



**MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**LEAD HAZARD CONTROL & HEALTHY HOME GRANT (2014 – 2017)**  
**\$18000 REIMBURSEMENT GRANT FACT SHEET/APPLICATION**

**Grant Overview**

The *Monroe County Department of Public Health* was awarded Lead Based Paint Hazard Control Funds by the *U.S. Department of Housing and Urban Development*. Monroe County will provide Lead and Healthy Home funding, up to \$18,000, to eligible Monroe County residential property owners who own pre-1978 housing units of no more than 4 units with 1 or more bedrooms that have lead hazards. The primary housing objectives are to incorporate Lead Hazard Control, Healthy Home Interventions and Energy Efficiency measures into 210-225 Monroe County housing units occupied by low income tenants with young children. All lead hazard control work will be conducted by EPA Certified Lead Abatement and Renovation Firms.

In addition to lead hazards, each unit will be evaluated for the need for Healthy Home Interventions. Housing conditions to be evaluated include, but are not limited to; moisture, need for integrated pest management, fire safety, carbon monoxide safety, general sanitation and housing safety issues such as adequate lighting. The Grant Work Plan will identify all conditions requiring intervention. Up to \$1500 of the \$18000 grant can be used for these Healthy Home Interventions. In an effort to increase the energy efficiency of targeted units, the grant will require minimum efficiency criteria for all replaced windows and exterior doors. Replaced components will have a U-factor  $\leq 0.30$ .

**Owners who are approved for funding are required to leverage all additional Lead Hazard Control and Healthy Home Intervention costs beyond the reimbursable \$18000.**

**Eligibility Requirements**

- Monroe County properties housing children < 6 years of age will be prioritized as will properties housing a child < 6 years of age with a recent venous blood lead test  $\geq 8\mu\text{g}/\text{dl}$ .
- For grants made to assist rental housing, at least 50% of the units will be occupied by or made available to families with incomes <50% MFI and the remaining units will be occupied or made available to families with incomes <80% of MFI, and in all cases the property owner will give priority in renting units, for not less than 3 years following the completion of Lead Hazard Control, to low income families with a child < 6 years old.
- For grants made to assist owner-occupants, all units will be the principal residence of families with income < 80 % of MFI where a child < 6 years spends 6 or more hours per week.
- Applicant units must be located in Monroe County, be built before 1978, have 1-4 units, have lead hazards and have 1 or more bedrooms. Units with extensive lead hazards will be prioritized for enrollment.
- Owner must be current on all Monroe County payments, Monroe County taxes, and Local/School taxes.
- Owner must be current on mortgage payments and have no pending foreclosure proceedings for the applicant property.
- Owner must agree to retain property for 3 years from the date of project completion.
- Owners and Property Managers must attend an *RRP Lead Remodeler Renovator* Class offered free by Monroe County. To register for free monthly training call **(585) 206-7642**.
- All applicant properties must be structurally sound with full electrical wiring in place and have working plumbing and heating as a condition of grant approval. An Interior and Exterior site visit by Monroe County Grant Staff prior to approval will verify unit is eligible for funding.
- All children < 6 years of age must have a blood lead test within 6 months of start of lead work.
- Owner agrees to temporarily relocate occupants during the Lead Hazard Control work until clearance is achieved.

**How to Apply?**

Complete Grant Application and submit all required documentation. After funding is approved, Owner must sign a *Monroe County Grant Agreement*. Monroe County will conduct a Combined Lead Based Paint/Risk Assessment & Healthy Home Inspection. Options to control all identified lead paint, dust, soil and healthy home hazards will be provided. After Owner selects an EPA Certified Lead Abatement/Renovation firm, a Work Plan to control all hazards will be developed. Monroe County will monitor the job then conduct a final Clearance to assure all hazards were addressed. After final Clearance reimbursement up to \$18000 will be provided to owner for approved work.

**For Additional Grant Information visit <http://www.monroecounty.gov/eh-hudgrant.php>**

**COMPLETE 1 APPLICATION PER UNIT**



**SECTION II - PROPERTY OWNER/CORPORATION INFORMATION:**

Property Owner OR Corporation Name: \_\_\_\_\_  
 Mr.  Mrs.  Ms. (First Name) (Last Name) / Corporation Name

Property Owner Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street # & Name) (City) (State) (Zip Code)

If Owned By A Corporation, Please Provide Contact Name: \_\_\_\_\_

Contact Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Corp. Tax ID # or Social Security # of Owner (Required for Contract): \_\_\_\_\_

**ATTACH COPY OF PROPERTY DEED AS PROOF OF OWNERSHIP**

**ATTACH DOCUMENTATION FOR CORPORATIONS/LLC's INCLUDING A LISTING OF ALL MEMBERS. DOCUMENTATION INDICATING WHO HAS LEGAL AUTHORITY TO CONDUCT BUSINESS FOR CORPORATION (MINUTES OF MEETING) MUST ALSO BE PROVIDED.**

