



# Lead Hazard Control and Healthy Homes Owner 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](mailto: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](mailto:RCOCD_Lead@co.rockland.ny.us) or 845-364-3939.

The below forms must be submitted with this application to prevent delays in review.

Yes	No	N/A	Form
			Proof of Ownership of the Building (deed)
			If the building is owned by an LLC, documentation of signing power for the LLC
			Documentation that your mortgage is current (can be most recent mortgage statement)
			Documentation of current homeowners' insurance
			Documentation that property taxes are current
			A copy of the current lease for each unit (If a rental property)
			Photo Release Form
			Income Application(s) as described below

If the property you are applying for is owner-occupied, you must complete a separate income application and submit it with this application.

If the property you are applying for is a rental property, a separate income application must be submitted by the tenants residing in each unit.



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### Part 1: Property Information

Property Address Line 1	
Property Address Line 2	
City, State, Zip Code	
Year Built	
Total Number of Dwelling Units	

### Part 2: Applicant Information

Name of Owner/Business		
SSN/EIN		
What kind of entity? (Individual, Corporation, Etc.)		
Applicant Address Line 1		
Applicant Address Line 2		
City, State, Zip Code		
Business Phone		
Email		
Contact Person Name		

### Part 3: Financial Information

Name of Mortgage Company	
Mortgage Company Address Line 1	
Mortgage Company Address Line 2	
City, State, ZIP	

Question	Yes	No
Is the property under foreclosure?		
Are all taxes current?		
Is the mortgage current (if no mortgage select yes)?		
Do you have current homeowners' insurance?		
Is the property owner occupied?		
Is the property a rental property?		



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### Part 4: Resident Information

Please fill out the chart below with the information for each unit on the property for which you are applying for assistance.

If the property is a single-family home, only use one line and write SFH under Unit #.

If the unit is a rental, a phone number and/or email address must be provided for the tenants of each unit.

If a unit is vacant, write vacant under the tenant name, and under unit rent write the rent at which the unit is advertised.

If a unit is owner occupied, write N/A under unit rent.

Unit #	# of Bedrooms	Name of Resident or Vacant	# of People in Household	# of Children Under 6	Unit Rent	Utilities Included Y/N	Phone # and email
					\$		
					\$		
					\$		
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### Part 6: Signature

The undersigned hereby makes a preliminary application to the Rockland County Office of Community Development (RCOCD) for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by RCOCD and that the methods for abating/remediating lead paint, the cost of such abatement/remediation, and other permitted costs will be determined by RCOCD. The undersigned further agrees to permit the abatement/remediation of lead paint in the property by a contractor approved by RCOCD through a selection process.

The undersigned certifies that the property to be improved with the Lead Hazard Control and Healthy Homes Program, if a rental property currently or during the contract term, will be continuously rented to persons or families whose income does not exceed HUD’s guidelines for low/moderate income and rent that does not exceed the HUD Fair Market limits. In all cases, the landlord shall give priority in renting units, for not less than three years following the completion of lead abatement activities, to families with a child under the age of six years.

Building owners agree to maintain the property physically and retain home insurance, naming RCOCD as an insured for the contract term. Building owners agree to maintain tax payments, public fees on the property and mortgage payments.

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 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.

All Lead-Safe dwellings created under this program will be placed on a publicly accessible list. The undersigned agrees to this.

RCOCD has provided a copy of their Policies and Procedures Guidance for the Lead Hazard Control and Healthy Homes Program.

The undersigned understands that failure to comply with Lead Hazard Reduction and Healthy Homes requirements may result in recapture, by the County, of the monies advanced.

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.

\_\_\_\_\_  
Property Owner – Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Property Owner – Print	Signature	Date
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Property Owner – Print	Signature	Date
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Property Owner – Print	Signature	Date
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Property Owner – Print	Signature	Date
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**COMMUNITY DEVELOPMENT**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Road, Building A 6<sup>th</sup> Floor  
Pomona, New York 10970  
Phone: (845) 364-3939 Fax: (845) 364-3940

**Alexandra S. Obremski**  
Director

**HUD Lead Hazard Control & Healthy Homes  
Photo Release Form**

For valuable consideration received, I \_\_\_\_\_ (print property owner name), give to the Rockland County Office of Community Development (RCOCD), the unrestricted right to use, for any lawful purpose, any photographs taken of the property listed below, which I own and/or for which I have the authority to grant such permission, and to use my name in connection therewith if it so chooses.

I release and discharge RCOCD from any and all claims or causes of action arising from the use of such photographs, including, without limitation, claims for libel or invasion of privacy.

I am eighteen years of age or older. I have read this release and understand its contents. This release is binding upon me, my heirs, successors, and assigns.

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ (print name)

**Signed:** \_\_\_\_\_

**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](mailto:RCOCD_Lead@co.rockland.ny.us) with your application. All owners 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 calendar 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. 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 calendar 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 must follow these procedures to make a complaint or dispute a finding, and that it will be reviewed by program management.

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Print

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Signature

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Date

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Signature

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Date



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