



**CITY OF BROCKTON LEAD  
PROGRAM  
INVESTOR/OWNER  
REQUIRED INFORMATION**



Office of Mayor Bill Carpenter

**Proof of home ownership is required for the program to determine eligibility.**

- A recorded copy of your deed to the property
- For properties held in a trust, a recorded copy of the Deed of Trust or Trustee's Certificate is required
- Copy of utility bills to the City (Property tax, water bill)
- Your homeowner's insurance policy
- Copy of most recent mortgage statement
- Copy of your driver's license

**\* If the property being assisted is a rental unit, the tenant's income should determine eligibility.**

**If currently employed:**

- The last four weeks of consecutive pay stubs for each household member earning income
- **A complete, signed copy of your CURRENT federal tax return**  
This complete copy must include all schedules, all W-2 and 1099 forms.  
You must submit a complete federal tax return for each person in the household who is required to file a return.

**If currently receiving assistance:**

- A current statement of benefits from social security
- A current statement from your pension holder indicating your **gross** monthly pension
- A compensation letter from the VA
- A letter from your social worker describing your monthly award if you receive public assistance (TAFDC, EAEDC, FOOD STAMPS, MEDICAID, ETC)
- Bank statements from the past two (2) months for verification purposes
- Person(s) claiming no income must complete a **NO INCOME STATEMENT** (this form can be obtained from our office)

**\*Any household member over the age of 18 is required to provide income documentation. For children under the age of six (6) please provide copy of birth certificate**

**Additional documentation as requested after your application has been reviewed.**

Your application will not be considered for eligibility unless all questions are answered, and all required documents have been submitted.

There are specific restrictions and conditions associated with federal lead hazard control funds.

**Any questions please call the Brockton Redevelopment Authority office at 508-586-3887 ext. 2 and we will assist you.**

# City of Brockton Lead Based Paint Hazard Control Program Investor/Owner-Application

For further information or assistance please call the Brockton Redevelopment Authority Office at 508-586-3887 Extension 2

DATE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE # \_\_\_\_\_

## Part 1: Property Information:

Property to be Rehabilitated: \_\_\_\_\_ Units #: \_\_\_\_\_

How did you hear of the LBPHC Program? \_\_\_\_\_

Is this property historic: Yes or No (circle One)

Is this property an Order to Correct: Yes or No (circle One)

(An Order to Correct is an order issued by Inspectional Services to Correct Lead Paint Violations)

When did you purchase this property? \_\_\_\_\_ when was the property built? \_\_\_\_\_

Is there a child under six (6) years old that lives in the home or spends at least three hours per day on two separate days in a week (6 hours per week for 52 weeks) \_\_\_\_\_

## Part 2: Owner Information

Name of Applicant: \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

Applicants Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*No. and street*

Race: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City, State, Zip*

If more than one Owner, complete the following section.

Second Applicant: \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

Applicants Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*No. and street*

Race: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*City, State, Zip*

\*If additional owners, please attach a separate sheet or continue below and check here.

**Part 3: Financial Information**

|                             |  |
|-----------------------------|--|
| Bank Holding Mortgage:      |  |
| Address of Mortgage Holder: |  |
| Original Mortgage Amount:   |  |
| Unpaid Balance:             |  |

|  |    |
|--|----|
| What is Your Monthly Mortgage Payment?             | \$ |
| Does Mortgage Payment Include Real Estate Taxes?   |    |
| Does Mortgage Payment Include Homeowner Insurance? |    |
| If NO, what is annual cost of insurance?           | \$ |

List any additional mortgages or liens on property- include any cross collateralization:

|                             |    |
|-----------------------------|----|
| Mortgage Holder:            |    |
| Address of Mortgage Holder: |    |
| Monthly Payment:            | \$ |
| Unpaid Balance:             | \$ |

**Part 4: Rental Property Information (List ALL Units if applicable)**

**\* Please note the program is required to income qualify all occupied units that are requesting assistance and a separate tenant application is required**

| APT # | NAME OF RESIDENT | HOUSEHOLD SIZE | BEDROOMS | # OF CHILDREN UNDER 6 YRS THAT LIVES OR SPENDS MORE THAN 6 HRS PER WEEK | TOTAL RENT | UTILITIES PAID BY LANDLORD | DO YOU HAVE A LEASE | PHONE NUMBER |
|-------|------------------|----------------|----------|---|------------|----------------------------|---------------------|--------------|
|       |                  |                |          |   |            |                            |                     |              |
|       |                  |                |          |   |            |                            |                     |              |
|       |                  |                |          |   |            |                            |                     |              |
|       |                  |                |          |   |            |                            |                     |              |
|       |                  |                |          |   |            |                            |                     |              |
|       |                  |                |          |   |            |                            |                     |              |

