

**CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
RESIDENT APPLICATION PACKET**

Re: City of Manchester Lead Hazard Reduction Demonstration Program

Dear Resident;

Your property owner wants to make your home lead-safe and is requesting assistance from the City of Manchester to make the necessary repairs. The City of Manchester's Lead Hazard Reduction Demonstration Program seeks to protect children from lead poisoning by cleaning up lead hazards in housing units. In order for your property owner to be considered for the program, additional information is required. Eligibility and funding are based on resident household income and other documentation. Please mail the following information to me at your earliest convenience:

- 1) Household Information form.
- 2) Income Verification form for **each household member over eighteen years of age (make copies if needed.)**
- 3) Income Documentation (Send in copies of all household income documentation):
 - A current tax return with W-2s for all employed residents in unit
 - Paystubs for all employed residents in unit (stubs for past month's income)
 - Documentation of any other resident household income (Interest on savings or investment accounts, Social Security income, Disability income, Child support, Veteran's pension, Retirement/pension, Social Services assistance, etc.)
- 4) Blood Lead Test Consent form
- 5) Non-resident Parental Consent form (if applicable)
- 6) Blood Lead Level Test results
- 7) Notice of Non-displacement and Temporary Relocation form.

Your prompt response is requested because your property owner's application is temporarily on hold until we receive this information. Thank you for help with this matter.

If you have any questions or need additional information, please do not hesitate to contact me at The Way Home: 627-3491 x210.

Sincerely,

Fern Gookin

**CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
HOUSEHOLD INFORMATION**

Head of Household: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: () _____ Daytime Phone No.: () _____

Please list the number of bedrooms in your unit: _____

Please list your monthly rent: _____

Please list any utilities that are included in your rent: _____

Please list all household residents:

Name	Relationship	Birthday	SS#	Receives Medicaid?
_____	Self	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Resident

Date

**CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
INCOME VERIFICATION**

Each resident over the age of eighteen is required to fill in the information listed below. Make copies as necessary. **Attach documentation for all income sources to this form.**

Resident's Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: () _____ Daytime Phone No.: () _____

Employed: Full-time Part-time Other _____

Employer's Name: _____

Employer's Address: _____

Gross pay: _____ Weekly Bi-weekly Monthly

Please indicate any additional sources of monthly income:

Pension: _____ Interests from Assets: _____

Social Security: _____ Child Support: _____

Alimony: _____ TANF: _____

Other: _____ Worker's Compensation: _____

Total yearly income: _____

“I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the City of Manchester's Lead Hazard Reduction Demonstration Program to verify the information supplied on this form.”

Resident

Date

**CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
BLOOD LEAD LEVEL TEST CONSENT FORM**

Resident's Name: _____

Address: _____

For your home to be considered for our program, children under age six residing in your home must have had their blood tested for lead within the past six months. There is no cost for the blood test, which consists of the collection of a drop of blood from a pinprick on a finger. Test results must be submitted before lead hazard reduction work can begin.

Please complete the following:

My child/ren 6 years of age or under has/have been tested for lead poisoning within the past 6 months. If yes, please supply a copy of the test results for the file: Yes No

I would like to have my child/ren 6 years of age or under tested for lead poisoning. If yes, make an appointment with the Health Department, 624-6466, and send in a copy of the test results for the file: Yes No

My child/ren 6 years of age or under has/have been tested for lead poisoning and I DO NOT WISH to disclose the test results. (If you check this box, you must obtain a signed letter from the Health Department stating that your child/ren under 6 years of age were tested, the date of the test(s), and that the results are confidential. This letter must be submitted with this form, before lead hazard reduction work can begin.)

I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have my child/ren 6 years of age or under tested for lead poisoning.

Parent / Legal Guardian's Signature

Date

The following children 6 years of age or under spend a *significant amount* of time in my home:

Name	Age	D.O.B.	Relationship	Child tested for lead poisoning?	Primary residence?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(A *significant amount* of time is defined as a child who spends 2 days per week, 6 hours per week, or 60 hours per year in this residence.)

I certify that the above information is accurate as of the signing date of this document.

Resident's Signature

Date

CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
NON-RESIDENT PARENTAL CONSENT FORM

Child's Name: _____

Property Address: _____

This property is being considered for our program, which is designed to make housing units lead-safe for children. Since your child has been identified as one who visits this home for a significant amount of time, we need your help to make this housing unit lead-safe.

The owner of the property listed above has applied for funding from the City of Manchester's Lead Hazard Reduction Demonstration Program to remediate lead based paint hazards in the home. Because deteriorating lead-based paint can have a significant impact on a young child's development, federal regulations require that we receive your consent to test children 6 years of age or under for lead poisoning before the remediation work is performed. The Manchester Health Department will perform this test at no cost to you. The test consists of the collection of a drop of blood from a pinprick on a finger. Alternatively, you may choose not to test your children.

Please complete the following:

Child's Date of Birth: _____

Parent / Guardian's Name: _____ Phone Number: _____

Parent / Guardian's Address: _____

My child/ren 6 years of age or under has/have been tested for lead poisoning within the past 6 months. If yes, please supply a copy of the test results for the file: Yes No

I would like to have my child/ren 6 years of age or under tested for lead poisoning. If yes, make an appointment with the Health Department, 624-6466, and send in a copy of the test results for the file: Yes No

My child/ren 6 years of age or under has/have been tested for lead poisoning and I DO NOT WISH to disclose the test results. (If you check this box, you must obtain a signed letter from the Health Department stating that your child/ren under 6 years of age were tested, the date of the test(s), and that the results are confidential. This letter must be submitted with this form, before lead hazard reduction work can begin.)

I am aware that the above property may contain lead based paint hazards and I DO NOT WISH to have my child/ren 6 years of age or under tested for lead poisoning.

Parent / Legal Guardian's Signature

Date

**CITY OF MANCHESTER
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM
NOTICE OF NON-DISPLACEMENT AND TEMPORARY RELOCATION**

Your landlord has requested assistance from the City of Manchester to renovate the housing unit which you occupy at _____, Manchester, NH _____.

If assistance is provided for these renovations, you will not be displaced.

You may need to be temporarily relocated during the renovations. At that time, our program will help to make the relocation easy and without cost to you and your family.

When Federal Assistance is used for renovations, tenants are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, if you decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

We ask that you be patient with the renovation process. Our Program will help your household have the benefit of safer housing at your present address.

If you have any questions about Manchester's Lead Hazard Reduction Demonstration Program, please contact Fern Gookin at The Way Home: 627-3491 x210.

This notice is important. Please keep a copy of this notice handy.

I have read and understand the above notice.

Resident's Signature

Date

Printed Name

Street Address