

Instructions: Information in this application is strictly confidential and will not be released to persons outside of the program without written permission from the applicant. Information is requested to establish eligibility and for federal reporting requirements. If you need any help completing the form, please call (717) 291-4730 for assistance.

There may be a waiting list to receive assistance with the City of Lancaster’s Lead Hazard Control Program. All information provided is confidential and must be retained by the HNRU Office. There are preferences on the waiting list for households with children that have an Elevated Blood Level (EBL). This is not a housing rehabilitation program. All projects focus on the removal of lead paint hazards only.

Section I – Tenant (Head of Household “HOH”) Information

Name _____		Social Security No. _____	
Address _____		City _____	State _____ Zip _____
Home Phone _____	E-mail Address _____		Date of Birth _____
Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status _____			
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
How many years have you lived at this address? _____			

Section II – Co-Tenant Information

Name _____		Social Security No. _____	
Address _____		City _____	State _____ Zip _____
Home Phone _____	Date of Birth _____		Marital Status _____
Relationship to Applicant _____			
Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			

Section III – Tenant’s Employment and Income History

Employer Name _____		Occupation _____	
Address _____		City _____	State _____ Zip _____
Years Employed _____	Gross Monthly Income \$ _____		Pension \$ _____
Other sources of income, the amount, and the frequency (<i>social security, child support, alimony, public assistance, unemployment, veteran’s benefit, etc</i>):			

Section IV- Co-Tenant’s Employment History and Income History

Employer Name _____		Occupation _____	
Address _____		City _____	State _____ Zip _____
Years Employed _____	Gross Monthly Income \$ _____		Pensions \$ _____
Other sources of income, the amount, and the frequency (<i>social security, child support, alimony, public assistance, unemployment, veteran’s benefit, etc</i>):			

Section V – Other Family Members

Name	D.O.B	Social Security #	Relationship to HOH	Gross Monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Do you have a child under the age of 6 that lives or visits your home for at least 6 hours per week? Yes No

Do any of the children have an Elevated Blood Lead Level (EBL)? Yes No I don’t know

If yes, list name, blood level, and date of test.

Section VI – Assets

Bank Name _____		<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account	
Address _____		City _____	State _____ Zip _____
Savings Account Balance \$ _____	Checking Account Balance \$ _____		
U.S Savings Bonds: \$ _____	Marketable Securities \$ _____		
Account Belongs to: _____			

Bank Name _____	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
Address _____	City _____	State _____ Zip _____
Savings Account Balance \$ _____	Checking Account Balance \$ _____	
U.S Savings Bonds: \$ _____	Marketable Securities \$ _____	
Account Belongs to: _____		

Section VII – Tenant’s Expenses (if paid by tenant)

Rent	\$ _____ /per month	Trash	\$ _____ /per month
Water & Sewer	\$ _____ /per month	Electric	\$ _____ /per month
Gas	\$ _____ /per month	Oil	\$ _____ /per month

Section VIII – Documents/Information to bring for your Interview

1. This original application form, completed and persons living in the household over the age of 18
2. A copy of your social security card and ID from all individuals living in the home.
3. A copy of the lease agreement with the owner/management company.
4. Copies of most recent signed Tax Returns. If you did not file tax returns, bring 1099’s or W-2’s
5. Wages & salaries: Three (3) months of the most recent consecutive pay stubs must be provided for every member of your household who is employed
6. Verification of Benefits and/or Pensions: Social Security Award Letter (from all household members including minors), Divorce Decree/Child Support/Alimony Statement, Military/VA Pension, TEC Form, Trust Fund Benefits, Annuities, etc
7. Verification of other income (net income from the operations of business, child support, welfare assistance, unemployment letter) along with all pages of the divorce decree(s)
8. Verification of assets: Six (6) month’s checking statements. One (1) month of statements from savings, equity, retirement and pension accounts, life insurance.
9. If Applicable, proof of elevated blood lead level results from a physician for children under the age of six, and provide one of the following: (a) birth certificate (b) Notarized statement of visitation for the child.

Section VIII – Acknowledgement and Agreement

I/we have read the Housing & Neighborhood Revitalization Program Application Form and understand that my/our answers to all of the previous questions and the statements I/we have made are true and correct to the best of my/our knowledge and belief. I/we authorize the Housing and Neighborhood Revitalization Unit and its designated agents to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I/we understand that any discrepancy or omissions in the information I/we have provided may disqualify me/us from participation in the program. If such discrepancies or omissions are discovered after any loan is approved or granted to me/us, I/we understand that any outstanding Loan balance may immediately become due and payable.

All Occupants living In the Property over the Age of 18 Must Sign Below

Signature of Tenant _____	Date _____	Signature of Co-Tenant _____	Date _____
Signature of Property Occupant _____	Date _____	Signature of Property Occupant _____	Date _____
Signature of Property Occupant _____	Date _____	Signature of Property Occupant _____	Date _____

FOR OFFICE USE ONLY	
Application Received By: _____	Date Received: _____