



Lead Safe Roanoke

Noel C. Taylor Municipal Building
215 Church Avenue, SW, Room 208 North
Roanoke, Virginia 24011
PHONE: 540-853-5682
FAX: 540-853-5685

Dear City of Roanoke Resident,

Homes and apartments built before 1978 may have paint that contains high levels of lead. Referred to as lead-based paint, lead from paint chips (which you can see) and dust (which you cannot see) can pose serious health hazards to residents, especially children under the age of 6 years if not taken care of properly.

Roanoke City property owners and residents have many options for reducing exposure to lead hazards including assistance now available from the City of Roanoke's Lead Safe Roanoke program funded by a \$2.7 M HUD grant. If your home was built before 1978, and you have a child age 5 or under residing in, or visiting the home on a regular basis and you meet the income eligibility guidelines as required by the program, you may be eligible to receive lead-based paint hazard control assistance from the Lead Safe Roanoke program.

Protect your family and children from lead hazards, as assistance is now available to help address this need. For your convenience, I have enclosed an application, informational brochure and other related information for your review. Mail or email your application to: **Lead Safe Roanoke, 215 Church Ave., SW, Room 208 North, Roanoke, VA 24011 or LSRinfo@roanokeva.gov.**

Please do not hesitate to call **540-853-5682** or email us at ann.billings@roanokeva.gov, marla.robertson@roanokeva.gov or keri.rierson@roanokeva.gov should you have questions regarding the enclosed application or about the Lead Safe Roanoke program.

The children of Roanoke are our city's greatest future resources, and protecting them from lead-based paint hazards remains a priority need of our community.

Sincerely,

Ann R. Billings
Lead Safe Roanoke, Program Manager

Marla Robertson
Lead Safe Roanoke, Education & Outreach Specialist

Keri Rierson
Lead Safe Roanoke, Administrative Assistant

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www.facebook.com/leadsaferoanoke



www.roanokeva.gov/leadsafe



<https://twitter.com/leadsaferoanoke>



Lead Safe Roanoke Program Application

ALL INFORMATION BELOW MUST BE FILLED OUT AND COMPLETE



For further assistance with your application, please call our office for an appointment 540-853-5682.

Date: _____

PROPERTY INFORMATION

Application for Unit (check one): Single Multi-family

Is property owner-occupied? Yes No

Section 8 Housing Choice Voucher? Yes No

LEAD SAFE ROANOKE PROGRAM USE ONLY	
Application #	_____
Date App Received	_____
Accepted <input type="checkbox"/>	Denied <input type="checkbox"/>

*If multi-family, you must complete an application for EACH applicable unit.

PROPERTY ADDRESS: _____

OWNER APPLICANT INFORMATION

FULL LEGAL NAME OF OWNER APPLICANT _____ AGE _____

OWNER APPLICANT'S ADDRESS _____ PHONE _____
No. and street

_____ WORK PHONE _____
City, State, Zip

E-mail _____

Name & Phone Number of **Mortgage Company**, if any: _____

Are you and other owner(s) current (up-to-date) on all **mortgage** payments on the property? Yes No

If not, please explain: _____

Are you and other owner(s) current on all **City, State and Federal Taxes or Fees** on the property (No outstanding taxes or violation fees due to City)? Yes No If not, please explain: _____

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

Do you have a Code Enforcement Notice of Violation or Repair Order? Yes No Date of Notice: _____

TENANT INFORMATION (IF APPLICABLE):

FULL LEGAL NAME OF TENANT _____ AGE _____

RENTAL PROPERTY ADDRESS _____ PHONE _____
No. and street

_____ WORK PHONE _____
City, State, Zip

E-mail _____

NO. OF CHILDREN AGE 5 & UNDER

Name _____ Age _____ Visiting Child? **If there is a child <5 yrs old visiting at least 6 hrs/week,**

Name _____ Age _____ Visiting Child? **please complete the attached Visiting Child Form.**

Name _____ Age _____ Visiting Child? No. of Pregnant Women in Home _____

Have the children listed above been tested by a doctor for Elevated Blood Lead Levels (**EBLL**)/Lead Poisoning? Yes No

If yes, Blood Level result and date of test _____ Number of Children <5 yrs old on MEDICAID: _____

How did you hear of the Lead Safe Roanoke Program? Please circle ALL that apply.

