Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly. Please contact our office at (208) 234-6255 if you have any questions, or need help making copies. Return completed applications to Planning & Development Services in Pocatello City Hall at 911 N 7th Ave or mail to PO Box 4169 Pocatello, ID 83205.

✓ Completed and signed application form.
  □ Please be sure the tenant/resident information page is completely filled out, including names of all residents, ages, date of birth, income, and signatures.

✓ Information from the property owner:
  □ Mortgage. A copy of the current mortgage and proof of mortgage satisfaction or a letter from the mortgage lender demonstrating that the mortgage is paid and current.
  □ Insurance. The declaration page of the homeowner’s insurance policy.
  □ Flood Insurance. (If applicable)

✓ Information from unit residents/tenants:
  □ Birth Certificates. Copies of birth certificates for all children age five and under that reside in or regularly visit the home.
  □ Occupant IDs. Copies of identification for all adults currently reside in the household.
  □ Verification of Visiting Child form. (If applicable)
  □ If the qualifying resident is a pregnant woman.
  □ Proof of income for all residents. Proof of income may include the most recent 2 months’ paystubs, SSI or public assistance statements, child support documentation, etc.
  □ Tax Returns. Most recent 2 years of tax returns or non-filer information.

✓ Blood Lead Tests:
  □ All children age five and under, including visiting children, will need to be blood lead tested prior to the start of lead hazard control work (within 6 months of work starting). Parents should contact their Primary Care Physician to obtain current blood lead tests.
Eligibility Requirements

Lead Safe & Healthy Homes Pocatello is a program funded by a grant from the U. S. Department of Housing and Urban Development (HUD). Although there is no cost to participate in the program, the following eligibility requirements must be met:

- Eligibility for the HUD Lead Safe & Healthy Homes Program is based on the individuals residing in the dwelling unit.
- Unit(s) must be constructed prior to 1978.
- Unit(s) must house a child age five or under OR a pregnant woman OR a child age 5 or under who spends a significant amount of time in the home – at least 6 hours per week, 10 weeks per year.
- The members of the household must meet low income guidelines, as determined by the federal government.
- Occupied Rental Units (4 units or less)
  - Occupant(s) income must be at or below 80% AMI
- Single-family, owner-occupied and rental units
  - Occupant(s) income must be at or below 80% AMI
- Vacant, family-friendly rental units may qualify.

Pocatello, ID MSA HUD Lead Hazard Control Program FY 2019 Income Limits Summary

<table>
<thead>
<tr>
<th>FY 2019 Income Limit Category</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Low (80%) Income Limits ($)</td>
<td>$35,250</td>
</tr>
</tbody>
</table>
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

Please complete one application per dwelling unit (apartment or home).

Project Property Unit Information

Street: ___________________ Unit#: _____ City: ___________________ Zip: ______

Single-Family Dwelling? Yes ☐ No ☐ Number of Dwelling Units in Building: _____

Owner Occupied? Yes ☐ No ☐ Rental Property? Yes ☐ No ☐ Vacant? Yes ☐ No ☐

Year of Building Construction? _____ Type of Exterior (e.g. vinyl, wood, brick, stucco): _____

Number of original/wood windows in unit: ___________ Number of Bedrooms: ______

*Please provide copies of all receipts referenced in the following section.

Are all property taxes paid/current? Yes ☐ No ☐ Are water bills paid/current? Yes ☐ No ☐

Is Mortgage current? Yes ☐ No ☐ Mortgage Satisfied Date: ___________ N/A ☐

Can occupant provide proof of ownership? Yes ☐ No ☐ N/A ☐

Is property located in a floodplain? Yes ☐ No ☐

If “Yes,” is property insured against flooding? Yes ☐ No ☐

Name of Homeowners insurance company: _______________ Phone Number: ______

How did you learn about our program? ________________________________

Has the property ever had lead-paint hazard reduction work? Yes ☐ No ☐

Date of work performed, if known: ___________

Is the property currently enrolled in any other type of repair or rehab program? Yes ☐ No ☐

If so, identify: ________________________________

Are you planning any rehabilitation work on this property in the near future? Yes ☐ No ☐

If so, explain: __________________________________________________________________
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

**Property Owner Information**

Last Name: ______________________  First Name: ______________________

Street: ______________________  Unit#: _____  City: ______________________  Zip: _____

Phone Number: (Home): __________ (Work): __________ (Cell): __________

Fax #: __________  E-mail Address: ______________________

Date of Birth: __________  Last 4 Digits of Social Security Number: __________

Is your ownership:  Individual ☐  Corporation ☐  Partnership ☐  LLC ☐  Other ☐ ______

Property Manager/Representative’s Name: ______________________

Street: ______________________  Unit#: _____  City: ______________________  Zip: _____

Phone Number: (Home): __________ (Work): __________ (Cell): __________

Fax #: __________  E-mail Address: ______________________

Is the property owner a City of Pocatello Employee? Yes ☐  No ☐

Does the property owner have a relationship with the City of Pocatello, the Pocatello Lead Hazard Control Program, or a Pocatello City Employee? Yes ☐  No ☐  If yes, explain: ______________________

**Household Members/Resident Tenant Information**

Unit # ______

If applicable: Lease expiration date: ________  Monthly Rent: ________

1. Is there a child *age 5 or under* living there full-time? Yes ☐  No ☐

   If “Yes,” please list child ages: ______________________

   *Please attach copies of birth certificates for all children *age 5 and under*.

