



LEAD HAZARD REMEDIATION PROGRAM APPLICATION

OWNER-OCCUPIED APPLICATION

(Owner lives in the property)

Date: _____

Owner's name: _____ Phone number: _____

Email: _____

Alternate Phone: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

TENANT APPLICATION

Date: _____

Tenant's name: _____ Phone number: _____

Email: _____

Alternate Phone: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

LEAD APPLICATION CHECK LIST

(Circle one) Owner-Occupied/Tenant

Lead Grant Program Request Form.....

Owner-Occupied/Tenant Income Certification Form.....

Proof of Income.....
(Owner-Occupied or Tenants) (At least two month's worth.
 Including current income tax return for proof of rental income).

Owner-Occupied/Tenant Certification for Child Occupied Property.....

Owner-Occupied/Tenant Occupant's Blood Testing Release Form.....

Owner-Occupied/Tenant Notice of Non-Displacement.....

Owner-Occupied/Tenant Confirmation of Receipt
 of EPAs Lead Booklets Form & Lead Application Checklist.....

Copy of recorded Grant Deed with legal description.....
(For Owners only)

Copy of Property Fire Liability Insurance.....
(For Owners only)

Tenant Habitability Plan.....
(For Owners only. It will be provided by a Housing Staff)

After completion please call Silvia Viramontes at (213) 928-9022 or Email: silvia.viramontes@lacity.org

***OWNER: Please note: Property must not be sold for three (3) year**



Lead Hazard Remediation Program (LHRP) Grant Request Form

OWNER-OCCUPIED/TENANT NAME: _____
 (Please circle one of the above)

TELEPHONE #: _____ ALT. TELEPHONE #: _____

PROJECT ADDRESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER TELEPHONE NO: _____ ALT. NO. _____

FAX NO. _____ CONTACT PERSON: _____

COUNCIL DISTRICT: _____ CENSUS TRACT: _____

REFERRED BY: _____ REFERRED DATE: _____

REFERRAL COMMENTS:

PROJECT INFORMATION:

No. of Units: _____ No. of Units Occupied: _____

Year Built: _____ No. of children under 6 yrs.: _____

INCOME LEVELS: FY 2021-2022

Family Size	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Income Limits	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900

Please call [Silvia Viramontes](mailto:silvia.viramontes@lacity.org) at (213) 922-9680 or email: silvia.viramontes@lacity.org

LOS ANGELES HOUSING DEPARTMENT
LEAD HAZARD REMEDIATION PROGRAM
 1200 W. 7TH STREET, 8TH FLOOR
 LOS ANGELES, CA 90017

OWNER-OCCUPIED/TENANT INCOME CERTIFICATION

THIS INFORMATION IS NECESSARY FOR THE CITY TO EVALUATE THE OWNER'S REQUEST FOR ASSISTANCE IN REPAIRING THE BUILDING.

OWNER-OCCUPIED/TENANT'S NAME:

PROPERTY ADDRESS:

DATE:	MONTHLY RENT:
UNIT #:	NUMBER OF BEDROOMS:
DOES TENANT RECEIVE SECTION 8 ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

	List Names of ALL Persons who live in this unit	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER M / F	AGE	ETHNICITY** see below	HANDICAPPED YES/NO	MONTHLY INCOME	SOURCE OF INCOME
1		Head of Household						
2								
3								
4								
5								
6								
7								
8								
9								
10								

** (1) = AMERICAN, (2) = AFRICAN AMERICAN, (3) = AMERICAN INDIAN / ALASKAN, (4) = HISPANIC, (5) = ASIAN / PACIFIC ISLANDER.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE DECLARED THE TOTAL GROSS INCOME FROM ALL SOURCES FOR MY HOUSEHOLD.

