

## **Burlington Lead Program**

### **Application for Assistance to Control Lead-Based Paint Hazards**

#### **Introduction**

Assistance is available to reduce or eliminate lead-based paint hazards in homes and apartments occupied by low-income Burlington & Winooski residents. The Community & Economic Development Office (CEDO) was established in 1983, with core parts of its mission dedicated to developing housing opportunities, particularly affordable housing, and strengthening the quality of life in Burlington's neighborhoods. CEDO currently administers a grant from the U.S. Department of Housing and Urban Development (HUD) to control lead-based paint hazards in Burlington & Winooski housing. The Burlington Lead Program provides funding and technical assistance to eligible homeowners and rental property owners to control lead-based paint hazards and achieve regulatory compliance.

#### **Eligibility**

To be eligible for the Program, a home or apartment must have been built before 1978, be located in Burlington or Winooski, have at least one (1) bedroom, and primarily be intended for households with children. Highest priority is given to units occupied by lead poisoned children, followed by units occupied by children under age six. Rental Apartments and homes with a resident having Section 8 Voucher rental assistance are eligible for our program. Apartments which have project-based rental assistance may not be eligible. Please contact us if you have any questions about the eligibility of your property. The following eligibility requirements also apply:

##### **Owner-Occupied Properties:**

- 1) Must be owner's primary residence
- 2) Owner's income cannot exceed 80% of area median
- 3) There must be a child under age 6 residing or visiting on a regular basis

##### **Rental Properties:**

- 1) Tenant's income cannot exceed 80% of area median
- 2) Must rent to income-eligible households for at least 3 years\*

**\*Property owners whose housing units have been assisted by this program shall give priority to renting to households with children under age 6 for at least 3 years following the completion of lead paint hazard reduction work.**

#### **Available Assistance**

The Program will provide technical assistance, at no cost, to the property owner in the form of comprehensive lead-based paint testing, hazard identification, specification development, bidding and contractor selection assistance, construction management, clearance testing, and laboratory analysis. Funds available to pay for lead-based paint hazard control work are in the form of grants and 0% interest deferred loans. If criteria is met, the grant and the loan may be forgiven.

#### **Lead-Based Paint Hazard Control**

Lead-based paint hazard control work paid for by funds from this Program must be completed by a Vermont-certified lead abatement contractor. Occupants of units undergoing lead-based paint hazard control must be relocated during the work and cannot return until the unit passes clearance dust wipe testing (see "Temporary Relocation" section below). Depending on the size of the home or apartment and the extent of the lead-based paint problem, the work can take anywhere from one to three weeks to complete. Property owners will receive documentation that the lead-based paint hazards have been controlled and guidance regarding ongoing maintenance.

#### **Blood Lead Level Testing of Children Under Six**

A primary objective of the Burlington Lead Program is to have all Burlington & Winooski children under age six tested for lead. There are many potential sources of lead exposure, and because lead poisoning has no obvious symptoms, it is very important to have all children tested. Please call our office for more information, 865-LEAD (5323).

### **Temporary Relocation**

Residents of homes being assisted must be relocated because of the hazardous nature of the work. Homeowners are expected to make their own arrangements. Tenants in rental properties have rights under the federal Uniform Relocation Act and cannot be permanently displaced because of government-assisted work in their unit. Generally, owners of rental property will be asked to assist the Burlington Lead Program in making arrangements for their tenants. The Program has limited resources available to assist with reasonable relocation expenses. Occupants will be expected to organize their belongings to allow the contractor sufficient access to complete the work. More specific packing information will be provided to program participants.

### **Ongoing Monitoring and Maintenance**

Because it is usually too expensive to remove all of the lead-based paint, ongoing maintenance and monitoring by the property owner will be necessary after the work is complete to ensure that all of the lead-based paint hazards remain under control. Vermont Act 165 requires owners of pre-1978 rental housing and/or child care facilities, or their maintenance personnel, to attend a Vermont Department of Health-approved training, to perform Essential Maintenance Practices (EMP's), and to provide information about lead-based paint to tenants. Compliance with Act 165 should ensure that no lead-based paint hazards reappear in the future. For more information about the law, call BLP 865-LEAD or the Vermont Department of Health at 802-865-7786.

### **Application Instructions**

In order to be considered, an application must contain all of the requested information, including a Resident/Tenant Income Verification Form for each dwelling unit. If the exact 'Year of Building Construction' is unknown, please estimate to the best of your knowledge. Property located in a flood hazard area must be properly insured in order to be eligible. Please use one of the two checklists provided below to ensure that your application is complete.

