



Office of Mayor Bill Carpenter

**CITY OF BROCKTON LEAD
PROGRAM TENANT
REQUIRED
INCOME/HOUSEHOLD
INFORMATION**



Proof of Household Income is required for the program to determine income 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.

Tenants may directly speak to the staff in confidence, please call our office at 508-586-3887 ext. 2 and we will assist you.

City of Brockton Lead Based Paint Hazard Control Program Tenant-Application

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

DATE: _____ E-MAIL: _____ PHONE # _____

***All information you supply will be treated confidentially**

Part 1: Tenant Information:

Tenant Name: _____ Spouse Name: _____

Address: _____ Apt #: _____ Zip: _____

How did you hear of the LBPHC Program? _____

Social Security Number: _____

Home Telephone: _____ Work Telephone: _____ Length of time at this address: _____

Employer: _____ Length of time at this job: _____

How many bedrooms in your apartment? _____ How many people are in your household? _____

Total monthly rent: _____ Do you receive a rental subsidy? Yes No

If you do receive rental subsidy is it: Sec 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity

Landlord(s) Name: _____ Address: _____

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) _____

Any time during the application process the tenant may contact the City of Brockton's Lead Hazard Control Program at the Brockton redevelopment Authority to answer any questions. Please call 508-586-3887 ext 2

Part 2: 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

*Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/National Origin information has been requested by the Department of housing and Urban Development for monitoring purposes only. You ARE NOT required to furnish this information. The law provides that a lender may neither discriminate based on this information, nor on whether you chose to furnish it. This information is provided in compliance with federal requirements and its subject to verification.

Part 3. Statistical Information:

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

# Persons living in unit	
# of children under six (6) years old	
# of elderly (over 62)	
# of handicapped (non elderly)	
# of elderly handicapped	
Is head of household female?	

CERTIFICATION

I/We certify that, under penalty of perjury, all information on this application is to the best of my/our 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.

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”

Income Information:

This application MUST be submitted with the required information list on the “TENANT REQUIRED INCOME/HOUSEHOULD” document

TENANT(S) MUST SIGN AND DATE APPLICATION

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 2nd FL, Brockton MA 02301.

July 2018



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
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Property Owner Name & Signature	Date	Tenant Name & Signature	Date
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Property Owner Name & Signature	Date	Tenant Name & Signature	Date
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***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.**

July 2018



DISCLOSURE NOTIFICATION



Office of Mayor Bill Carpenter

LEAD PAINT HAZARDS IN ACCORDANCE WITH 24CFR35.

I/We, Tenants 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 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

Tenant Signature & Date

X

Tenant Signature & Date