TAP Event Community Event Social Media Website City Bill Flyer Neighborhood Org.
Church Health Clinic Landlord Health Dept. Code Enforcement Friend/Relative

Public Speaking event at: _____ **Other/Explain:** _____

CERTIFICATIONS

The undersigned hereby makes an application to the City of Roanoke (the "City") for aid for the identification and control of residential lead-based paint hazards. The undersigned acknowledges that this application is made pursuant to a Department of Housing and Urban Development (HUD) grant funded program offered by the City and that the methods for identifying and/or controlling the lead-based paint hazard(s), cost of such control and other permitted costs will be determined by the City, in the sole discretion of the City. The undersigned further agrees to permit lead-based paint hazard control activities on the property by a contractor approved, and selected by the City.

For all rental property owners, the undersigned certifies that the property to be improved with the LSR benefits will be rented continuously to persons or families whose income does not exceed HUD's guidelines for low/moderate rent and income that does not exceed the HUD Fair Market limits. In all cases, the rental property owner shall give priority and making available to families with a child under the age of six years, rental units for not less than three years following the completion of lead-based paint hazard control activities and provide proof of marketing to low/moderate income and priority given to families with children. All rental property owners are responsible for relocation of tenants during lead hazard control activities.

All property owners agree to maintain the property in a good physical condition and retain property and liability insurance. Property owners agree to stay current on all tax payments, public charges on the property and mortgage and home insurance payments.

Guidelines require Lead Safe Roanoke to verify income no later than 6 months before lead hazard control work begins. The documentation must verify the current rate of annual income at the time of assistance. The income certification process must be completed before lead hazard control work can begin. If changes to your income have occurred which put you outside Area Median Income (AMI) guidelines at the time lead hazard work has been scheduled, then you will no longer be eligible for lead hazard control work.

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 but not limited to Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended.

The addresses of all Lead Safe dwellings under this program will be placed on the LSR website and be accessible to all City Departments and the public. Other agencies will have access to this list, including; City of Roanoke Health Department, Virginia Department of Health, Department of Housing and Urban Development, and other pertinent agencies. The undersigned agrees that all such information shall be accessible as noted above and as allowed by law.

The undersigned understands and agrees that failure to comply with LSR and/or HUD requirements may result in recapture, by the City, of any and/or all of the monies advanced. The undersigned agrees that this is only an application and there is no representation of any type that the undersigned may be selected for participation in the program or receive any benefits from the program.

The undersigned further agrees that the City may request additional information and the undersigned shall provide such information.

The undersigned certify 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. The undersigned understand that there are significant penalties for submitting false information, including possibility of fines and imprisonment for knowing violations.

OWNER's Printed Name

TENANT's Printed Name

OWNER's Applicant Signature

Date

TENANT's Applicant Signature

Date

**Return Application to: 215 Church Ave SW, Room 208 North, Roanoke, VA 24011
Or Email your application to: keri.rierson@roanokeva.gov**

City of Roanoke
Eligibility Determination Record
(Census Long Form Definition of "Annual Income")

Rev. 2017

Applicant Name (Type/Print):

Program: Lead Safe Roanoke

Date of Application:

Family/Household Size and Income Data:

_____ **Number in family/household** as of date of application. A "family" is all persons related by birth, marriage or adoption living together. A "household" includes all related and unrelated persons living together. Use "household" when the program is providing housing assistance.

\$ _____ **"Annual Income"** estimated for the **twelve-month period beginning on the date of application**. Include all sources and amounts of earned and unearned income for all family (or household) members counted above, excluding one-time sources such as scholarships; death benefits. Attach income documentation: **See the "Determining Annual Income" sheet for more info (pages 6 and 7 of this application).**

Guidelines require Lead Safe Roanoke to verify income no later than 6 months before lead hazard control work begins. The documentation must verify the current rate of annual income at the time of assistance. The income certification process must be completed before lead hazard control work can begin. If changes to your income have occurred which put you outside Area Median Income (AMI) guidelines at the time lead hazard work has been scheduled, then you will no longer be eligible for lead hazard control work.