#### **Application Checklist for Owner-Occupied Properties:**

Fully completed and signed **Application**

Fully completed and signed **Resident Income Verification Form**

In order to **verify your income** you must provide us with a copy of your most recent Income Tax Return (accepted until June 30) after June 30 the following is accepted:

- 4-6 weeks of wages from current payroll stubs or signed employer certifications
- Certifications of income from non-payroll sources such as unemployment and disability compensation, worker's compensation and severance pay, Aid to Families of Dependent Children (AFDC), Supplemental Security Income (SSI)
- Copies of Social Security earnings statements, other retirement or annuity income statements
- Any other income

#### **Application Checklist for Rental Properties:**

Fully completed and signed **Application**

Fully completed and signed **Tenant Income Verification Form**. One form for each dwelling unit.

A copy of most current **Income Tax Return (until June 30)**, **copies of wages from current payroll stubs or signed employer certifications or other acceptable proof of total annual income as outlined on Tenant Information Sheet**.

Send all information to: Burlington Lead Program  
Community and Economic Development Office  
149 Church Street, Room 32 – City Hall  
Burlington, VT 05401

If you have questions, please contact the Burlington Lead Program at (802) 865-LEAD.

## Burlington Lead Program Application

### **Property Owner Information**

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner Social Security Number: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name & Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner Social Security Number: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Fax: \_\_\_\_\_

**Is this property subject to a housing subsidy covenant or other deed restriction that limits the sale price and the amount of appreciation that accrues to the owner? If so, please indicate the name of the organization that enforces the covenant.** \_\_\_\_\_

### **Project Property Information**

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

Number of Dwelling Units in Building: \_\_\_\_\_ Number of Units to have Lead Hazards controlled: \_\_\_\_\_

Type of Property (circle one):      Owner-Occupied      Rental Property  
                                         Owner-Occupied with Day Care      Rental Property with Day Care

Year of Building Construction: \_\_\_\_\_ Type of Exterior (vinyl, wood, etc.): \_\_\_\_\_

Type of Windows (vinyl, wood, etc.): \_\_\_\_\_

Is the property located in a flood hazard area? \_\_\_\_\_. If "yes", is property insured against flooding? \_\_\_\_\_

Has the property been designated "historic," or is it located in a historic district?    Yes    No    Do Not Know

**Has any child living at this property been identified as lead poisoned?    Yes    No    Do Not Know**

Are you currently enrolled in any City of Burlington repair or rehabilitation program? \_\_\_\_\_

Are you planning on doing any rehabilitation work on this property in the near future? If so, please explain your project:

\_\_\_\_\_

Rental Apartments and homes with a resident having Section 8 Voucher rental assistance are eligible for our program.

Apartments which have project-based rental assistance may not be eligible. Please contact us if you have any questions about the eligibility of your property.

**Dwelling Unit Information** - Please provide the requested information for each dwelling unit at this property:

Unit #	# of Bedrooms	Resident Name *	Resident Phone	Full Time Student? Y/ N	Section 8 Voucher	Project Based Section 8
					__Yes __No	__Yes __No
					__Yes __No	__Yes __No
					__Yes __No	__Yes __No
					__Yes __No	__Yes __No
					__Yes __No	__Yes __No

\* a Resident/Tenant Income Verification Form must be completed for each unit. See enclosed

Do your tenants speak English?	Yes	No	If not, what is their primary language?
Tenant Name/Unit #			
Tenant Name/Unit #			
Tenant Name/Unit #			
Tenant Name/Unit #			
Tenant Name/Unit #			

I hereby certify that I own the above named property and that the information provided in this application is true and complete to the best of my knowledge. In connection with this application for financial assistance to control the lead hazards at my property, I hereby authorize the Burlington Lead Program to verify the accuracy of the information provided above. I agree to provide The Burlington Lead Program and its consultants with reasonable access to the property for inspection and testing related to controlling the lead paint hazards.

How did you hear about our program? \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Burlington Lead Program**  
**TENANT INFORMATION SHEET**

The owner or prospective buyer of the property where you are currently a tenant has applied for assistance to reduce lead-based paint hazards in your rental unit. The regulations for this Program require that the income of the current tenant not exceed 80% of the median for Chittenden County. **To determine whether your unit is eligible for assistance from the Program, please complete the attached Tenant Income Verification Form and return it to us, along with income verification (see below).** Note that this information will be kept strictly confidential and will be used only to determine the eligibility of the rental unit.

**Please include a copy of your most current documents that verify total annual income (one or more of the following documents):**

- **IRS Income Tax Return Form 1040 (accepted until June 30 after that date one of the items below must be use to verify income)**
- **Copies of wages from current payroll stubs or signed employer certifications**
- **Certifications of income from non-payroll sources such as unemployment and disability compensation, worker's compensation and severance pay, Aid to Families of Dependent Children (AFDC), Supplemental Security Income (SSI)**
- **Copies of Social Security earnings statements, other retirement or annuity income statements**

**If you receive a Section 8 Voucher please indicate this on the Resident/Tenant Income Verification Form.**

The primary goal of this Program is to reduce the hazards posed to children from lead-based paint in housing units. **If you would like more information on the dangers of lead-based paint, please contact the Childhood Lead Poisoning Prevention Program Hotline at 1-800-439-8550 or call our office.**

If your rental unit is accepted into the Program, a number of activities will take place. First, an inspection of painted surfaces will be conducted by a consultant using x-ray fluorescence (XRF machine). This inspection will identify those components in the unit which contain lead-based paint. The consultant will also collect dust wipes in the unit to measure the amount of lead contained in the house dust, the most common source for childhood lead poisoning. Property owners are required to disclose to tenants the results of all testing for lead-based paint and lead-contaminated dust.

