



City of Nashua
Community Development Division
City Hall, 229 Main Street, PO Box 2019
Nashua, New Hampshire 03061-2019

Community Development 589-3095
Planning and Zoning 589-3090
Building Safety 589-3080
Code Enforcement 589-3100
Urban Programs 589-3085
Economic Development 589-3070
Conservation Commission 589-3105
FAX 589-3398
www.gonashua.com

LEAD PAINT PROGRAM APPLICATION

OWNER-OCCUPIED PROPERTIES

Property Address: _____

Contact person for this application: _____

Telephone: _____ E-Mail: _____

Cell Phone: _____

Please check the box for the best method to contact you

Some Important Notes:

- You must own the property to apply to this program
- Please inform us if you have a second mortgage on your property or if there is a lien on the property
- If more than 50% of the residence is used as a daycare, it is not eligible

****Please DO NOT contact any lead paint inspectors/risk assessors or deleaders, we will assist you with this****

Carrie Johnson, Program Manager - 589-3098
Joany Ilg Program Coordinator - 586-3067
Sandra Hurd, Intake Specialist - 589-3089
Project Administrators:
David Sullivan 589-3092
John Bois 589-3086

**INCOME GUIDELINES – OWNER OCCUPIED PROPERTIES
OWNERS & TENANTS**

Family Size	Annual Income
1	\$43,050
2	\$49,200
3	\$55,350
4	\$61,500
5	\$66,400
6	\$71,350
7	\$76,250
8	\$81,200

Effective date 2/19/2008. Income limits are published by HUD on an annual basis and subject to change.

Instructions for Filling Out Application

1. Please fill in each section completely
2. Submit the following documents with your application. We cannot process your application until we receive all of the required information. The following is a checklist for your convenience:

_____ Copy of Deed (may be available online – please check with program staff)

_____ Copy of current Insurance Policy (Declaration Page) and proof of payment

_____ Signed copy of the previous year tax returns

_____ Four (4) recent, consecutive pay stubs from each employment source
(All working adults)

_____ Recent statement of income amount from any other sources (Examples: retirement social security, disability, AFDC, rent receipts, etc.)

3. Tenant packets must be completed for each occupied unit and submitted with application

Depending on the type of assistance you qualify for, additional documents may be required.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

Race/National Origin:

American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White Other (specify) _____

Sex: Female Male

Female Head of Household: Yes No

**PART ONE
Property Information**

How did you hear of this program? _____

List each person on the deed below

Owner(s) Name	Social Security #	Home Address	Contact #

Type of property (check one): Single-family Two-Family Three-Family Four-Family Other _____

Unit # (or address)	Rent Charged	# of Rooms

*Please list additional units on back of page

Year the Property was built: _____ Date of Purchase: _____ Purchase Price \$ _____

Please list below any mortgage(s) on the property. If none indicate NONE.

_____ \$ _____
Mortgage Company name Monthly Payment

_____ \$ _____
2nd Mortgage Company name Monthly Payment

Are your real estate taxes up to date? Yes No

Are your water and sewerage bills up to date? Yes No

Are there any liens against the property? Yes No

If yes, explain: _____

Have you been ordered to delead by the City, State or any other agency? Yes No (if yes, please include a copy of the notice)

Please list below, any additional property you may own: (Owner Occupants Only)

PART TWO
Household & Income Information

Please list every person living in your unit. Proof of income for each working adult is required. Examples of proof include tax returns, pay stubs, wage records, employer verification (directly from employer, not the employee). Income of full-time students 24 years old or younger is not counted. Enrollment must be shown.

First	Last	Age	Date of Birth	Sex	Race (optional)	Income
Example: Jane	Smith	43	11-15-1962	F	White	\$425.00 weekly

Does your household have net assets with a value over \$5,000? Examples include savings & checking accounts, stocks, etc. (Vehicles are excluded)

- NO
- YES (list and provide statements) _____

PART THREE Lead Test Form
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Please list each child less than six (6) years of age below. **Proof of age for children under six (6) years of age, who live on the property, is required.** Examples include birth certificate, medical records or school records.

Any children under 6 years of age, who visits the property often, should be listed at the end of this page. Please include their name, age, relation to head of household and time spent visiting the property.

Have the children living in your home been tested for lead in the past three (3) months? If not, the Lead Program STRONGLY recommends having them tested before deleading work begins. Your child's Doctor may have this information.

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

Name _____ Date of Test _____ Results _____

_____ The above listed children **have not** had their blood lead levels tested in the past three (3) months; however I agree to have them tested at this time and will supply the results to the Nashua Lead Paint Program.

_____ For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Nashua Lead Paint Program.

 (Parent/Legal Guardian)

 (Date)

Do any of the above children receive Medicaid Insurance? How Many? _____

Visiting child

Name:

Date of birth:

Relation (friend, cousin, etc):

of hours per week spent at house:

PART FOUR PROGRAM INFORMATION/AGREEMENT
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All personal information you provide will be used solely to determine eligibility for this program and/or reporting purposes and will be kept strictly confidential.

Please read the following terms carefully:

ONCE THE LEAD INSPECTION/RISK ASSESSMENT HAS BEEN PERFORMED DO NOT PERFORM ANY WORK ON THE HAZARDS IDENTIFIED. It is illegal for unauthorized individuals to perform lead abatement.

Program Requirements:

If the property qualifies, a Licensed Lead Inspector/Risk Assessor will perform an inspection at your property. The level of work required will depend on the hazards identified.

If you qualify for a GRANT, you will be required to sign an agreement that the property will be rented to low-income households for at least three (3) years and that you will give preference to families with children under six (6) years of age.

A credit report for each owner may be obtained from a credit-reporting agency.

Funds will be reserved in both your name and the Contractor's name for the purpose of paying the contractor. You must be available to sign the check within 24 hours. All payments will be made through this office.

You hereby grant permission to the City of Nashua's Lead Paint Program to obtain any further information necessary to determine your eligibility. This information may be obtained from any source named in this application.

Properties that have a child with an elevated blood level or a child under the age of six (6) may be assisted before a property with none.

All properties that receive assistance through this Program will be added to the City's website as part of a lead-safe housing registry. The property address and owner's name(s) will be listed. Please check here if you would like to include a contact number for interested renters: Contact #: _____

Relocation during deleading work:

During the time that the deleaders are working inside your home, your family and the tenants may have to temporarily move out. **The average time is 14 working days. Only one unit at a time will have to move.** The exact time depends on the size of the unit and/or how much work must be done. No one can go in and out of the unit during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe, samples for lead dust will be taken throughout your home. A laboratory will test these wipe samples. Relocation may be required by State and Federal regulations so that no member of your family or tenants will be exposed to lead dust during deleading. It is advised that households temporarily relocate with family or friends.

Preparing your unit for deleading:

You are responsible for packing and storing your belongings to protect them from lead dust. You are also responsible to make sure your tenants prepare their units. Detailed instructions will be provided to you at a later date.

Non-Liability of personal injury/damage:

I will indemnify and hold the City of Nashua, Division of Community Development's Lead Paint Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

By signing this application you: Attest that the information contained herein is true and complete to the best of your knowledge and belief; Agree to the terms of the program; acknowledge that you have been given the lead safe pamphlet, "Protect Your Family from Lead in your Home"; and that submission of this application does not guarantee you will receive assistance.

Signature of Owner

Signature of Owner

Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Attached is an extra copy of these terms, please tear off and keep the next two pages.

**OWNER'S COPY – PLEASE KEEP
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