



Schenectady Lead Safe Housing Program
107 Nott Terrace, Suite 300
Schenectady, New York 12308-3170
Telephone: (518) 386-2818 Fax: (518) 382-5418

SCHENECTADY NEEDS



TO BE COMPLETED BY EACH TENANT LIVING IN BUILDING

This is the information that your landlord will need to help repair your house so that it is lead safe for your children.

NONE OF YOUR INFORMATION WILL BE SHARED WITH ANYONE WITHOUT YOUR PERMISSION.

The benefits of applying for the Lead Safe Housing Program to you and your children are:

- Lower heating and electric bills
- Identification of all lead hazards in your home
- A lead-safe environment for your family

Please complete all of the **YELLOW** highlighted areas on the attached 6-page **Tenant Information Form** and return it to your landlord or directly to: Schenectady Lead Safe Housing Program, 107 Nott Terrace, Suite 304, Schenectady, NY 12308

If you have any questions about completing the attached form or about the LEAD Program, please contact Valleen Blanchet at (518) 386-2824.

TENANT INFORMATION FORM, Page 2 of 4

4) **PROOF OF INCOME MUST BE PROVIDED**

- Copy of the most recent Federal Tax Return with all Attachments (including W-2's)
- 4 current pay stubs OR Social Services Statement OR SSI Statement OR Disability Statement
- Attachment A - Income Information

5) How long have you lived at this address ? _____

6) Are there any pregnant women living in the home?

YES NO

7) The Lead Program is required to report to the U.S. Department of HUD the number of children under age 6 who will be protected in all units receiving LEAD Assistance. Please answer the following questions:

- Do you have any *children/grandchildren/great grandchildren/nieces/nephew/cousins or family relatives*

under the age of 6 that spend a significant amount of time visiting? YES NO

- Do you baby-sit for any *children under the age of 6*?

YES NO

8) **In order to proceed with this application, you are required to certify the following:**

I hereby certify that all the information given above is true and complete to the best of my knowledge and belief. I hereby authorize the City of Schenectady Lead Program to obtain additional information and verification as may be necessary.

For children in my household under 6 years of age, I agree that I have or will have them tested for blood-Lead levels within **6 months before** this application and **within 60 days after completion** of the Lead treatment.

****If your child needs one, please call 386-2824 to make an appointment with the County Public Health Clinic for a free blood lead test****

Federal Guidelines require that no one may occupy the dwelling unit during the process of Lead-based paint hazard controls. **It may be necessary to leave your home from 8am to 5pm**, while lead work is being completed. If this is a problem, please call Program Manager Carissa Fairbairn at (518) 386-2818 as soon as possible.

Federal Notice of Non-Displacement & Temporary Relocation

If assistance is provided to the owner and the unit or building in which are you living has LEAD paint hazard control work undertaken, you will not be permanently displaced. You are protected from displacement by the Federal Uniform Relocation Assistance and Real Property Acquisition Policies of 1970, as amended. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

Tenant's Signature

Date

Once the work is completed a referral will be generated to the Home Safe Home program (see attached brochure) if you are not interested please check here. _____

ATTACHMENT A - TENANT INFORMATION FORM, PAGE 3 of 4

INCOME INFORMATION (Complete For all household members receiving income)

TENANT'S NAME	TYPE OF INCOME	CIRCLE ONE		AMOUNT WEEKLY	Amount Every Two Weeks	Amount Every Month
		YES	NO			
	Wages	YES	NO			
	Fees	YES	NO			
	Tips	YES	NO			
	Self Employment	YES	NO			
	Net Business Income	YES	NO			
	Social Security	YES	NO			
	Pension	YES	NO			
	Workers Compensation	YES	NO			
	Annuities	YES	NO			
	Insurance Policy Payments	YES	NO			
	Death Benefit Payments	YES	NO			
	Armed Services Payments	YES	NO			
	Child Support	YES	NO			
	Alimony	YES	NO			
	Bank Interest	YES	NO			
	Dividends	YES	NO			
	Rental Income	YES	NO			
	Monetary Gifts (rec'd on a regular basis)	YES	NO			
	Payments from Non-Revocable Trust Funds	YES	NO			