Owner/Tenant's Signature: _____

Owner/Tenant's Phone Number: _____





Lead Hazard Remediation Program

Certification for Child Occupied Property Form

Property Address: _____

I understand that one of the requirements for my receiving a Lead Hazard Reduction Grant from the Los Angeles Housing Department is that a **child from newborn to age 5** live or frequently visit my property or a pregnant woman according to the Department of Housing and Urban Development (HUD) definition (Title X, 40 CFR Part 745). HUD defines “A child-occupied facility is defined as a building, or portion of a building, constructed prior to 1978, visited by the same child, under 6 years of age, on at least 2 different days within any week, provided that each day’s visit lasts at least 3 hours, the combined weekly visit lasts at least 6 hours, and the combined annual visits last at least 60 hours. Child-occupied facilities may include, but are not limited to, child care facilities, preschools and kindergarten classrooms.”

<u>Child’s Name</u>	<u>Age</u>	<u>Live-in/Visits</u>	<u>Child’s relationship with owner</u>	<u>Purpose of visit</u>	<u>Does child have Medi-cal?</u>	
					Yes	No
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above named child/children visit(s) my property at least 3 hours a day for two different days, combined weekly visits is at least 6 hours, and the combined annual visits last at least 60 hours.

Owner/Tenant Signature: _____ Date: _____

Owner/Tenant Print Name: _____ Date: _____



**LEAD HAZARD REMEDIATION
Occupant's Blood Testing Release Form**

I understand that the property located at _____ may or may not contain lead based paint and that the Los Angeles Housing Department (LAHD) may be providing funds to the owner of this property to remediate the lead-based paint hazard.

As a condition, participation in its lead hazard control program, LAHD recommends that children under the age of six (6) years old living in, or frequently visiting, the property be tested for his/her Blood Lead Level. The Blood Lead Level test measures the amount of lead circulating in the blood stream, often a measure of recent lead exposure. A high level of exposure may cause permanent health problems including brain damage and damage to the central nervous system. Children under the age of six years are at highest risk.

If your child or children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

Please check one of the following – the one which best describes your child/children:

- My child/children under six have had their blood lead levels tested in the past three (3) months. (Completed medical evaluation/report will be provided)
- My child/children under six have not had their blood lead levels tested in the past three (3) months and I agree to have them tested with their primary health care provider or the local health department.
- Despite LAHD's recommendation, I voluntarily elect NOT to have Blood Lead Level tests taken for my child (children) or any other child (children) which resides or often visits my residence.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Legal Guardian's Signature Date

Parent/Legal Guardian's Print Name Phone Number



OWNER-OCCUPIED/TENANT'S NOTICE OF NON-DISPLACEMENT

The owner of your housing unit has requested funding from the Los Angeles Housing Department (LAHD) to inspect and address lead-based paint and hazards, if any, in the property located at:

_____.

This notice is to inform you that your participation in the Lead Hazard Reduction Program is voluntary. You may choose not to participate. If the property qualifies for funding, your family may have to temporarily relocate while lead work is conducted.

Because this program is voluntary, you are **not** considered a “displaced” family and are not eligible for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. However, because you **may** be required to relocate *temporarily* to permit the lead hazard reduction program to be carried out, you may be eligible for reimbursement for all reasonable out-of-pocket expenses incurred in connection with temporary relocation.

This letter is not a notice to move. Please do not make moving arrangements until you receive official notice from the City of Los Angeles that (1) the project requires relocation; (2) the approximate duration of the temporary relocation has been determined; and (3) a date required for your relocation is established. If temporary relocation is necessary, you will be contacted by LAHD staff regarding your eligibility for benefits and the temporary relocation process to be followed as your project proceeds.

If you have any questions, please contact Silvia Viramontes at (213) 922-9680. Remember **do not move until we notify you.** This letter is important to you and should be retained for your files.

Thank you for your interest in helping us make your home lead-safe.

Print: _____ Sign: _____

Received: Owner-Occupied/Tenant

(Please print your name first and sign it)

Date: _____



**LEAD AND HEALTHY HOMES PROGRAM
Confirmation of Receipt of EPA's Lead Booklets**

I hereby confirm that I have received a copy of the lead information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received the following pamphlets, noted below, before the work began,

- 1. Protect Your Family from Lead in Your Home and*
- 2. Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*

Project Street Address

Printed name of Recipient

Project City & Zip Code

Signature of Recipient

Date