**SECTION III – LEAD REMODELER RENOVATOR TRAINING**

**Property Owner(s) and Property Manager(s) must show proof of attendance to a HUD approved “RRP LEAD REMODELER RENOVATOR” Class.**

Property Owner(s) Trained in RRP?  Yes  No Training Date \_\_\_\_\_

Local Property Manager Name: \_\_\_\_\_ Trained in RRP ?  Yes  No Training Date \_\_\_\_\_

**ATTACH COPIES OF RRP TRAINING CERTIFICATE FOR ALL OWNERS AND MANAGERS.**

**SECTION IV - PROPERTY TAXES & MONROE COUNTY PAYMENTS:**

Are ALL Monroe County Property taxes paid for all properties owned?  Yes  No  
Is any money owed to Monroe County including the Department of Human Services?  Yes  No  
Are ALL City/Town Taxes Paid for all properties owned?  Yes  No  
Are Mortgage payments on Applicant Property Current?  Yes  No  
Are there any pending Foreclosure proceedings on Applicant Property?  Yes  No

**NOTE: Information will be verified through the Monroe County Department of Treasury, Department of Human Services and City of Rochester Property Tax Department. If money is due, grant will be denied. Prior to submitting grant application ensure that no payments are due.**

**SECTION V – RENTAL PROPERTY TENANT & OWNER OCCUPIED HOUSEHOLD INFORMATION:**

Head of the Household: \_\_\_\_\_  
 Mr.  Mrs.  Ms. (First Name) (Last Name) (Date of Birth)

Total # of People in Household: \_\_\_\_\_ Total # of Children < 6 Years of Age \_\_\_\_\_ # Hrs/Week Children spend in Unit: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**IF CHILDREN DO NOT RESIDE IN UNIT, ATTACH A LETTER STATING THE PRIMARY RESIDENCE OF CHILD, PARENT/GUARDIAN AND CONTACT PHONE NUMBER. LETTER ALSO MUST STATE THE NUMBER OF HOURS PER WEEK CHILD SPENDS AT APPLICANT’S UNIT. LETTER MUST BE SIGNED AND DATED BY BOTH THE TENANT OF APPLICANT UNIT AND PARENT/GUARDIAN OF CHILDREN.**

**ATTACH COPY OF BIRTH CERTIFICATES FOR ALL CHILDREN UNDER 6 YEARS OF AGE.**

**MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH  
LEAD HAZARD CONTROL & HEALTHY HOME GRANT (2014 – 2017)  
\$18000 REIMBURSEMENT GRANT APPLICATION**

**SECTION V (Continued):**

**List Below all persons Residing in this home (Attach additional pages if necessary)**

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	If less than 6 years of age, is child on Medicaid?	*If less than 6 years of age Date of Most Recent Lead Test.
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* **Blood Lead Testing will be verified by the Monroe County Department of Public Health. All Children under 6 years of age must obtain a Blood Lead Test within 6 months of initiation of physical lead hazard control work. Parents should contact their Primary Care Physician to obtain current blood lead tests.**

**SECTION VI – RENTAL PROPERTY TENANT & OWNER OCCUPIED HOUSEHOLD INCOME:**

**Indicate the amount of income, by source for all members of the household AGE 18 AND OVER. Attach Required Income Documentation. Applications that are not complete or which are submitted without proper documentation will be returned, which will delay approval of application.**

\$ \_\_\_\_\_ **WAGES AND SALARIES:** Please submit a copy of your most recent Federal Income Tax Return, 4 current consecutive pay stub(s), or wage statement(s) for all wage earners in household.

\$ \_\_\_\_\_ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits.

\$ \_\_\_\_\_ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other incomes may include; Public Assistance (DHS County “Notice of Decision – Public Assistance Benefits” or Federal Subsidized Section 8), Unemployment, Worker’s Compensation, etc.)

\$ \_\_\_\_\_ **TOTAL GROSS INCOME**

**I certify that the information provided on this application, to the best of my knowledge is true and correct. As a head of household/tenant I agree to complete a Healthy Home Intervention survey. The County of Monroe is hereby authorized to verify this information in any appropriate manner.**

\* **Signed (Applicant – Property Owner) \_\_\_\_\_ Date: \_\_\_\_\_**

\* **Signed (Head of Household/Tenant) \_\_\_\_\_ Date: \_\_\_\_\_**

\* **All signatures must be original.**

**Return Application & Required Documentation to:  
Monroe County Department of Public Health  
Lead Program - HUD LHC Grant  
111 Westfall Road - Room 844  
Rochester, New York 14620  
(585) 753-5087**