ASSET INFORMATION	PERSONS' NAME	TYPE OF ASSETS	CIRCLE ONE		VALUE	ANNUAL AMOUNT
			YES	NO		
		Real Estate	YES	NO		
		Land Acres	YES	NO		
		Mortgage being held	YES	NO		

I declare that I provided the above information, and to the best of my knowledge and belief, it is true, correct and complete for all household members, I authorize the City of Schenectady Lead Program to obtain additional information and verifications as may be necessary.

MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS WHO RECEIVE INCOME LISTED ABOVE

TENANT'S SIGNATURE _____ DATE _____

TENANT'S SIGNATURE _____ DATE _____

TENANT INFORMATION FORM, Page 4 of 4
CONSUMER 2019 INCOME VERIFICATION FORM

City of Schenectady Federal Consolidated Plan (FCP) funds are partially or totally funding this program/service. The City of Schenectady is required to obtain and report this information to the U. S. Department of Housing and Urban Development (HUD), the source of the City's FCP funding. Only "whole" numbers will be used for statistical purposes only. No Personal information will be shared or provided to any other government agency at any level. This form is confidential and will remain so at this location.

- A) Please circle your family size.
- B) Please circle income information that is closest to, without going over your family's combined income on the same line as the number you circled in "A" above. A "family" is considered to be any household of one member or more.

Family	OR 2 - LI - 50 less than	OR 3 - Mod - 80 less than
of Spanish origin 1	\$31,500	\$50,350
2	\$36,000	\$57,550
3	\$40,500	\$64,750
4	\$44,950	\$71,900
5	\$48,550	\$77,700
6	\$52,150	\$83,450
7	\$55,750	\$89,200
8 (and upwards)	\$59,350	\$94,950

- D) American Indian or Alaskan Native Asian White
 Native Hawaiian/other Pacific Islander Black or African American Other
- C) (select one) I am a member of the following ethnic group:
 Hispanic, Latino, of Spanish origin Not Hispanic, Not Latino, Not
- E) (select one) I am from a Female Headed Household: Yes No
Note: a Female Headed Household has to have at least one additional dependent
- F) (select one) Residence location: Bellevue Central State St.
 Downtown Hamilton Hill Mont Pleasant North Side Union St.
 Vale moving to Schenectady other (outside Schenectady)

- F) This form is being used for the following reason:
 Lost pay stub(s) or tax return Can't furnish documents at this time other

G) "I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations." No personal information will be shared or provided to any other government agency at any level. This form is confidential and will remain in a dedicated file at your service provider's location.

 Print Name

 Sign name

 Date



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Telephone: (518) 386-2818 Fax: (518) 386-2822

Authorization for Use or Disclosure of Individually Identifiable Health Information

1. _____
2. _____
3. _____
Name(s) of Child UNDER age 6 years of age- ONLY Date of Birth Age

**I allow blood test results to be
RELEASED TO:**
Schenectady Lead Safe Housing Program
107 Nott Terrace, Suite 304
Schenectady, NY 12308

The following information:
The results of all blood lead tests performed from the date of child's birth until the date of expiration of this authorization (one year from the date I sign it).

Reason: To be used as a criterion for accepting my family into the Lead Hazard Control Program.

I understand that I can take back this permission unless the information has already been given out. To take back the permission, I must send a letter to Schenectady County Public Health Services program listed at the top of this page. Any records given out using this signed permission may be sent somewhere else by the agency we give it to. If they send it on, it may not be protected by the same laws.

You will not be refused any care by Schenectady County Public Health Services if you decide not to sign this form. The line below lists anything that will not be given out.

I understand that a copy of this form can be used the same way as this original copy. This permission ends one-year from the date signed by the Parent/Guardian.

Parent/Guardian

Witness

Relationship to Child

Date

Address

Telephone #

Doctor's Name

Telephone #