



## LEAD SAFE JACKSON HOUSING PROGRAM



### Guidelines for Completing the Lead Safe Jackson Housing Program Application

For timely and accurate processing, please follow all of the steps listed below. If you need assistance to complete this application, please call 601-345-2052.

- 1) Answer all questions on the application accurately.
- 2) Place your signature in the appropriate spaces. (If you are a renter, you will need to ask your landlord to sign this form prior to submission. Staff members at the City of Jackson and the Green & Healthy Homes Initiative can provide program information to landlords upon request.)
- 3) Turn in copies of all required documents. If you do not have access to a photo copier, please deliver your application in person at one of the addresses below so your documents can be copied and immediately returned to you.

#### REQUIRED DOCUMENTS

(to be submitted with application)

- IRS tax forms or Form W-2 (wage and tax statement)
- Additional form of income verification for each household member, examples include:
  - Paystubs for the most recent 3 months
  - Social Security earnings or Supplemental Security Income statement
  - Disability or Worker's Compensation
  - Child Support or Alimony
  - Other annuity or retirement income statements
  - Bank Statements
- If there are adults living in the household that are not employed, a notarized "verification of no income" form (included on last page of the application)
- If a homeowner, proof of ownership in property (Warranty Deed, Quitclaim Deed, or Title Opinion)
- Driver's license or identification card for all household members
- Social Security Card for all household members
- Blood Lead Level Test Results for children under age 6 or pregnant women occupying the home



**EQUAL HOUSING  
OPPORTUNITY**

Form & Required Documents can be returned to any of the following locations:

| Organization Name                        | Address   | Phone        |
|--|---|--------------|
| City of Jackson                          | 218 S. President Street, 2nd floor, Jackson, MS 39201 | 601-960-2155 |
| Green & Healthy Homes Initiative Jackson | 510 George Street, Suite 304, Jackson MS 39202        | 601-345-2052 |

| Property Information  |   |  |           |
|---|---|--|-----------|
| Street Address:   | City: Jackson   | State: MS  | Zip Code: |
| Has this property ever been inspected for lead? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |           |
| If yes, when? _____ Name of Inspector or Inspection Firm: _____   |   |  |           |
| <b>Type of Occupancy:</b><br><input type="checkbox"/> Renter Occupied (no HUD or other assistance)<br><input type="checkbox"/> Renter Occupied (subsidized by HUD or other)<br><input type="checkbox"/> Owner Occupied (no mortgage loan)<br><input type="checkbox"/> Owner Occupied with a mortgage loan (current on payments)<br><input type="checkbox"/> Owner Occupied with a mortgage loan (not current on payments)<br><input type="checkbox"/> Other _____ | <b>Age of Home:</b><br><input type="checkbox"/> Pre 1950<br><input type="checkbox"/> 1950—1978<br><input type="checkbox"/> Post 1978<br><input type="checkbox"/> Don't Know | <b>Type of Housing Unit:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Townhome<br><input type="checkbox"/> Apartment<br><input type="checkbox"/> 4 or fewer units<br><input type="checkbox"/> 5 or more units<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Other _____ |           |

**Occupant Information (If Property is currently vacant, please write "VACANT.")**

|                           |   |
|---------------------------|---|
| <b>Occupant Name</b>      | <b>Total Number Living in Household</b> |
| <b>Phone Number (Day)</b> | <b>Phone Number (Evening)</b>           |
| <b>Email Address</b>      | <b>Best Time to Reach You</b>           |

**Property Owner Information (If property is currently renter-occupied)**

|   |                               |
|---|-------------------------------|
| <b>Primary Contact Name</b>   | <b>Other Contact Name</b>     |
| <b>Ownership Entity:</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> LLC<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation | <b>Mailing Address</b>        |
| <b>Phone Number (Day)</b>   | <b>Phone Number (Evening)</b> |
| <b>Email Address</b>  | <b>Best Time to Reach You</b> |
| Have you ever been cited for non-compliance with the lead disclosure law? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |

I hereby declare the following person(s) live within my household for more than 51% of the time. Therefore this person or persons should be included in my household number and their income should be calculated into my household income.

| Name                        | Medicaid (Yes/No) | Birth Date | Relation to head of household | Sex (M/F) | Ethnic Group* | Lead Test Result (For ages birth to 5 years old) | Asthma Diagnosis (Yes/No) | Number of ER visits in past 12 months for asthma | Number of hospitalizations in past 12 months for asthma | 30 Day Gross Income |
|-----------------------------|-------------------|------------|-------------------------------|-----------|---------------|--|---------------------------|--|---|---------------------|
|                             |                   |            | Head of Household             |           |               |  |                           |  |   |                     |
|                             |                   |            |                               |           |               |  |                           |  |   |                     |
|                             |                   |            |                               |           |               |  |                           |  |   |                     |
|                             |                   |            |                               |           |               |  |                           |  |   |                     |
|                             |                   |            |                               |           |               |  |                           |  |   |                     |
| TOTAL OF ALL MONTHLY INCOME |                   |            |                               |           |               |  |                           |  |   |                     |

If a pregnant woman and/or child under the age of 6 visits your home for at least 20 hours per week (on average), please list them in the section below. (Information reported in this section will not impact status of household size.)