Total rent income from dwelling units at full occupancy \$ \_\_\_\_\_

List any additional ,monthly income from this property including garage, parking, and storage space \_\_\_\_\_

Are there any young children with elevated blood lead levels (**EBL**) residing in the building? \_\_\_\_\_

Has the property ever been tested for lead-based paint? \_\_\_\_\_ When? \_\_\_\_\_ If yes, did it test positive? \_\_\_\_\_

**Part 5. Occupant and Income Information**

List all household members including yourself, all adults & children even if an individual has no income

| NAME | SOCIAL SECURITY # | AGE | RACE (optional) | GROSS MONTHLY INCOME |
|------|-------------------|-----|-----------------|----------------------|
|      |                   |     |                 |                      |
|      |                   |     |                 |                      |
|      |                   |     |                 |                      |
|      |                   |     |                 |                      |
|      |                   |     |                 |                      |

**Part 6. Statistical Information:**

The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential.

1. Number of Units on this property: \_\_\_\_\_

2. Statistical Information:

|  | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| # persons per unit   |   |   |   |   |
| # of children under six (6) yrs old that lives or spends more than 6 hrs. per week |   |   |   |   |
| # of elderly (over 62)   |   |   |   |   |
| # of handicapped (non-elderly)   |   |   |   |   |
| # of elderly handicapped   |   |   |   |   |
| Is head of household female?   |   |   |   |   |

**FOR PROPERTY OWNERS:**

1. Ethnicity (select only one):  Hispanic or Latino  NOT Hispanic or Latino

2. Race (select all that apply):  American Indian/Alaska Native  Asian  Black/African American

Native Hawaiian/Other  Pacific Islander  White

3. Are you over 62 years of age?  Yes  No

4. Are You handicapped?  Yes  No

---

**Part 7. REPRESENTATIONS AND CERTIFICATIONS OF THE PROPERTY OWNERS:**

The undersigned hereby represents and certifies under pains and penalties of perjury respective to the property located at: \_\_\_\_\_ **Brockton, MA**

**1. CONFLICT OF INTEREST:**

Is the owner or any member of his/her immediate family, or any business associate employed by the City of Brockton?  Yes  No

If yes, please explain: \_\_\_\_\_

---

**2. DECLARATION OF OTHER REAL ESTATE OWNED:**

Are you an owner or part owner of any other real estate in the City of Brockton?  Yes  No

If yes, please list addresses: \_\_\_\_\_

**3. TAX AND CONTRIBUTETION COMPLIANCE:**

The owner is in full compliance with all laws of the Commonwealth of Massachusetts and ordinances of the City of Brockton relating to taxes and to contributions and payments in lieu of contributions.

**4. NON-DISCRIMINATION COMPLIANCE:**

The undersigned agrees that there will be no discrimination based on race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or material status, source of income or military status, in the sale, lease, rental use, advertisement or occupancy of the property that is rehabilitated with funds provided by the Brockton Redevelopment Authority. Regulations issued by the U.S Department of Housing and Urban Development (HUD) and the Mass Commission Against Discrimination (MCAD) pursuant to title VIII of the Civil Rights Act of 1968, as amended in 1988, and Massachusetts General Law, Chapter 151B, Section shall apply.

**5. OWNER'S PERMISSION TO ENTER AND INSPECT:**

I/We hereby give my/our permission for the employees and/or agents of the City of Brockton, Brockton Redevelopment Authority to inspect my property including conducting Healthy Homes Inspection as a condition of applying for assistance through the Brockton Lead Based Paint Hazard Control Program. Further I/We relieve the City of Brockton, its employees and/or agents from any and all claims of damage or liability arising from the performance of property inspections by the Brockton Redevelopment Authority.

**6. LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.5**

I/We, owners of the property certify that I/We has been provided the **DISCLOSURE NOTIFICATION pamphlet; *Protect Your Family from Lead in Your Home***. I/We have been made aware of the hazards of lead that may affect the occupants of the property for which we are seeking assistance. I/We will be required to include ***Lead Hazard Reduction Activities*** that employ ***Safe Work Practices*** as part of the total rehabilitation project. Further, I/We have been made aware of my/our disclosure, protection, and re-location rights and responsibilities.

**7. CERTIFICATION:**

We certify that, under penalty of perjury, all information on this application is to the best of my knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

**8. AFFORDABILITY RESTRICTION:**

I/We certify that notice has been given that upon completion of the project, a five (5) year affordability restriction will be placed upon the property by the city beginning on the day of the “Letter of Compliance” for each unit and agree to the \$75.00 Fee.

**9. PAYMENT:**

I/we understand that we are responsible for 15% of the deleading costs if the unit being assisted is a rental unit.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C**

“Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations or makes or uses false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years or both”

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true, accurate, and complete.

**ALL PERSONS** whose name appear on the recorded copy of the deed must sign here:

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Applicant Signature* *Date*

**APPLICANTS RIGHT TO APPEAL:**

If you believe you have been discriminated against regarding any decision made on this application because of race, color, national origin, ancestry, age, sex, religion, disability, sexual orientation, presence of children, or marital status, you may appeal that decision.

Additionally, if you feel you been wrongly denied assistance for any reason, you may appeal that decision. Appeals must be made within fifteen (15) days of receiving denial letter. All appeals must be in writing to Robert Jenkins, Executive Director, City of Brockton, Brockton Redevelopment Authority 50 School St 2<sup>nd</sup> FL, Brockton MA 02301.



# CITY OF BROCKTON LEAD BASED PAINT HAZARD CONTROL PROGRAM



Office of Mayor Bill Carpenter

The City of Brockton through the Brockton Redevelopment Authority will provide necessary and reasonable location benefits for tenants, property owners, and owner occupants. Depending on the amount of work to be done, **the average time for deleading a unit is over 48 hours.** These expenses shall be considered a part of the overall project financing costs and shall be included in the calculation of the total project amount. **In all cases, the maximum benefit provided shall not exceed \$350.00 per unit as that has been determined to be the most cost effective and economical when providing for safe, reasonable, and temporary housing for those families or individuals affected by project eligible work.**

*\*Please note a stipend will not be released until work has been completed and terms of the program have been met.*

## TEMPORARY RELOCATION POLICY FOR OCCUPANTS PREPARING FOR THE DELEADING PROCESS

- Tenants and owners are expected to cooperate fully with the deleading contractor in order to expedite the process, reduce inconveniences and expenses resulting from the work.
- Occupants are responsible for preliminary preparation of their units for deleading. Occupants are expected to remove any items that may fall from their shelves and other personal property that may be affected by the deleading process. Furniture should be placed into the center of the room.
- The deleading contractor will cover all personal items with double 6 mil. Plastic during the work process. Upon completion the contractor will clean the site for dust wipe inspection, remove all debris and plastic coverings and leave the unit in a broom clean condition for re-occupancy.
- Occupants will be notified by the property owner when their unit has been completed and temporary re-occupancy certificates have been issued by the City of Brockton.
- The City of Brockton is not responsible for any damaged or lost items that may occur during the deleading process.

I/We understand that a temporary relocation from our home will be necessary while it is being delead. I/We have been notified of the City of Brockton's Relocation Policy as outlined above and I/We accept the terms of this policy as fair compensation for costs associated with my/our temporary relocation.

|                |        |            |          |
|----------------|--------|------------|----------|
| Street Address | Unit # | City/State | Zip Code |
|----------------|--------|------------|----------|

|  |             |                                    |             |
|--|-------------|------------------------------------|-------------|
| <i>Property Owner Name &amp; Signature</i> | <i>Date</i> | <i>Tenant Name &amp; Signature</i> | <i>Date</i> |
|--|-------------|------------------------------------|-------------|

|  |             |                                    |             |
|--|-------------|------------------------------------|-------------|
| <i>Property Owner Name &amp; Signature</i> | <i>Date</i> | <i>Tenant Name &amp; Signature</i> | <i>Date</i> |
|--|-------------|------------------------------------|-------------|

**\*The property owner is required to have all tenants sign and date this form, which will be kept on file with the City of Brockton-Brockton Redevelopment Authority Lead Program.**





Office of Mayor Bill Carpenter

# DISCLOSURE NOTIFICATION



## LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.

I/We, \_\_\_\_\_ Owners of the property located at \_\_\_\_\_ certify that the Brockton Lead Based Paint Hazard Control Program has provided the **DISCLOSURE NOTIFICATION** pamphlet *Protect Your Family From Lead in Your Home*. I/We have made aware of the hazards of lead that may affect the occupants of the property for which we reside. I/We understand that *Lead Hazard Reduction Activities* that employ *Safe Work Practices* may be required as part of the total rehabilitation project which I/We the owner of this same property is seeking assistance. Further, I/We have been made aware of my/our disclosure, protection and relocation rights and responsibilities.

X

Property Owner Signature & Date

X

Property Owner Signature & Date