Has anyone living in this house been diagnosed with asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. If YES , is this person currently using rescue medicine for asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes , how many times a week are they using rescue medicine? _____
	c. If YES , did this person have any unplanned doctor visits for asthma in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How may visits in the past 6 months: <ul style="list-style-type: none"> • Unplanned Doctor _____ • ER or Urgent Care _____ • Hospitalizations _____
14	Occupants with other respiratory problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Occupants with flu-like symptoms or headaches experienced only in home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OCCUPANT HEALTH		No	Yes	NA	Comments
16	a. Do any occupants smoke ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Is there smoking inside the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENTAL CONDITIONS		No	Yes	NA	Comments
17	Is there evidence of pests ? (i.e, mice, squirrels, cockroaches, ants, rats, bed bugs, flies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
18	a. Are there smoke alarms ? (Need 1/unit/level & common areas/level required by law in rental units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Are the smoke alarms working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
	c. Do you have an Emergency Evacuation Plan ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	a. Are there carbon monoxide alarms? (Need 1/unit/level/outside sleeping area(s) & common areas required by law in rental units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
	b. Are the carbon monoxide alarms working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
	c. Are there un-vented combustion sources? (i.e gas stove or dryers, space heaters, generators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
20	Is there evidence of moisture inside? Visible mold _____ Rotting wood _____ Musty smell _____ Unvented dryer _____ Condensation _____ Water stain or leak _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:
21	Have you tested your home for Radon ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INJURY PREVENTION		No	Yes	NA	COMMENTS
26	For older adults , are grab bars present in bathroom by toilet and in tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Are handrails present along staircase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Is lighting sufficient at top and bottom of stairs, in bathrooms, bedrooms, and outside entryway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	For young children are there:				
	a. child gates if stairs are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. window blind cord safety devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. window guards or stops? (higher than 1 st floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. medicines & poisons out of reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	