VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Partners for Better Communities

Dear Owner/Resident,

Welcome to the Virginia Department of Housing and Community Development (DHCD) **Lead Hazard Reduction (LHR) program**! The LHR program wants to make your home lead safe for your family. Houses and apartments built before 1978 may have paint that contains high levels of lead. Lead-based paint is serious. Paint chips (which are visible) and dust (which may not be visible) can pose serious health problems to residents, especially children under the age of 6, if not dealt with properly. The LHR program can assist homeowners and renters with lead-based paint hazards that are present in their homes, most often found on windows, doors, and other trimwork. Other minor home repairs may be covered as well*. For more information, a fact sheet has been included.

The U.S. Department of Housing and Urban Development (HUD) funds our lead remediation and abatement activities across the state. The program works local organizations who administer the program and partners with local health departments, among others, on referrals.

If you have a child under the age of 6 residing in or frequently visiting a home built before 1978, and meet HUD income guidelines**, we encourage you to apply for our program. Participation is **free** and **voluntary**! If you decide to participate, we cover **ALL** costs. Please see application instructions for additional information or visit our website at www.dhcd.virginia.gov/lhr. There, you can determine your eligibility, complete the application, upload documents, and find other resources on lead-based paint. If you have any inquiries or concerns, the LHR team will happily assist you in your application process.

Sincerely,

The Virginia LHR Team

Application Instructions

To apply, you must provide the following information:

- **Completed application –** ALL questions on the application must be answered. If a question does not apply to your situation, write "none" or "N/A".
- **Photo ID –** copies of photo IDs are needed for the owner(s) and the tenant(s) named on the lease, if applicable.
- **Proof of child occupancy (ONLY APPLIES TO OWNER-OCCUPIED PROPERTIES) –** birth certificates are required for all children under the age of 6 living in or regularly visiting the property.
- **Proof of income –** supporting documentation for all sources of income for all occupants aged 18 and over. **Proof of income requirement does not apply to landlords who do not live on the property.** Paystubs (2 months' worth), benefits letter, SSA, SSI/SSDI, Veterans benefit letter, or pension. Child support and SSI/SSDI income for all children in the home is counted and will need to be provided, if applicable. Self-employment and any payment from Uber, Lyft, etc. is considered income and will be counted. (*A W2 or 1099 may be required for verification purposes*). For those clients that participate in the Housing Choice Voucher Program, we will require a copy of the Notification of Rent letter from your local housing authority.
- **Bank statements –** 2 months of the most recent statements from home occupants (this includes checking accounts, savings accounts, and any money transfer service such as Cashapp, Zelle, etc.).
- **Documentation of Assets of occupants** (only applies if listed on page 5 of the application). Assets include rental property income, savings accounts, 401k, retirement accounts, cash value life insurance policies, stocks, bonds, certificates of deposit (CD's), etc. Personal property such as vehicles, jewelry, or primary residences are excluded. **Assets are only needed for the landlord only if he/she lives on the property.**
- **Proof of homeowners insurance –** a copy of the insurance declaration page that shows the property address and current insurance policy dates.
- **Mortgage statement –** this statement is provided monthly with the latest details on your home loan.
- **Lease** (for rental properties) – the lease must be signed/dated by all parties
- **A copy of the property deed**
- **A copy of the property tax receipt or tax record**
- **Power of Attorney and/or death certificate (only if applicable)**

NOTE: Processing of this application will not begin until all required documentation is provided and verified. Submission of this application does not guarantee approval or program participation. Staff may make inquiries regarding application information and documentation to verify eligibility and accuracy. Failure to verify information may result in a delay or denial of the application.

*Some homes may qualify for Healthy Homes funding, per funding, availability, and management discretion. Properties receiving this funding will be tested for Radon after lead remediation and reasonable repairs have been made to the property.

**Income eligibility will be determined using HUD guidelines. Household income must be at or below 80% area median income (AMI).

Lead Hazard Reduction Application

PART A: Property and Applicant Information

Property Address:

Application for: ☐ Owner Occupant ☐ Tenant Occupant

☐ Vacant Unit ☐ Single Family ☐ Multifamily

(Multifamily must complete an application for EACH unit.)

Housing Choice Voucher program recipient? ☐ Yes ☐ No

Name and Phone Number of Mortgage Company:

Are mortgage payments current on the property? ☐ Yes ☐ No

If no, please explain and provide information on a payment plan:

Are all city, state, and federal taxes or fees current on the property above?

Yes ☐ No ☐

If no, please explain and provide information on a payment plan.