2. Is there a child *age 5 or under* who is a *regular visitor* (at least 6 hours per week, 10 weeks per year) but does not live there? Yes ☐  No ☐

   *A Visiting Child Certification Form is required.*

3. Is there a pregnant woman living there? Yes ☐  No ☐

4. If lead hazards will be removed from the house, will members of the household have a place to go (for about 10 days)? Yes ☐  No ☐  Where? ______________________
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

Household Members/Resident Tenant Information

*PROOF OF ALL RESIDENT/TENANT INCOME IS REQUIRED.
*ALL CHILDREN AGE 5 AND UNDER MUST BE BLOOD LEAD TESTED BEFORE WORK STARTS. Parents should contact their Primary Doctor for testing.

Household Contact Name: ____________________________ Phone Number: __________________
Unit # _____

1. Name: ______________ Date of Birth: _______ Age: ___ Relationship: _____
   Monthly Income: _______ Receiving Medicaid? Yes ☐ No ☐
   Employer: ______________ Employer’s Address: __________________________

2. Name: ______________ Date of Birth: _______ Age: ___ Relationship: _____
   Monthly Income: _______ Receiving Medicaid? Yes ☐ No ☐
   Employer: ______________ Employer’s Address: __________________________

3. Name: ______________ Date of Birth: _______ Age: ___ Relationship: _____
   Monthly Income: _______ Receiving Medicaid? Yes ☐ No ☐
   Employer: ______________ Employer’s Address: __________________________

4. Name: ______________ Date of Birth: _______ Age: ___ Relationship: _____
   Monthly Income: _______ Receiving Medicaid? Yes ☐ No ☐
   Employer: ______________ Employer’s Address: __________________________

5. Name: ______________ Date of Birth: _______ Age: ___ Relationship: _____
   Monthly Income: _______ Receiving Medicaid? Yes ☐ No ☐
   Employer: ______________ Employer’s Address: __________________________

(For additional residents please attach a new sheet of paper)

Is any resident listed above a City of Pocatello Employee? Yes ☐ No ☐

Does any resident have a relationship with the City of Pocatello, the Lead Safe & Healthy Homes Program, or a City of Pocatello Employee? Yes ☐ No ☐

If yes, explain: _____________________________________________________________

I hereby certify under the penalty of law that, to the best of my knowledge, the information contained herein is true, accurate and complete. I agree that the withholding of any pertinent information may result in denial of services by the City of Pocatello or reimbursement of grant funds by the homeowner to the City of Pocatello Lead Safe & Healthy Homes Program.

Owner/Landlord Name__________________ Signature__________________ Date _______
Tenant Name____________________________Signature__________________ Date _______
City Representative______________________ Signature__________________ Date _______
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

Lead Hazard Blood Test Release Form

It is recommended that all children age five and under have their blood lead level tested prior to lead hazard control work in your home. If your children have not received a blood test in the past three (3) months, you should contact your child’s primary health care provider or local health department to arrange for a test.

Blood lead level tests are also recommended for all children age five and under within three (3) months following the completion of all lead hazard control work in the home.

Please check one of the following which best describes your child’s/children’s experience.

______ My child/children age five and under has/have had their blood lead levels checked in the past three (3) months. Please identify test provider and date of test.

______ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

______ My child/children age five and under has/have not had their blood lead levels tested in the past three (3) months and I agree to have them tested at this time.

______ I hereby agree to release the results of this/these blood test(s) to the Lead Safe & Healthy Homes Program.

______ I choose not to have my child/children age five and under tested for elevated blood lead levels at this time.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required, but recommended, for participation in the Lead Safe & Healthy Homes Program.

__________________________
Parent/Guardian Signature

__________________________
Date

Home Address:__________________________________________
Lead Safe & Healthy Homes Program
Homeowner/Tenant Application

Visiting Child Verification Form

I ______________ certify that ___________________/ / /
Applicant Child’s Name DOB

(a child age five and under) spends a *significant amount of time visiting the property located at: ________________________________
Address

*Significant is defined as “At least two different days within any week (Sunday through Saturday period), provided that each day’s visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits at least 60 hours.”

__________________________________________
Applicant Date Child’s Relationship to Applicant