

Lead Safe Salt Lake Housing Program

Lead Hazard Rehabilitation Demonstration Grant (LHRD)

RENTER APPLICATION

When completed submit:

By Mail: LSSL
2001 South State Street S-2100
PO Box 144575
Salt Lake City, Utah 84114-4575

By Fax: 385-468-4894

By Email cdyksman@slco.org

For more information call **385-468-4892** or text **385-549-6704**

Para más información en español llamar al **382-315-0049**



Lead Safe Salt Lake Housing Program

Rental Eligibility and Requirements

Does the following information apply to your rental units?

1. Built prior to 1978.
2. Potential lead based paint hazards (deteriorating lead paint, worn windows, etc.).
3. Ownership of units can be verified.
4. Household incomes for tenants meet the following guidelines:
 - Four or fewer units in complex:
 - 50% of households at or below 50% of the area median, adjusted for family size;
 - Remaining 50% of households have income at or below 80% of median
 - Five or more units in complex:
 - 50% of households at or below 50% of the area median, adjusted for family size
 - 30% of households at or below 80% of median
5. The remaining 20% can have income in excess of 80% of median.
6. To be an eligible rental unit, a child under six years of age needs to live in or frequently visit (at least 6 hours per week or 60 hours per year).

	2021 Household Size and Median Income							
	1	2	3	4	5	6	7	8+
50%	\$32,300	\$36,900	\$41,500	\$46,100	\$49,800	\$53,500	\$57,200	\$60,900
80%	\$51,650	\$59,000	\$66,400	\$73,750	\$79,650	\$85,550	\$91,450	\$97,350

If you answered "yes" to ALL questions - you are eligible. Please continue.

Required Documents must be provided, completed and signed

1. Lead Safe Salt Lake Rental Property Application Form-LSSL-2.0. 2.1, 2.2
 2. For each potentially eligible unit, tenant must provide income verification and the Income Disclosure form LSSL-R-2.3 must be filled out.
 - Include pay stubs of past 2 months income for all employed occupants of unit over the age of 18 and documentation of any other household income (Social Security income, Disability/SSI, etc.).
 3. For each potentially eligible unit, tenant must provide information on children under the age of six living in the unit or visiting often (6 hours a week or 60 hours a year).
 4. For each eligible rental unit, the testing of children form must be filled out LSSL-2.3 or LSSL-2.4 for children living at or visiting.
 5. For each eligible rental unit, a notice of non-displacement must be provided.
 6. Copy of property insurance on the rental property (property owner)
-

Steps:

1. After we receive the Grant Application, we will review it for eligibility. You will be notified whether you are eligible to receive assistance.
2. If eligible, we will schedule a site visit with you. When we visit the apartment(s), we will do a visual assessment of the apartment for cracked and peeling paint.
3. If the visual assessment identifies potential lead-based paint hazards, we will schedule a lead based paint inspection. The consultant will use an XRF machine to determine if lead based paint is present.
4. If lead based paint is present, a risk assessment will be prepared to analyze the degree of hazards that exist in the home. A copy of the risk assessment will be provided when completed.
5. If lead based paint hazards are identified, a scope of work will be prepared. Upon your acceptance of the scope of work, a bid packet will be prepared. LSSL will assist in scheduling a walkthrough of qualified contractors and will review the bids received for reasonableness.
6. Your application for funding will be reviewed by a LSSL grant approval committee. If you do not meet the program requirements, you may be turned down.

Regulatory note about rental properties:

1. All tenants must receive the brochure "Protect Your Family from Lead in Your Home".
2. In regards to rental units receiving lead hazard control remediation, HUD requires that "... in all cases the landlord shall give priority in renting units assisted under this section, not for less than three years following the completion of lead abatement activities, to families with a child under the age of six years (with income at or below 50% of median income or with incomes at or below 80% of area median), except that buildings with five or more units may have 20 percent of the units occupied by families with incomes above 80 percent of the area median income level..."
3. Landlord must supply a list of children under the age of six residing or visiting on a regular basis. Please supply apartment number, name and contact information for parents or legal guardian.

**To see the process of the Lead Safe Housing Program, click [here](#) or type in this link:

<http://slco.org/lead-safe-housing/how-the-program-works/>

This document may need to be shared with partner organizations to enable you to get as much assistance as possible.

We will ask for your permission BEFORE sharing any information with another organization.