Has property been tested for lead-based paint? Yes ☐ No ☐

If yes, please provide the date of testing and include the report with your application:

Is there a Code of Enforcement Notice of Violation or Repair Order?

☐ Yes ☐ No **If yes, please provide the date of notice:** ☐

Other Household Needs: The priority of the LHR program is to address lead-based paint hazards. The LHR program can provide additional repairs related to health and safety. These repairs will be determined per funding, availability at the time of application, and per management discretion. Please note that some repairs may not meet LHR guidelines. Radon testing is mandatory for homes with additional repairs. **Are there any other items/repairs that are needed to your property please list them below (ex: roof repair, decay, safety hazards, etc.)? If so, please list them below:**

_____

_____

_____

Occupant Information

Occupant Name:
Telephone Number:
Email Address:

Co-Occupant Name:
Telephone Number:
Email Address:

Owner Information (complete only if different from Occupant)

Owner Name:
Telephone Number:
Email Address:

Property Management Co. Name (if applicable):
Telephone Number:
Email Address:

Do you give permission for the property manager to sign the Lead Hazard Reduction program documents and make decisions on the scope of work performed by the Lead Hazard Reduction program? ☐ Yes ☐ No

_____

Owner's Signature Date

PART B: Household Composition

First, list all adults that reside in the household.
Next, list all children that reside in the household or visit regularly.
Owner-occupied homes: birth certificates are required for each child under the age of 6.

Occupant Name	Age	Resident or visitor?	Child on Medicaid? (Y/N)	Race (Choose number from race table below)	Hispanic or Latino? (Yes or No)

The following Race and Ethnic Data information is required by the Federal Government for reporting purposes and in no way restricts participation in this program. **Initial here**_____ **if you choose not to disclose race and ethnicity information.**

RACE TABLE: USE THE APPROPRIATE NUMBER IN FRONT OF THE APPROPRIATTE CATEGORY TO COMPLETE THE CHART ABOVE	
SINGLE RACE CATEGORIES	**MULTI-RACE CATEGORIES**
1 White	6 American Indian or Alaskan Native and White
2 Black or African American	7 Asian and White
3 American Indian or Alaskan Native	8 Black or African American and White
4 Asian	9 American Indian/Alaskan Native and Black/African American
5 Native Hawaiian or Pacific Islander	0 Other multi-racial

Total number of persons **LIVING** in the home: ☐

Is anyone in the home pregnant? Yes ☐ No ☐

Blood Lead Screening Release/Waiver

It is recommended that ALL children under the age of 6 have their blood lead levels tested prior to lead work done in your home. If you child(ren) have not had a blood test done in the past 3 months, you should contact your child's primary care physician or local health department to arrange for testing.

Has/have the child(ren) under 6 listed above been tested for Elevated Blood Lead Levels (EBLL)/Lead Poisoning within the past 3 months? ☐ Yes ☐ No ***If yes, the following will apply: if a child under the age of 6 resides in the home with an elevated blood lead level (EBLL) OR if his/her blood lead level increases, as confirmed by a healthcare provider, etc., the applicant must inform the partnering agency and/or DHCD LHR program in writing within 48 hours of receiving updated test results. Sufficient documentation of such would include copies of reports, such as environmental test results or medical confirmation along with details of the findings. Initial here: ☐

Testing Information

Child #1 name: _____

Result of Test: _____ Date of Test: _____

Child #2 name: _____

Result of Test: _____ Date of Test: _____

Child #3 name: _____

Result of Test: _____ Date of Test: _____

Child #4 name: _____

Result of Test: _____ Date of Test: _____

☐ My child(ren) **has/have not** had their blood lead levels tested within the past 3 months **and I agree to have them tested** by my primary care physician, local health department, or another provider and to submit test results to the Lead Hazard Reduction Program.

☐ **WAIVER –** For religious and/or personal reasons, I choose **not to have** my child(ren) tested for lead. I acknowledge the risks of the dangers of lead poisoning and am unaware of my child(ren) being subjected to lead.

I/We are voluntarily disclosing this information with the understanding that this information is not a requirement to participate in the Lead Hazard Reduction Program.

_____

Parent signature Date

Verification of Secondary Address of Visiting Child(ren)

Please have the parent or legal guardian of the visiting child(ren) complete and sign this page.

I, the parent/guardian of the visiting child(ren) under age 6, verify that my child visits the property address below more than two different days within any given week for at least 3 hours each day, for a total of six hours per week, and 60 hours per year.