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

\*Apply correct number in ethnic group column to each person listed.

1. African American 2. Caucasian 3. Hispanic 4. Asian/Pacific Islander 5. Native American/Alaskan Native 6. Multi-Ethnic 7. Other

**STATEMENT ON ELIGIBILITY AND PRIORITIZATION**

Please initial by each statement as applicable.

| <b>FOR OCCUPANTS OF THE PROPERTY (renters or homeowners)</b>  | <b>INITIAL</b> |
|---|----------------|
| I understand that this program requires that all children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on the home, and that I will be required to submit documentation from a medical service provider that states the blood lead level of each child occupying the home. I understand that this information will be treated as confidential. |                |
| I understand that program administrators may need confirmation of blood lead testing results, and I authorize the City of Jackson to obtain blood lead laboratory results for any occupants of the home required to receive testing and share these results confidentially with authorized program representatives.   |                |
| I understand that homes with children under 6 years of age or pregnant women with an Elevated Blood Lead Level will be given higher priority for program enrollment and scheduling of abatement activities.   |                |
| I understand that all occupants of the property may be required to temporarily relocate from the property while lead abatement activities are ongoing.  |                |
| I understand that program income eligibility for renters is 50 to 80 percent of Jackson's area median income, and for homeowners is 80 percent of Jackson's area median income, and I must provide approved forms of income documentation to demonstrate eligibility.   |                |
| I understand that the Green & Healthy Homes Initiative and City of Jackson will review this application for eligibility, but that none of the information included in this application or its supporting documentation will be shared with any other party unless the applicant has been notified of the Privacy Practices of the agencies and given consent in writing to do so.                   |                |

| <b>FOR OWNERS OF THE PROPERTY (homeowners or landlords)</b>  | <b>INITIAL</b> |
|--|----------------|
| I understand that Lead Safe Housing Registry will be used to track lead abatement and clearance activities of this and future lead programs in Jackson for all properties improved using public funding.   |                |
| I understand that I will be required to sign an agreement with the City of Jackson in order to participate in the Lead Safe Jackson Housing Program.   |                |
| (FOR LANDLORDS ONLY) By participating in the program, I agree to market the property to low income families with children under age 6 or pregnant women for a period of 3 years, and submit income verification documents to the City of Jackson during that period. |                |

|   |  |
|---|--|
|   |  |
| Are property taxes paid up through the last billing cycle?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is the house/apartment owned by a federal, state, or local government agency?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Does the house/apartment have at least one bedroom?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is the property and/or tenant currently participating in a HUD program?<br>If yes, which one? _____             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Do you or the property owner have renter's insurance that covers theft and fire?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is there a child under the age of 6 living in the house full time? How many? _____                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is there a child under the age of 6 who is a regular visitor (at least six hours per week, ten weeks per year)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is there a child under 6 living in or regularly visiting the home with a blood lead level of 5 or higher?       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is there a pregnant woman living at this address?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is there a woman living at this address between the ages of 16 and 45?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| Is this home being used as a daycare? If so, how many children attend? _____                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| If you are a tenant and currently renting, please list the monthly amount you pay for rent.                     | \$ _____ per month   |

**CERTIFICATION**

By signing below, I (we) certify that the income and household composition is correct to the best of my (our) knowledge and belief. I understand that by providing false information on income and household size, it will constitute a fraudulent action and my (our) application may be denied.

|                              |       |
|------------------------------|-------|
| Owner/Landlord Name (Print): | Date: |
| Owner/Landlord Signature:    | Date: |

|                      |       |
|----------------------|-------|
| Tenant Name (Print): | Date: |
| Tenant Signature:    | Date: |

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

**CERTIFICATION OF NO INCOME**

To whom it may concern:

I hereby certify that I do not individually receive income from any of the following sources:

- Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Income derived from operation of a business or profession;
- Interest, dividends, and other income of any kind from real or personal property;
- Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum payment for the delayed start of a periodic payment;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation, and severance pay;
- Welfare assistance payments;
- Regular alimony and child support payments if received regularly; or,
- Regular pay, special pay and allowances of a member of the Armed Forces.

I certify that the information presented in this letter is true and correct to the best of my knowledge and belief.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, within my jurisdiction, the within named \_\_\_\_\_, who acknowledged that (he)(she)(they) executed the above and foregoing instrument.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:

\_\_\_\_\_