The County does not discriminate on the basis of race, color, national origin, sex, or religion. No qualified individual with disabilities shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by this agency. The County will also provide meaningful access to services for Limited English Proficiency (LEP) persons.

Lead Safe Salt Lake Housing Program

LSSL-R-2.0

To be filled out by the landlord / property owner

**To understand the Lead Safe Housing Program process, please click [here](http://slco.org/lead-safe-housing/how-the-program-works/) or type in this link:
<http://slco.org/lead-safe-housing/how-the-program-works/>

Date: ____ / ____ / ____

Year Rental Home/ Apartments Built: _____

Address of Home/Apartment; Name (if any): _____ No. of Units: _____

Landlord Name (Owner) _____

Landlord Address: _____ City: _____ ZIP: _____

Phone number: _____ Email address: _____

Name/ Address/ Phone Number for Additional Owners: _____

Tenant name: _____

What Language do you speak? _____ Do you have a translator? Yes No. If yes

What is their name? _____ Phone number: _____

Best time to contact: _____ Text Call Email: _____

How did you hear about the program? _____

List each potentially eligible unit (if needed attach summary of all potentially eligible units):

Unit No.	Name of Resident (or Vacant)	No. in Household	No of Children < 6	Phone No.

Are there any young children with elevated blood lead levels (EBL) residing in the building? Yes No I don't know

Has the property ever been tested for lead-bases paint? Yes No (If yes, When? _____)

If yes, did it test positive for lead? Yes No

Lead Safe Salt Lake Housing Program

LSSL-R-2.1

To be filled out by the landlord / property owner

The undersigned hereby makes a preliminary application to the Lead Safe Salt Lake program ("LSSL") for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by LSSL and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by LSSL. The undersigned further agrees to permit the abatement of lead paint in the property by a LSSL approved contractor.

The undersigned certifies that the property to be improved with the LSSL benefits will be continuously rented to persons or families whose income does not exceed HUD's guidelines for low/moderate income and for a rent that does not exceed the HUD Fair Market limits. In all cases, the landlord shall give priority in renting units for not less than three years following the completion of lead abatement activities to low to moderate-income families with a child under the age of six years.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable federal, state and local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

All Lead-Safe dwellings created under this program will be placed on a list accessible to all of Salt Lake County. Other agencies will have access to this list, including; Community Action Program, Salt Lake City Housing Authority, West Valley Housing Authority, Salt Lake City Housing Authority and other pertinent agencies. The undersigned agrees that the information be accessible as specified to the above departments and agencies.

The undersigned understands that failure to comply with LSSL requirements may result in repayment, by landlord/property owner for monies advanced.

WAIVER

The undersigned acknowledges the role of Salt Lake County in connection with LSSL is that of a funding source, and that Salt Lake County is not responsible for the selection, supervision, or performance of firms or persons not employed by County who provide lead abatement and mitigation services at the undersigned's property. The undersigned agrees to release and hold Salt Lake County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the performance of lead mitigation and abatement services on the undersigned's property, and releases Salt Lake County and its officials, agents, servants, and employees and any of their successors from any such claims. The undersigned understands and agrees that Salt Lake County is an intended beneficiary of undersigned's agreement to waive and release claims as set forth herein and that undersigned's agreement is a condition precedent to the use of funding provided by Salt Lake County.

The undersigned certifies under penalty of law that, to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

Printed Name of Landlord/ Property Owner: _____

Signature of Landlord/ Property Owner: _____ Date: ____ / ____ / ____

Lead Safe Salt Lake Housing Program

LSSL-R- 2.2

To be filled out by the landlord / property owner

Rental Property Application Agreement

The Lead Safe Salt Housing ("LSSL") Program requires testing to determine the extent of lead hazards in homes built before 1978.

I understand that LSSL will undertake lead-based paint testing on my rental property. If the test results reveal lead-based paint hazards, I understand that the scope of work will include the work necessary to make the rental units of my property lead safe. Lead safe means that all lead-based paint hazards in the eligible rental units of my property have been stabilized and that the eligible rental units of my property have passed a certified lead clearance test upon completion of work. For rental units of my property to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were identified. I will receive a copy of the risk assessment and clearance test upon their completion.

The applicant(s)/owner(s) agree that LSSL can do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate Salt Lake County to award the grant.

The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspections and lead hazard control work must be disclosed if the home is sold or leased.

The applicant(s)/owner(s) further agree that Salt Lake County will not be held liable for any damages that may occur as a result of the said inspection and subsequent disclosures.