_____

Property Address

_____

Parent/Guardian Name

_____

Parent/Guardian 911 Address

_____

Parent/Guardian Phone Number

_____

Child(ren) Under 6 Date of Birth

_____

Parent/Guardian Signature Date

Think of other places where your child may spend time. These homes may also be eligible for lead testing through the LHR program if they meet the program guidelines. Feel free to list below anyone who may benefit from this program and/or would like to receive more information about the program (family members, friends, babysitter, neighbors, and other families with young children).

_____

Contact Name Contact Phone Number and Email

_____

Contact Name Contact Phone Number and Email

_____

Contact Name Contact Phone Number and Email

PART C: Income Determination

The Virginia Lead Hazard Reduction program utilizes the Part 5 definition for calculating annual income. Gross income of the household from the previous year must be used. Gross income is income earned before taxes and deductions are taken out. It includes wages, tips, self-employment income, alimony, interest, dividends, social security, SSI, public assistance or public welfare, including unemployment, retirement, disability income, VA and insurance payments from all adult individuals residing in the household. It does not include income earned by a child less than 18 years, foster care payments, hostile fire pay, inheritance income, medical cost reimbursements, lump-sum asset payments, educational scholarships or the income of a live-in aide.

ASSETS			
Family Member	**Asset Description**	**Current Cash Value of Assets**	**Actual Income from Assets**
3. Net Cash Value of Assets		**3.**	
4. Total Actual Income from Assets			**4.**
5. If line 3 is greater than $5,000, multiply line by _____ (Passbook Rate) and Enter results here; otherwise leave blank			**STAFF USE ONLY**
ANTICIPATED ANNUAL INCOME:			

Family Member	Wages/Salaries	Benefits/Pensions	Public Assistance	Other Income	Asset Income
					Enter the greater of lines 4 or 5 from above in this column
6. Totals	**$**	**$**	**$**	**$**	**$**
7. Enter all totals from line 6. This is the annual income…					**$**

If any changes occur to your income prior to the start of Lead Hazard Control work and/or 1 year have lapsed since initial income verification, you will be required to submit updated information for reverification.

Certification: I, the undersigned, certify that the family/household size and income data that I have provided 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.

_____ _____

Occupant's Signature Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. See 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both. **Initial here:** ☐

PART D: Certifications

TO BE INITIALED BY OCCUPANT

Guidelines require the Program to verify income no later than one year before lead hazard control activities begin. The documentation must verify the current rate of annual income at the time of assistance. The income certification process must be completed before any lead hazard control activities can begin. If changes to your income have occurred which puts you outside of the Area Median Income (AMI) guidelines at the time lead hazard work is scheduled, then you will no longer be eligible for lead hazard control work. **Initial here:** ☐

I, the occupant of the property, confirm that I have received the *Renovate Right* and *Protect Your Family from Lead in Your Home* pamphlet. **Initial here:** ☐

TO BE INITIALED BY LANDLORD OR PROPERTY OWNER

The undersigned hereby makes an application to the Lead Hazard Reduction program ("Program") for aid regarding 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 and that the methods for identifying and/or controlling the lead-based paint hazards(s), cost of such control, and other permitted costs will be determined by the Program, in the sole discretion of the Program. Therefore, HUD must approve the project after bids are received. The undersigned further agrees to permit lead-based paint hazard control activities on the property by a contractor approved and selected by the Program. **Initial here:** ☐

For all rental properties, the rental property owner shall give priority and availability to families with a child less than 6 years of age, 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-to-moderate income and priority given to families with children. **Initial here:** ☐

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 real estate property tax payments, public charges on the property, mortgage payments, and homeowners' insurance payments. **Initial here:** ☐

The addresses of all Lead Safe dwellings under this program will be placed on a DHCD or DHCD-approved website and be accessible to the public. Other agencies will have access to this list, including the Virginia Department of Health, the 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. **Initial here:** ☐

I, the owner/landlord of the property, confirm that I have received the *Renovate Right* and *Protect Your Family from Lead in Your Home* pamphlet. **Initial here:** ☐

The undersigned agrees that he/she will not discriminate against any person based on race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program. The undersigned also agrees to 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 to thereto, and Title VIII of the Civil Rights Act of 1968, as amended.

The undersigned understands and agrees that failure to comply with LHR and or HUD requirements may result in recapture of any and/or all 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 Program 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 understands that there are significant penalties for submitting false information, including possible fines and imprisonment.

Owner's Signature	Co-Owner or Tenant Signature
Printed Name of Owner	Printed Name of Co-Owner or Tenant
Date	Date

PROGRAM USE ONLY

File #:	Complete/Incomplete:
EBLL?	AMI %:
Enrollment Date:	Date application received:
Denial Date & Reason:	Eligibility determined by: