



Project:HOMES Corporation
88 Carnation Street
Richmond, VA 23225
Phone: (804) 415-7300
(804) 525-7665 (Fax)
www.projecthomes.org/lead



Dear Chesterfield County Resident,

The **Chesterfield Lead-Based Paint Hazard Control Program** is grant-funded by Chesterfield County and is run by local non-profit partner **project:HOMES**, who have been repairing and improving homes in Chesterfield County for over 30 years. This is a voluntary program aimed at **homeowners and tenants** who have, look after, or are expecting young children. County representatives **will not** inspect your home as a part of this program.

You may be eligible if:

- You live in **Chesterfield County** and your **property taxes** are paid to date
- Your home was built **before 1978** and is not located in a floodplain
- You have a child **5 years old or younger** living in or frequently visiting your home
- You meet income eligibility guidelines

To apply, provide the following:

- Completed **application**. All questions on the application must be answered. If a question does not apply to you, indicate that by writing none or N/A
- Copy of **Driver's license** or State ID (For everyone in the home 18 and older).
- Proof of Child Occupancy**. If applicable, please have the **parent/guardian of a child 5 years old or younger** who frequently visits your home fill out the Secondary Residence Affidavit Form and Blood Lead Screening Release. **Note: Parents/guardians are encouraged to get all children tested for blood lead levels but are not required to disclose test results in order to participate in the program.**
- Proof of Household **Income** for all adults living in the household (Note: Income documentation can include: Benefit Award Letter, Social Security Statement, Payroll Check Stubs, Retirement Pension/Annuities, Veterans Benefits, and/or Supplemental Security Income (SSI)) Also note: project:HOMES requires enough paystubs to cover 3 months (90 days).
- Please provide copies of **bank statements** for the last **3 months** (**Three months' worth of bank statements are required for all household checking accounts. Savings accounts just need 1 recent bank statement**).
- Please provide a copy of your **mortgage statement** (dated within the past 90 days) **OR** copy of lease.
- Declaration Page** from Homeowners Insurance Policy.
- Please provide evidence of any **Additional Assets** (Includes: 401 (k) or IRA balances, any Cash Value in Life insurance, etc.)

Note: Processing of your application will not begin until all required documentation is received. Submission of your application does not guarantee approval or program participation. Staff may make inquiries regarding application information and documentation to verify eligibility and accuracy. Failure to verify information may result in a delay or application denial

Sincerely,

Project:HOMES Intake Team



project:HOMES
Lead-Based Paint Program

For assistance with your application, please call our office for an appointment (804) 415-7300

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Primary) _____ (Secondary) _____

Email Address: _____

Birth date: _____ Date of Application: _____

Has client received service from project:HOMES (ElderHomes) before? Yes No

-If yes, what programs? Rehab Weatherization Renew Crew Other Date (s) _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Marital Status: Married Single Divorced Widowed

Sex: Male Female Over 62: Yes No Veteran: Yes No

Race (please check all that apply): Black or African American White

American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Ethnicity: Hispanic/Latino Origin NOT Hispanic/Latino Origin

Does Applicant Receive Disability: Yes No

Co-Applicant Information:

Co-applicant Name: _____

Phone: (Primary) _____ (Secondary) _____

Birth date: _____ Email Address: _____

Sex: Male Female Over 62: Yes No Veteran: Yes No

Race (please check all that apply): Black or African American White

American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander

Ethnicity: Hispanic/Latino Origin NOT Hispanic/Latino Origin

Does Co-Applicant Receive Disability: Yes No

Please list all members in household, including **SELF**: (Use the back of the application if necessary)

Note: **CLIENT must be 5 years old or younger** or a mother expecting a child. Please only list one visitor.

Name	Date of Birth	Age	Relationship to Homeowner (Wife, Grandson, Niece, etc.)	Resident (R) or Visitor (V)
			CLIENT (child living in or visiting home)	
			HOMEOWNER/TENANT	

List all sources of income SEPARATELY:

Directions: Applicants may have more than one source of income. Please list these sources as **separate** entries on the lines below. Note: Project:HOMES requires proof of income for all **household**, not just homeowners. Also note: Twice monthly refers to client that are paid on the 1st and 15th of each month. **Gross Monthly Household Income of All Residents (Please use income before taxes and deductions are taken out):**

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$56,400	\$64,450	\$72,500	\$80,550	\$87,000	\$93,450	\$99,900	\$106,350

*The Annual Income Limits for this program are Effective April 18th, 2022:

- 1. Applicant source of income:** _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
- 2. Additional source of income:** _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
- 3. Additional source of income:** _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____
- 4. Additional source of income:** _____

Weekly Bi-weekly Monthly Twice Monthly Gross Yearly (before taxes): \$ _____

Total **Monthly** Household Income: \$ _____ Total **Annual** Household Income \$ _____

Applicant Information (Please check the appropriate box)

1. Do you **own** or **rent** your home? OWN RENT (skip to question 6)
2. If disabled or over the age of 65 do you have a **real estate tax exemption**?
 YES, I have real estate tax exemption NO, I do NOT have an exemption
3. Are your **property taxes** paid to date? YES NO N/A
4. Is there a **mortgage** or **reverse mortgage** outstanding on the property?
 Mortgage Reverse Mortgage Neither
5. If there is a **mortgage** on the property, is it current? Note: project:HOMES regulations allow clients to be **up to** two payments behind on their mortgages (including the current month). YES NO N/A
-

6. Which of these **deposit accounts** do you own? (you will need to provide documentation for each account)
- Checking Account Yes No How many: _____
 - Savings Account Yes No How many: _____
7. Do you own any **rental property**? YES NO
8. Do you own any **stocks, bonds, certificates of deposit, or money market accounts**? YES NO
9. Do you have an **Individual Retirement Account (IRA) account**? YES NO
10. Do you have a **401(k) account** or **Keogh account**? YES NO
11. Do you have a **life insurance policy** with a cash value available to you before death? (*For example, surrender value of a whole life or universal life policy*). YES NO
12. Within the past 24 months, have you disposed of any property at less than fair market value? YES NO

Property Owner Information (ONLY for Tenant-Occupied Homes)

Owner/Agent Name: _____

Owner/Agent Address: _____ City: _____, State: ____ Zip Code: _____

Telephone Number: _____ Office Number: _____

Owner/Agent E-mail: _____

1. Do you have a copy of the lease agreement? YES NO
(If yes, please include a copy with your completed application)
2. Term of current Lease (Example: Jan 1, 2022- Jan 1, 2023): _____

PLEASE READ CAREFULLY BEFORE SIGNING

Attention: It is a criminal offense under Section 1001 of title 18 of the code of the United States to make willful false statements or misrepresentation of any information provided in completion of this application.

I certify that the information provided is accurate to the best of my knowledge. Nothing requested has been omitted or misrepresented in this application. I understand that my eligibility for assistance from project:HOMES depends on verification of income. I also understand that should I provide inaccurate information on this application, I may be required to repay any funds spent on my/our home, and may be charged with a criminal offense.

Signature of Applicant

Date

Signature of Co- Applicant

Date

Household Information

In addition to identifying and controlling hazards related to lead-based paint, this program can also provide additional repairs related to health and safety. Any repairs to a property will be determined by the amount of funding available at the time of application. Some requested repairs may not fall within the guidelines of the Lead-Based Paint Hazard Control Program. The project manager will assess the repairs and get a final approval from administration to proceed with the work order. **Please note that the priority of this program is to address hazards related to lead-based paint.**

Are you currently experiencing (please check yes or no):

Home Condition	Yes	No	Please Explain
Roof Leak			
Porch Repair			
Flooring (decayed or deteriorated framing)			
Safety issues: <ul style="list-style-type: none">• Need railings or grab bars• Broken stairs• Doors that don't work/lock			
Broken windows			

Homeowner/Leaseholder Certification for Access to the Property

I, _____, do hereby attest and affirm that I am the
(Client Name)

Homeowner/Leaseholder of record for the residence located at _____,
(Client Address)

_____, Virginia, _____. I certify that I will allow
(City) *(Zip code)*

**project:HOMES and project:HOMES Contractors access to my/our property in order to have my home
have my home treated for lead within the terms of the Lead-Based Paint Hazard Control Program.**

Applicant Signature

Date

Co-Applicant Signature

Date

A. Please list an additional contact person in case we cannot reach you:

Contact Name: _____

Contact Relationship to Homeowner: _____

Contact phone: _____

Contact email: _____

CONTRACT OF UNDERSTANDING

- I understand that project:HOMES does not have any liabilities under this Program. The contractor hired by project:HOMES Lead-Based Paint Hazard Control Program (LBPHCP) is to be held responsible for his/her work according to our agreement.
- I understand that project:HOMES is only administering this Program. By so doing, project:HOMES does not assume any liability or make any warranties concerning the quality of work performed.
- To help in program implementation, project:HOMES has a Project Manager to assure maximum satisfaction between applicant and contractor. I agree to work with the Project Manager and the Contractor to get the greatest benefit from the program.
- I understand that because lead-based paint is a toxic and hazardous material I may need to relocate from my home for a short period while the work is performed (typically ten (10) days) to ensure the health and safety of my household members.
- I understand that under the Lead-Based Paint Hazard Control Program my home will only receive lead abatement services if a Lead Inspection/Risk Assessment confirms the presence of lead-based paint hazards.
- Project:HOMES reserves the right to deny service to a client if any household member is uncooperative, threatening, or abusive to any project:HOMES staff member or contractor.

I hereby affirm that I have read and agree to my responsibilities in the Lead-Based Paint Hazard Control Program (LBPHCP):

Applicant Signature

Date

Co- Applicant Signature

Date

Address

City, State, Zip Code

Verification of Secondary Address Form

The child listed on the application:

- Lives in my home (**Skip to page 9 – Note:** page must be completed by the child's **parent or legal guardian**)
- Visits but does NOT live in my home – Please have the **parent or legal guardian** of the visiting child **complete and sign pages 8 and 9**

I, _____ parent/guardian of _____ verify that my child
Name of parent/guardian *Name of child*

visits _____, _____, _____
Street address *City* *State* *Zip code*

more than two different days within any week for three hours on each day, for a combined total of six hours per week, and 60 hours per year.

Name: _____

Address: _____

Phone number: _____

Child's Date of Birth: _____

Signed,

Signature of parent/guardian

Date

Signature of parent/guardian

Date

**project:HOMES
Lead-Based Paint Program**

Virginia Department of Housing and Community Development Lead Hazard Reduction Program
Chesterfield Lead-Based Paint Hazard Control Program

Blood Lead Screening Release/Waiver

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your child (children) have not received a blood test in the past three **(3) months**, you should contact your child's primary health care provider or local health department to arrange for a test.

Please check one of the following:

_____ My child (children) under six **have** had their blood lead levels tested in the past three **(3) months**, and I hereby authorize the provider to release the results of this (these) blood test(s) to the Lead Hazard Reduction Program.

Child #1:

Please identify test provider: _____ and date of test:

Child #2:

Please identify test provider: _____ and date of test:

Child #3:

Please identify test provider: _____ and date of test:

_____ 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** by my primary care physician, local health department, or another provider and to submit the results to the Lead Hazard Reduction Program.

_____ **WAIVER** - For religious and/or personal reasons, I choose **not to have** my child (children) tested for lead. I have been made aware of the risks of not knowing whether my child (children) is (are) lead poisoned and of not knowing other measures besides lead hazard control that may also need to be done at this time.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Program.

Parent/Guardian Signature

Date

NOTE: The use of a three (3) month time reference in this form assumes that it may take an additional two-three months from the time the owner applies for the program to the time that hazard control commences on a child's home. Thus, the overall period between blood testing and hazard control would not exceed six (6) months.

Did you know?

- Children 5-years-old or younger are at the **highest risk** of exposure to lead-based paint due to frequent hand-to-mouth behaviors and because their bodies are still **rapidly developing**.
- According to the Centers for Disease Control and Prevention, damage done by childhood exposure to lead-based paint **can affect a child's brain development**, negatively impacting their ability to pay attention in school and can cause learning and behavior problems.
- **No amount of lead-based paint exposure is healthy for a child.** The key is stopping children from coming into contact with lead.
- **Think about where your child spends time.** These homes may also be eligible for lead testing through the **Lead-Based Paint Program**, which may ensure that your child is not encountering lead anywhere. Please list anyone below who you think might want to receive information about this program.
 - ✓ *People who can benefit most from this program are usually **family members and friends**, such as grandparents, aunts and uncles, babysitters, neighbors, and friends and family with young children.*



Name: _____ Contact Phone: _____

Address: _____ Chesterfield Richmond Other: _____

Built before 1978? Yes No Don't know

Needs repairs? Yes No Don't know



Name: _____ Contact Phone: _____

Address: _____ Chesterfield Richmond Other: _____

Built before 1978? Yes No Don't know

Needs repairs? Yes No Don't know



Name: _____ Contact Phone: _____

Address: _____ Chesterfield Richmond Other: _____

Built before 1978? Yes No Don't know

Needs repairs? Yes No Don't know

Thank you for helping us keep Virginia Lead-Safe!