



Lead Hazard Control and Healthy Homes Income Application

Office of Community Development – Department of Health

The Lead Hazard Control and Healthy Homes Program was established to reduce instances of childhood lead exposure, particularly in children under the age of six. The program achieves this goal by identifying and remediating, or abating, lead-based paint hazards in eligible privately owned rental or owner-occupied residential housing units. Assistance can be given to a wide range of residential properties, from large multifamily housing developments to single family homes.

Please complete the below form in its entirety and submit to the Rockland County Office of Community Development (RCOCD) at RCOCD_Lead@co.rockland.ny.us with all supporting documentation. If you have questions about this form, you can reach out to RCOCD_Lead@co.rockland.ny.us or 845-364-3939.

Yes	No	Form
		Copies of birth certificates for all children under the age of six that reside or regularly visit the home
		Copies of all adults' identification that currently reside in the household
		Proof of income as outlined in Part 2 of this application.
		Verification of visiting child form (attached) if applicable
		Verification of pregnancy (if applicable)
		Medical release for each child under the age of six



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Part 1: Applicant/Tenant Information

Name of Head of Household	
Property Address Line 1	
Property Address Line 2	
City, State, Zip Code	
Phone Number	
Email Address	
Mailing Address Line 1	
Mailing Address Line 2	
Mailing Address Line 3	

Question	Yes	No
Are there any children under the age of 6 residing in the household with elevated blood lead levels?		
Is there a child under the age of 6 who regularly visits the household (for at least 6 hours per week, 10 weeks per year)? (If yes, complete a visiting child form)		
Is there a pregnant woman residing there? (If yes, a doctor's note verifying pregnancy is required)		

Please complete the table below with information for all individuals residing in the household. This information is necessary to determine if your unit is eligible for assistance, and if you meet any preference criteria that could prioritize your application.

First Name	Last Name	Date of Birth	Sex	Full Time Student? (Yes or No)	Relationship to Head of Household
					Self



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Part 2: Income Information

List all income sources received by members of the household. Documentation for each income source must be provided. Examples of income sources and the required documentation are listed below.

- Employment – recent pay stubs (4 if weekly, 2 if biweekly).
- Housing Choice Voucher, if applicable
- Social Security, SSI, pension, or other retirement income – a statement that shows the gross amount received (most recent COLA letter or Proof of Income Statement). Call 1-800-772-1213 or visit socialsecurity.gov.
- Unemployment, disability, Worker’s Comp – award letter or statement.
- Public Assistance – budget sheet or other official documentation.
- Alimony, child support – court decree/order or statement from Child Support Services.
- Income Tax Form – copy of most recent Federal 1040 forms, plus all 1099 forms for all adult household members.
- Proof of assets – bank statements, IRA/401k statements, other real estate, etc. for the most recent two months. One quarterly statement is acceptable.
- Business income or rental income – receipts and/or tax return forms.
- Veterans Benefits – Summary of Benefits Letter. Call (800) 827-1000 or visit VA.gov
- Full-time student over age 18 – proof of enrollment.
- Other income? Please call us at (845) 364-3939

Name	Source of Income	How often income is received (weekly, monthly, etc.)	How much income is received	Annual amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$



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Part 3: Statistical Data

HUD requires organizations who receive HUD financial assistance to report race and ethnic information. This information is used for Federal and statistic compilation **only**. The Rockland County Office of Community Development does not discriminate against any individual or group because of race, sex, religion, sex, age, ethnicity, color, marital status, disability, or political belief. **Please indicate the number of household members in each category.**

Racial Categories	Non Hispanic/Latino	Hispanic/Latino
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
Native Hawaiian or other Pacific Islander <i>and</i> White		
Other		

Head of Household Demographics	Yes	No
Female Head of Household		
Elderly (62+)		
Disabled		



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Part 5: Signature

Please have all household members 18 years of age and older sign below:

Depending on the scale of the work to be completed, this project may require that the residents of the unit be relocated until work has been completed. If this is the case, you will not be permitted to reenter the unit from the time that work begins to the time that work is completed, and the unit passes a lead hazard inspection. In these cases, relocation assistance may be provided by the Rockland County Office of Community Development. By signing the below, you are acknowledging that you have been made aware of this requirement and agree to comply if it is applicable to your case.

The applicant(s) certify that the above statements are true, accurate, and complete to the best of their knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

The applicant(s) hereby consent and authorize the Rockland County Office of Community Development to obtain verification of information required for compliance with the regulations of this program.

_____	_____	_____
Print	Signature	Date
_____	_____	_____
Print	Signature	Date
_____	_____	_____
Print	Signature	Date
_____	_____	_____
Print	Signature	Date
_____	_____	_____
Print	Signature	Date



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Authorization to Share/Release Information

I have applied for, or obtained, a loan or grant from the Rockland County Office of Community Development. As part of this process, the Rockland County Office of Community Development may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds.

I understand that any rights which I (we) may have to the contrary, pursuant to the privacy act, are hereby expressly waived for this purpose.

A copy of this authorization may be accepted as an original.

Applicant Name: _____

Property Address: _____

Phone Number: _____

Print	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Visiting Child Verification Form

This form is required when the qualifying child does not live in the dwelling.

I _____ verify that _____ D.O.B. ___ / ___ / ___
Owner / Tenant *Child's Name*

spends at least two different days within any week at _____
Address

and that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours. In

addition, the combined annual visits last at least 60 hours.

Owner / Tenant Signature

Child's Relationship to Owner / Tenant



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Medical Release for Child Blood Lead Level

The Rockland County Office of Community Development is coordinating and managing the Lead Hazard Control and Healthy Homes Program in collaboration with the Rockland County Department of Health. The Lead Hazard Control Program will focus on residential property addresses with a history of lead-based paint hazards and/or children with elevated blood lead levels. The lead poisoning prevention activities will address the public health problem of lead poisoning with a focus on children under age six and pregnant women.

Under the Rockland County Office of Community Development’s Lead Hazard Control and Healthy Homes Program, lead blood levels will be maintained on file for all project activities to ensure that HUD program requirements and standards are maintained.

This form allows for the release of lead blood levels data maintained by the Rockland County Department of Health to the Rockland County Office of Community Development. This data is solely for the purpose of the HUD Office of Lead Hazard Control and Healthy Homes Grant program and will be used for no other purpose nor shared with any other department or organization.

Name of Parent or Legal Guardian: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

This Release shall remain in full force and effect until the Parent / Guardian notifies the County in writing of his/her desire to terminate this Release or until the participant attains the age of eighteen years, whichever first occurs.

I certify that I am the parent or legal guardian of the child named below.

Name of Child: _____

Age: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

I certify that I have read and understood the foregoing release, and am authorizing the Rockland County Department of Health to share lead blood level medical test information with the Rockland County Office of Community Development.

I join in the release without reservation. I further grant my full consent and authorization for the release of this medical data.

Signature of Parent / Guardian: _____ Date: _____



Leading in Lead Prevention Program

Office of Community Development – Department of Health

Grievance and Dispute Policy

Please read the below form in its entirety and sign. This form must be submitted to RCOCD_Lead@co.rockland.ny.us with your application. All household members over the age of 18 must sign this form.

If a program participant or applicant disagrees with a decision made on their case, they may request case review. This request must be made within 30 days of the date on the decision letter and should include contact information for the party requesting the review. If contact information is not included, RCOCD will use the most recent contact information on file. Upon receipt, the written dispute will be placed in the case file and a designated RCOCD staff member will acknowledge the receipt of the request in writing.

A designated RCOCD staff member will conduct a review of the case. During the course of the review, a designated RCOCD staff member will examine all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written decision to the party requesting the review within 20 business days of receiving the request for case review. The written decision will clearly state the reason for the decision, and what, if any, action RCOCD will be taking based on the case review. The written decision is considered final.

If an individual has a grievance but is not challenging a decision made on their case, they should submit the grievance in writing to RCOCD within 30 days of the event occurring. Upon receipt of the grievance, a designated RCOCD staff member will acknowledge the receipt of the grievance in writing and offer the party a chance to have a telephone meeting to discuss the complaint.

A designated RCOCD staff member will conduct an investigation around the grievance. During the course of the investigation, a designated RCOCD staff member will review all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written response to the party within 20 business days of grievance discussing the investigation into the grievance and the outcome.

By signing below, you are acknowledging that you have read, understand, and agree with the above policy. I understand that I may follow these procedures to make a complaint or dispute a finding and that it will be reviewed by program management.

Print

Signature

Date

Print

Signature

Date



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Signature

Date

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Date