Certification: I, the undersigned, certify that the family/household size and income data I have provided above is, to the best of my knowledge, true, accurate and complete. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Applicant Signature _____ Date _____

For federal reporting purposes, please indicate the race/ethnic group of the applicant:

	<u>Check Applicable Group</u>	<u>Check if also Hispanic</u>
_____ American Indian / Alaskan Native	_____	_____
_____ Asian	_____	_____
_____ Black/African American	_____	_____
_____ Native Hawaiian / Other Pacific Islander	_____	_____
_____ White	_____	_____
_____ Hispanic/ Latino	_____	_____
_____ Other	_____	_____

Applicant is (**check any and all that apply**): female head of household disabled elderly (62 and older)

BELOW THIS LINE FOR LEAD SAFE ROANOKE PROGRAM USE ONLY

Yes ___ No ___ Based on the information reviewed, the applicant meets the Low/Mod income limit shown below for the family/household size as of the date of application. * Income Limits Revised April 2018

Family Size	1	2	3	4	5	6	7	8 or more
Max. Income	\$37,650	\$43,000	\$48,400	\$53,750	\$58,050	\$62,350	\$66,650	\$70,950

Lead Safe Staff Signature: _____ Date : _____

Income Determination Worksheet

*This page is used to determine your household's annual gross income. Please list **ALL** occupants in the household.
Children under the age of 15 with no income must be listed with a **zero** in the appropriate columns.

COMPUTING ANNUAL GROSS INCOME		Indicate the source of income, how much you receive/will receive, and how often (weekly, monthly, etc.). Refer to Attachment B: U.S. Census Definition of Income for all counted sources of income.					
Family/ Household Member	Age	Wages/ Salaries	Business Income	Interest/ Dividends	Benefits/ Pensions	Public Assistance	Other Income
Total of Each Column:		a.	b.	c.	d.	e.	f.
Enter the total of items from a through f. This is your Total Projected Annual Family/Household Income.....							\$

Other Information (e.g., employer/source address, phone number and contact person):

For Office Use Only-Income Eligibility Review

Lead Safe Staff Signature _____ Date _____ Household's Annual Income _____ Occupants _____
Area Median Income (AMI) **50%** or **80 %**

Determining "Annual Income":

1. **Lead Safe Roanoke utilizes the U.S. Census Long Form for calculating annual income. The sources of income listed below are counted when determining a family's/household's "Annual Income."** Unless otherwise noted, the amount of income to be counted is the "**gross**"; that is, count the amount of income before deductions are made. One-time sources of income such as scholarships or death benefits from an insurance policy are not counted. **For each person 15 years old and over, count the following forms of income:**
 - a) **Earnings.** The Census Bureau classifies earnings from longest job (or self-employment) and other employment earnings into three types:
 - i. Money wage or salary income is the total income people receive for work performed as an employee during the income year. This category includes wages, salary, armed forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, before deductions are made for items such as taxes, bonds, pensions, and union dues.
 - ii. Net income from nonfarm self-employment is the net money income (gross receipts minus expenses) from one's own business, professional enterprise, or partnership.
 - iii. Net income from farm self-employment is the net money income (gross receipts minus operating expenses) from the operation of a farm by a person on their own account, as an owner, renter, or sharecropper.
 - b) **Unemployment compensation** includes payments the respondent received from government unemployment agencies or private companies during periods of unemployment and any strike benefits the respondent received from union funds.
 - c) **Workers' compensation** includes payments people receive periodically from public or private insurance companies for injuries received at work.
 - d) **Social security** includes social security pensions and survivors' benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance.
 - e) **Supplemental security income** includes federal, state, and local welfare agency payments to low-income people who are 65 years old and over or people of any age who are blind or disabled.
 - f) **Public assistance or welfare payments** include cash public assistance payments low-income people receive, such as temporary assistance to needy families (TANF), general assistance, and emergency assistance.
 - g) **Veterans' payments** include payments disabled members of the armed forces or survivors of deceased veterans receive periodically from the Department of Veterans Affairs for education and on-the-job training, and means-tested assistance to veterans.
 - h) **Survivor benefits** include payments people receive from survivors' or widows' pensions, estates, trusts, annuities, or any other types of survivor benefits.
 - i) **Disability benefits** include payments people receive as a result of a health problem or disability (other than those from social security).