We strongly encourage you to have children aged six years and under screened for lead if you have not done so already. Because lead poisoning often has no obvious symptoms, screening is the only way to insure there is no problem. Please call our office for more information.

If assistance is provided and your landlord decides to proceed with lead hazard reduction work, you will not be permanently displaced. Please complete the attached Tenant Income Verification Form and return it to your landlord or directly to:

Burlington Lead Program  
Community & Economic Development Office  
City Hall, 149 Church Street  
Burlington, VT 05401

If you have any questions about completing the attached form or about the Burlington Lead Program, please call (802) 865-LEAD (5323).

**Notice of Non-Displacement & Temporary Relocation**

This is to inform you that, if assistance is provided to your landlord, and the unit or building in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, you are protected from displacement by the 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.

It is likely that you will need to be temporarily relocated from the unit while the lead paint hazard control work is being completed. Either someone from the Burlington Lead Program or your landlord will be in touch with you to discuss the need and timing of temporary relocation. In certain situations, if you have to be temporarily relocated, assistance may be provided to help cover additional reasonable living costs. If necessary, you will be provided with assistance in finding suitable temporary housing.

***KEEP THIS TENANT INFORMATION SHEET FOR YOUR RECORDS.***

## Burlington Lead Program

### Resident/Tenant Information & Income Verification Form

#### Instructions

This form must be completed for each unit by the residents (owners or tenants) of any apartment or home for which assistance is being requested from the Burlington Lead Program to reduce lead-based paint hazards. Please list all occupants below. Please provide the total yearly income for all persons residing in the unit from all sources, including income from employment, pensions, social security, ANFC, SSI, alimony/child support, workers compensation, Section 8 Voucher Holder and interest on savings accounts and other assets.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address of Apt or Home: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 Town: ☐ Burlington ☐ Winooski When did you move in (Month/Year)?: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
 Mailing address if different: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Property Owner or Landlord Name: \_\_\_\_\_

List Name(s) of all Occupants	Relationship	Gender	Full Time Student?	Date of Birth	Ethnicity	Race
					Check ONE A – Hispanic or Latino B – Not Hispanic or Latino	Check All that Apply 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**Total Annual Household Income \$** \_\_\_\_\_ (includes income of all occupants)

Do you receive a Section 8 Voucher? ☐ Yes ☐ No If so, through what Agency: \_\_\_\_\_  
 Do you speak English? ☐ Yes ☐ No If not, what is your primary language? \_\_\_\_\_  
 List all children in your household who have been tested for lead, along with the test results and approximate testing date(s). \_\_\_\_\_  
 If your child(ren) under 6 have not been tested, please contact us for more information, 846-0149.  
 Would you like an Outreach Specialist to contact you about blood lead level testing and education? ☐ Yes ☐ No  
 Does anyone in your home have difficulty breathing or flu-like symptoms? ☐ Yes ☐ No  
 Do you or does anyone in your household feel better when they are not at home? ☐ Yes ☐ No  
 Is your home uncomfortably cold in the winter? ☐ Yes ☐ No Is your home uncomfortably hot in the summer? ☐ Yes ☐ No  
 Are there any water leaks in your home? ☐ Yes ☐ No Has anyone been injured in your home in the last 6 months? ☐ Yes ☐ No

#### Notice of Non-Displacement & Temporary Relocation

This is to inform you that, if assistance is provided to your landlord, and the unit or building in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, you are protected from displacement by the 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. It is likely that you will need to be temporarily relocated from the unit while the lead paint hazard control work is being completed. Either someone from the Burlington Lead Program or your landlord will be in touch with you to discuss the need and timing of temporary relocation. In certain situations, if you have to be temporarily relocated, assistance may be provided to help cover additional reasonable living costs. If necessary, you will be provided with assistance in finding suitable temporary housing.

*I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the Burlington Lead Program to verify the income figure I have provided. This may include providing additional information for verification purposes. I have read the statement below regarding non-displacement and temporary relocation. I understand that all information collected is part of an application for assistance for the Burlington Lead Program will be kept strictly confidential.*

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed and signed form to: **Burlington Lead Program, Community and Economic Development Office, City Hall, 149 Church Street, Burlington, VT 05401.** If you have any questions, please call **(802) 865-LEAD (865-5323)**