I have read and agree with the above information regarding lead inspections/risk assessments, clearance testing, disclosure, lead hazard control, and ongoing lead hazard monitoring.

Printed Name of Landlord/ Property Owner: _____

Signature of Landlord/ Property Owner: _____ Date: ____ / ____ / ____

Lead Safe Salt Lake Housing Program

LSSL-R-2.3

To be filled out by tenant(s)

Tenant Information – Income Disclosure

Household Name: _____ Address: _____

The owner of your rental unit has applied for funding from the Lead Safe Salt Lake (“LS: L”) Program. The goal of the program is the provide grants to property owners to reduce lead poisoning by controllingead based paint hazards that may exist. With a grant from LSSL, your apartment building/house may qualify for new windows and repair of chipped and peeling paint.

Lead based paint may be found in buildings built before 1978 and can poison children. Paint chips can peel from the walls and windows and find their way into your child’s mouth. Your child can also inhaledust particles from the paint. This can lead to health, behavior, and learning problems for young children especially under the age of six.

Total number of people living in home: _____

Does a pregnant woman live in the home? Yes No

Do you or anyone in your home have asthma? Yes No Who? (name, age, relationship) _____

Do you have a household member with an ongoing health condition? Yes No Who? _____

Please describe the condition: _____

What language do you speak? _____ Do you have a traslator? Yes No What is their name? _____ Phone Number _____

Best time to contact: _____ Text Call Email: _____

How did you hear about the program? _____

INSTRUCTIONS

This form must be completed by the occupants of any apartment/house for which assistance to reduce paint hazards is being requested from Salt Lake County.

Please provide:

1. a copy of pay stubs of the past 2 month’s income for all employed occupants of home over the age of 18.
2. documentation of any other household income (Social Security income, Disability/SSI, etc.).
3. name & phone number of contact / supervisors to verify employment

List all occupants living in the household over the age of 18 years:

Name _____ Annual Income:\$ _____ Supervisor Name: _____ Phone#: _____

Name _____ Annual Income:\$ _____ Supervisor Name: _____ Phone#: _____

Name _____ Annual Income:\$ _____ Supervisor Name: _____ Phone#: _____

Name _____ Annual Income:\$ _____ Supervisor Name: _____ Phone#: _____

I certify under penalty of law that the information contained in this declaration is true, accurate, and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature: _____ Date: _____ / _____ / _____

Lead Safe Salt Lake Housing Program

LSSL-2.4

Rest of application filled out by tenant(s)

Blood Lead Testing Information

If your house is determined to have lead hazards, the Lead Safe Salt Lake Housing Program (LSSL) will provide blood lead testing for children under the age of 6 (six) before work begins, and again after the work is completed. The test can be done by appointment in the convenience of your home by LSSL. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

If the homeowner or other resident of the household is the parent/legal guardian of a child under the age of 6 (six) who is also a resident of the household, they must sign below and indicate whether or not they agree to allow the child or children under 6 (six) years of age to have their blood tested for lead poisoning. There is no cost for this test, which consists of the collection of a drop of blood from a pinprick on a finger.

List Children under the Age of 6 Who Reside in the House

Name	Relationship	Date of Birth	Sex	Age	Phone No.
1.					
2.					
3.					
4.					
5.					
6.					

AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD POISONING RESULTS

Salt Lake County ("County") will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 10 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LSSL program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarians. The LSSL staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

PRIOR BLOOD LEAD POISONING TESTING:

My child or children under 6 (six) years of age has/have been tested for lead poisoning within the last 6 (six) months:

Yes No (If yes, please attach a copy of the test results to this contract.)
Test results must be submitted before lead hazard control work can begin.

AGREEMENT TO BLOOD LEAD POISONING TESTING (CHECK ONE):

- I WOULD like to have my child or children under 6 (six) years of age tested for lead poisoning.
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. I DO NOT WISH to disclose the test results.
- I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have any child or children under 6 (six) years of age tested for lead poisoning.
- My child (children) is under one year of age and IS NOT eligible for testing for lead poisoning.

