

**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.

Address of Property Being Considered: \_\_\_\_\_

Have you recently received a violation notice from the City for this Property?  Yes  No

**Section I – Owner/Landlord**

Name _____	Phone Number _____
	Email Address _____
Address _____	City _____ State _____ Zip _____

**Section II – Management Company**

Name _____	Phone Number _____
Address _____	City _____ State _____ Zip _____

**Section III – About the Home**

Residence <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Unit	How many units are in this building? _____
Mortgage Company _____	
Address _____	City _____ State _____ Zip _____
Current Loan Balance \$ _____	Mortgage Payment \$ _____
Do you have a Second Mortgage on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage Company _____	
Current Second Mortgage Loan Balance \$ _____	Current Monthly Payment \$ _____
Are Taxes and Insurance included in your monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section IV – Owner's Expenses (if paid by owner)**

Mortgage	\$ _____ /per month	Trash	\$ _____ /per month
Water & Sewer	\$ _____ /per month		
Homeowner's Insurance <i>(if not included in mortgage)</i>	\$ _____ /per month	Taxes	\$ _____ /per month <i>(if not included in mortgage)</i>

**Section V – Tenant Information**

Tenant Name (s) _____	Unit Number: _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Number of Bedrooms: _____
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant Name (s) _____	Unit Number: _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Number of Bedrooms: _____
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant Name (s) _____	Unit Number: _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Number of Bedrooms: _____
Would you like our office to send the tenant an application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section VI – Documents/Information to Submit With Application**

1. This original application form, completed and signed by all individuals listed on the deed
2. A copy of your government issued picture ID from all individuals listed on the deed
3. A copy of the Home Insurance Policy
4. Last bank mortgage statement for first and second lien(s) (if applicable)
5. A copy of the Operating Agreement (if applicable)
6. A copy of the Property/Management Agreement (if applicable)
7. A copy of the lease agreement with the tenant (s)

**Section VII – Consent of the following:**

Initial	I hereby give my permission and consent for a representative of the City of Lancaster’s Lead Hazard Control Program (LHCP) to take photographs of my property. I understand that the photographs may be used in the application for improvements with the City of Lancaster’s LHCP. I hold the City of Lancaster and partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.
_____	I understand that I am a voluntary participant in this program, and if I am approved for the City of Lancaster’s LHCP, <u>tenants may need to vacate from my residence for a period of time</u> while lead removal activities occur. The extent of the lead remediation and the possibility of relocation will be based on the initial lead test performed by the City of Lancaster’s LHCP.
_____	I authorize and direct any federal, state, of local agency, organization, business, or individual to release to the City of Lancaster Housing and Neighborhood Revitalization Unit any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the LHCP. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.
_____	I understand that, depending on program policies and requirements, previous or current information regarding me or my tenants may be needed. Verifications and inquiries may be requested include but are not limited to: identity, employment, income, assets, residence, rental activity, ownership, property taxes, etc.
_____	I understand that a representative from the City of Lancaster’s Zoning and Inspections Office could inspect my home for any housing deficiencies and that I may receive a letter indicating those items. The housing deficiencies must be addressed in the time specified by the Zoning and Inspections Office at my own expense.
_____	I agree that a photocopy of this authorization may be used for purposes above and will stay in effect for a period of five years from the date signed. I agree to Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

**Section IX – Acknowledgement and Agreement**

Initial	I give permission to the City of Lancaster to perform a lead paint inspection, risk assessment, and dust wipe sampling to determine the presence of lead based paint in the home. I understand that if I do not utilize the Lead Hazard Control Program, I will be charged a fee for the services.
_____	Property owners of rental units that utilize the Lead Hazard Control Program will contribute ten percent (10%) of the total HUD cost of the project up to the allowable grant amount, or the difference between the contract amount and the grant amount.
_____	<ul style="list-style-type: none"> <li>a) The owner’s contribution will be due at the time contracts are signed, prior to the start of construction.</li> <li>b) Payment will be in the form of a cashier’s check made payable to the City of Lancaster who completes the work.</li> </ul>
_____	A mortgage will be filed with the Lancaster County Recorder of Deeds Office in the amount of the construction contract (minus the owner contribution to the project). A filing fee of \$70.25 is due at the time contracts are signed. The mortgage and note remains on file for five years after the project is complete and the property passes a lead clearance test. No payments are collected and no interest accrues on the note during this time. On the anniversary of the recorded date, of the fifth year, the mortgage and promissory note is released.
_____	I understand and allow the City of Lancaster to monitor my property every year until the affordability period expires. I am required to maintain documents documenting good faith rental effort.
_____	Property owners are required to maintain insurance coverage against loss by fire and hazards for the life of the Loan. Said insurance shall name the City of Lancaster, Dept. of EDNR, as additional insured.
_____	Tenants of the subject property may be relocated during the period of construction for health and safety reasons.
_____	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 Owners listed on the deed of the Property**

Signature of Owner/Landlord	Date	Signature of Co-Owner/Landlord	Date
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<b>FOR OFFICE USE ONLY</b>	
Application Received By: _____	Date Received: _____

**COMPLETED APPLICATIONS CAN BE MAILED OR HAND DELIVERED TO:**

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PO BOX 1599 120 NORTH DUKE STREET, LANCASTER, PENNSYLVANIA, 17608-1599  
 (T) 717--291-4730 (TDD) 717-291-4761 (FAX) 717-291-4827  
[WWW.CITYOFLANCASTER.COM](http://WWW.CITYOFLANCASTER.COM)