APPLICANT: USE THESE INSTRUCTIONS AND FOLLOW THE STEPS TO COMPLETE YOUR APPLICATION

ERIE COUNTY DEPARTMENT OF HEALTH
LEADSAFE ERIE COUNTY
503 KENSINGTON AVE., BUFFALO, NY 14214
(716) 961-6800 (OFFICE); 716-961-6880 (FAX)

Leading In Lead Prevention Pilot Program
Application Instructions

Enclosed is the LEADSAFE Erie County-Leading in Lead Prevention Pilot Program application.

Property owners, landlords, and occupants should be prepared to work together to provide all the information we need to help make your home LEAD SAFE for children and prevent lead poisoning.

To be eligible to participate in the program:

- The property must be cited for lead hazards (under a notice to correct) by Erie County Department of Health- Childhood Lead Poisoning Prevention Program
- The property must be a two-, three-, or four-unit building built before 1980
- 80% of units must be located in targeted communities of concern: 14201, 14204, 14206, 14207, 14208, 14210, 14211, 14212, 14213, 14214, 14215, 14216, 14220 and 14225.

Note: Priority will be given to occupied units where elevated blood lead levels have been detected in children or pregnant women.

STEP 1: **Application** – to be completed by Owner

STEP 2: **Statement of Intent**- *Property owner* must agree to terms and sign.

Any questions or for assistance regarding this application, please contact:
Dave Walker at (716) 843-4611 or David.walker@erie.gov.

STEP 1: USE A SEPARATE APPLICATION FOR EACH HOUSEHOLD

OFFICIAL USE ONLY
Source: _____
Inspector_____
Level: E M H
Parcel info att.:_____
Approval:_____
Note:

LEADSAFE
ERIE COUNTY

Erie County Department of Health
503 Kensington Avenue, Buffalo NY 14214
Telephone: (716) 961-6800 Fax: (716) 961-6880

Leading in Lead Prevention Pilot Program

Application

Date: _____

Property Information: (*Fill out one application for each separate unit or apartment)*

Address: _____
(Street address)

Address: _____
(C/T/V, Zip Code)

Apartment: _____

Current Cost of Rent for this apartment unit (per month) $ _____

Total Number of Apartments in Property_____

Is this unit Currently occupied? Yes / No

Property Owner Information:

Owner's Name: _____

Address:_____
(Street address)

Address:_____
(C/T/V, Zip Code)

Phone #: _____ Cell #: _____

Email: _____

Language if not English_____

STEP 1: USE A SEPARATE APPLICATION FOR EACH HOUSEHOLD

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ERIE COUNTY
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503 Kensington Avenue, Buffalo NY 14214
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Leading in Lead Prevention Pilot Program

Application

Are you and other owner(s) up to date on all mortgage payments on the subject property?

Yes / No

If not. Please explain: _____

Are you and other owner(s) current on all municipal taxes and assessments levied on the Property? Yes / No

If not. Please explain: _____

Are you and other owner(s) current on all state and federal taxes and assessments levied on the

Property? Yes / No

If not. Please explain: _____

Please note: The property must be insured for the full (100% replacement value and depending on makeup of building, must have fire insurance and/or other appropriate Insurance and must have flood coverage if the premises is in a special flood hazard area.

_____ _____ _____

Printed Name Signature Date

COUNTY OF ERIE

ERIE COUNTY DEPARTMENT OF HEALTH
Division of Environmental Health Services

LEADSAFE ERIE COUNTY

STATEMENT OF INTENT

I / We, the undersigned owner(s) of the property located at _____ in the County of Erie, New York State, hereby apply for participation in the LEADSAFE Erie County Leading in Lead Prevention Pilot Program. I / We understand that the property is being considered for abatement and remediation of lead hazards. I / We understand that the next step in the qualification process is to have the property inspected for the presence of lead hazards via XRF (x-ray fluorescence) instrument if surfaces have not already been tested and verified as to lead content by XRF.

I / We acknowledge that once the XRF paint inspection is complete that any deteriorated paint areas must be corrected within a reasonable time, whether the property is further enrolled into the program or not.

I / We also understand that any residents at the above-named property are required to receive advance written notice of the prospective lead hazard control activities, and that temporary relocation may be required while the lead abatement/remediation work is being completed. Cooperation of the occupants will be required.

I / We hereby give my / our consent to LEADSAFE Erie County to proceed with the XRF paint inspection.

I / We, as the owner of the above-named property, understand that initiation of abatement/and or remediation via interim controls is dependent on the total cost of all lead hazard control work, and that the property is required to be brought to lead-safe standards throughout. All interior and external components, common areas, outbuildings, and areas of bare soil found to be deteriorated and /or contain lead hazards must be corrected. Any surface not addressed by the assistance program will be the owner's responsibility to correct.

I / We understand that, as the owner(s) of the assisted property, I / We are responsible for maintaining the property in a lead-safe condition following the work performed and that a maintenance schedule for all treated surfaces not undergoing abatement is required. If maintenance is required, I/We will attend and successfully complete an EPA lead safe work practices class. This class will be offered by LEADSAFE Erie County free of cost to participants in this program.

I/We understand that we must sign a photography release form that will allow the grantor to publish photographs of the property for promotional or public relation purposes. Private information will be protected.

I / We understand that for this property to receive assistance, a 'Declaration of Interest in Property' must be signed, notarized and filed with the County Clerk's office. For a period of five years (the Regulatory Period) following the completion of lead hazard control activities, the rent for the property may not be increased more than 3% annually. During the 5-year period, if I/We fail to maintain the property as required, grant assistance may be recaptured via lien. If the property transfers ownership within those five years, I/We understand that a restriction must be incorporated into the deed transferring title to such property. Such deed restriction will require purchaser to comply with the restricted rent rate increase for the remainder of the five year period. I/We understand that this requirement shall be a non-negotiable condition of transfer of title.

_____ _____

Owner (1) Signature Date Owner (2) Signature Date

Print name: _____ Print name: _____