WAIVER

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

Printed Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____ Date: ____ / ____ / ____

Lead Safe Salt Lake Housing Program

LSSL-NR-2.5

Rest of application filled out by tenant(s)

Blood Lead Testing Information

Non-Resident Parent Consent

Property Address: _____

Parent / Guardian's Name: _____

Parent / Guardian's Address: _____

Parent / Guardian's Phone Number: _____

PROGRAM INFORMATION

The owner of the property listed above has applied for funding from Salt Lake County ("County") to control lead based paint in their home/apartment. Your child has been identified as one who visits this home/apartment on a regular basis or for a significant period of time. Because deteriorating lead-based paint can have significant impact on a young child's development, federal regulations require that we receive your consent to test children under age six for lead poisoning before the lead hazard control work is performed. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

List all children under the age of 6 (six) that visit (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):

Name	Relationship	Date of Birth	Sex	Age	Phone No.
1.					
2.					
3.					
4.					
5.					
6.					

AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD POISONING RESULTS

County will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 10 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LSSL program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarions. The LSSL staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

PRIOR BLOOD LEAD POISONING TESTING:

My child or children under 6 (six) years of age has/have been tested for lead poisoning within the last 6 (six) months:

Yes No (If yes, please attach a copy of the test results to this contract.)
Test results must be submitted before lead hazard control work can begin.

AGREEMENT TO BLOOD LEAD POISONING TESTING (CHECK ONE):

- I WOULD like to have my child or children under 6 (six) years of age tested for lead.
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. I DO NOT WISH to disclose the test results.
- I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have any child or children under 6 (six) years of age tested for lead poisoning.
- My child (children) is under one year of age and IS NOT eligible for testing for lead poisoning.

WAIVER

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

Printed Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____ Date: ____ / ____ / ____

Lead Safe Salt Lake Housing Program

LSSL-R-2.6

Notice of non-displacement and temporary relocation

Date: _____

Apartment No. _____

Household Name: _____

LSSL Representative: _____

This is to inform you that, if assistance is provided to yourself or your landlord and the property in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970 as amended, protects you from displacement. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

Why would you need to be relocated?

It is possible that you will need to be temporarily relocated from your house or rental unit while the lead paint hazard control work is being completed. Relocation may be necessary if the construction work, generally speaking, interferes with your use of the kitchen, bathroom, or access to the front door. There may be additional reasons for relocation.

Someone from Lead Safe Salt Lake Program will be in touch with you to discuss the need and timing of temporary relocation. If you have to temporarily relocate, assistance will be provided to help cover reasonable living costs. This can include food vouchers and temporary housing.

Lead Safe Salt Lake Housing Program

LSSL-2.7

Race and Ethnic Disclosure Information

Please provide the following information for the people in your household.

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Unit # ___ Age ___ Sex ___ Race _____ Hispanic? Y N Name _____ Relationship _____

Race	
1 - White	6 - American Indian/Alaskan Native & White
2 - Black/African American	7 - Asian & White
3 - Asian	8 - Black/African American & White
4 - American Indian/Alaskan Native	9 - American Indian/Alaskan Native & Black/African American
5 - Native Hawaiian/Other Pacific Islander	10 - Other Multi-Racial



CERTIFICATE OF INCOME

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ Telephone _____

I certify that my income is now per month _____

- a. Wages from employment (including commissions, tips, bonuses, fee, etc.);
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- e. Social Security payment, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Veteran's benefits;
- g. Supplemental Security Income; and
- h. Any other source not named above.

Please check all that apply:

- I am a stay-at- home parent.
- I am _____

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Lead Safe Housing/Green and Healthy Homes programs.

Signature

Date

Print Name



**CERTIFICATE OF ZERO INCOME
LH-1.8a**

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ Telephone _____

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the period _____ through _____.

- a. Wages from employment (including commissions, tips, bonuses, fee, etc.);
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Unemployment or disability payments;
- e. Public assistance payments;
- f. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- g. Social Security payment, annuities, insurance policies, retirement funds, pensions, or death benefits;
- h. Veteran's benefits;
- i. Supplemental Security Income; and
- j. Any other source not named above.

Please check all that apply:

- I am a stay-at-home parent.
- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployed since _____.
- I filed for unemployment compensation on _____ and am awaiting a response.
(Income eligibility cannot be finalized until benefit statement is received)
- I am currently a student. My expected graduation date is _____.
- I currently have an offer of employment. My start date is _____ and my pay rate is \$ _____ per (Please attach supporting offer letter/correspondence.)
- I am currently in an unpaid apprentice program. My expected completion date is _____.

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Lead Safe Housing and/or Green & Healthy Homes programs. I will fully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.

Signature

Date

Print Name