- j) **Pension or retirement income** includes payments from the following sources: companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; annuities or paid-up insurance policies; individual retirement accounts (IRAs), Keogh, or 401(k) payments; or other retirement income.
- k) **Interest income** includes payments people receive (or have credited to accounts) from bonds, treasury notes, IRAs, certificates of deposit, interest-bearing savings and checking accounts, and all other investments that pay interest.
- l) **Dividends** include income people receive from stock holdings and mutual fund shares.
- m) **Rents, royalties, and estates and trusts** includes net income people receive from the rental of a house, store, or other property, receipts from boarders or lodgers, net royalty income, and periodic payments from estate or trust funds.
- n) **Educational assistance** includes Pell Grants; other government educational assistance; any scholarships or grants; or financial assistance students receive from employers, friends, or relatives not residing in the student's household.
- o) **Child support** includes all periodic payments a parent receives from an absent parent for the support of children, even if these payments are made through a state or local government office.
- p) **Alimony** includes all periodic payments people receive from ex-spouses. Alimony excludes one-time property settlements.
- q) **Financial assistance** from outside of the household includes periodic payments people receive from non-household members. This type of assistance excludes gifts or sporadic assistance.
- r) **Other income** includes all other payments people receive regularly such: state programs such as foster child payments, military family allotments, and income received from foreign government pensions.

We do not count the following receipts as income: (1) capital gains people received (or losses they incur) from the sale of property, including stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the CPS counts the net proceeds as income from self-employment); (2) withdrawals of bank deposits; (3) money borrowed; (4) tax refunds; (5) gifts; and (6) lump-sum payments such as inheritances or insurance payments.

2. **Using the Income Determination Worksheet (page 5 of 9)**, determine the annual income of your family or household for the **twelve-month period beginning on the date of application**. **List the applicant and each member of the family or household.** Estimate the gross income from each source for each family or household member for the twelve-month period. If using a pay stub, multiply each gross income amount by the number of pay periods in the twelve-month period. Take into account raises in wages or hourly rates that are scheduled to be provided during the coming twelve months. Exclude raises that are not definite. Add all the annualized income figures for all family or household members together.

Example: John and his wife, Mary, both work. Their dependent son James, who lives at home, has applied for assistance from your program. John earns a gross of \$250 a week, but will receive a raise to \$275 per week that starts in 5 weeks; Mary earns \$200 a month. John's estimated annual income was \$14,200 (\$250 times 4 plus \$275 times 48 weeks); Mary's was \$2,400 (\$200 times 12 months). If these were the only sources of income, then James' annual family income for the twelve months is \$16,600 (\$14,200 plus \$2,400).

3. **Attach copies of your income document(s) to your Lead Safe Roanoke application.**

Visiting Child Form

This form is to verify that (Child's name) _____

VISITS the property located at (address) _____

_____ hour(s) per week.

Date of Birth of Above Child _____

(Please Attach Copy of Birth Certificate)

Relationship to the Head of Household of the Property _____

Signature of Parent/Guardian

Name of Parent/Guardian - Please Print

Date

Lead Safe Roanoke Review and Date



Lead Safe Roanoke
Noel C. Taylor Municipal Building
215 Church Avenue, SW, Room 208 North
Roanoke, Virginia 24011
PHONE: 540-853-5682
FAX: 540-853-5685

Document Checklist



Please include the following documentation when sending in your application.
Applications are not accepted until each form is received and verified.

We must receive documentation for **all** occupants over the age of 15 with an income.

Please include:

- Copy of **Most Recent W-2 Tax Statement(s)**

OR

- Copies of **4 Current, Consecutive Paystubs**
- **Please also provide any additional income statements such as TNAF, Child Support, Social Security, Section 8 Voucher, etc.**
- Refer to the “Determining Annual Income” document for more income source information (pages 6 and 7).

- Copy of **Photo ID** for the **Owner & Tenant**

- Copy of **Birth Certificate** for Each Child **5 Years Old** or Under

- **Proof of Home Insurance**

- The **Declarations Page** with the property address & current insurance policy dates listed.