



City of Fort Worth Lead-Safe Program Application-Owner Occupied

Thank you for your interest in the City of Fort Worth's Lead-Safe Program. Before you begin the application process, please read this application packet. **To qualify for the Lead-Safe Program, you must meet all of the criteria listed below:**

- I am the owner of the property and agree to take part in the program
- I live in my home
- My home was built before 1978 AND is located within the City of Fort Worth
- A child five (5) years old or younger lives in my home
- A child five (5) years old or younger spends at least three hours per day on two separate days in a week (6 hours per week for 52 weeks) AND spends 60 additional hours a year in my home
- A pregnant woman lives in my home
- I will attend the Lead-Safe Workshop for Specialized Cleaning Techniques, On-Going Maintenance, Recognizing Lead Hazards, and Preventing Child Lead Poisoning
- Total yearly income for my household must not exceed the amount listed below:

Household size	1	2	3	4	5	6	7	8
Yearly Income	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600

The following documentation is required for a completed application:

- Completed and signed:
 - o Application Form
 - o Lead Hazard Control Blood Testing Release Form
 - o Conflict of Interest Disclosure Form
 - o Certification Form
- Proof of income (i.e. 3-4 check stubs, current award letter, etc.) for everyone living in the household who is 18 years old or older and has income
- Occupant Certification of Income completed and signed individually by everyone living in the household who is 18 years old or older and has no income
- Copy of applicant(s) current picture I.D. as well as the IDs of everyone living in the household who is 18 years or older.

Additional Criteria to qualify for the Program:

- Lead-Safe Program staff must do an inspection/risk assessment **AND** your home must test positive for lead-based paint hazards
- Your home must not be in need of additional repairs of more than \$5000 to protect Lead-Safe Program work. The need for repairs will be determined by Program Staff

FAX TO: 817-392-7523
 MAIL DOCUMENTS TO: City of Fort Worth
 Lead-Safe Program
 Neighborhood Services Department
 1000 Throckmorton St
 Fort Worth, TX 76102

Questions? Please call our office at 817-392-7444. You will be notified when your application has been reviewed.

•No individual shall be denied services solely on the basis of his or her race, color, national origin, gender, gender identity, religion, age, disability or sexual orientation. •Hearing and speech-impaired persons may access the program's number by calling the Federal Relay Service at (800)877-8339. Braille or large print copies of Lead Program documents are available upon request.

LEAD SAFE PROGRAM APPLICATION FORM

Please do not leave boxes blank if they apply to you. Provide complete and legible information.

Applicant's Name		Co-Applicant's Name	
Applicant's Social Security Number	Date of Birth	Co-Applicant's Social Security Number	Date of Birth
Applicant's Phone Number		Co-Applicant's Phone Number	
Applicant's Email Address		Co-Applicant's Email Address	
Address (Number, Street, City, Zip)		Year Home was Built (if known)	
<p>Please list the children five (5) years old or younger who live in your home or visit at least three hours per day on two separate days in a week (six hours per week total), AND at least 60 additional hours per calendar year. Then indicate how much time the child spends at your home. Also, check the box below if there is a pregnant woman living your home.</p> <p>Name _____ Date of Birth _____</p> <p>Child lives in my home ____, OR (circle all that apply) Child visits my home every S M T W Th F S for ____ hours a day</p> <p>Name _____ Date of Birth _____</p> <p>Child lives in my home ____, OR (circle all that apply) Child visits my home every S M T W Th F S for ____ hours a day</p> <p><input type="checkbox"/> A pregnant woman lives in my home.</p>			

❖ I understand that my home must test positive for lead hazards and my home must not be in need of other repairs of more than \$5000 to protect Lead-Safe Program work; The City of Fort Worth will determine whether my home is in need of repairs.

I certify that the information I am providing is true and correct and is subject to verification at anytime. I also acknowledge that if I provide false information, I will be subject to the penalties of perjury under Federal, State, and Local law.

Warning: Title 18, Section 1001 of the U.S. Code Sates that a Person is Guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Applicant Signature

Date

Co-Applicant Signature

Date

▪ If someone other than the applicant has prepared this application, that person must sign below.

Prepared by: _____

Date: _____

Applicant's Name: _____

Co-Applicant's Name: _____

Check ALL that apply:

- Elderly (62+)
- Disabled

Ethnicity:

- Non-Hispanic
- Hispanic

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Check ALL that apply:

- Elderly (62+)
- Disabled

Ethnicity:

- Non-Hispanic
- Hispanic

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Please list everyone living in the home (including yourself) and their income; if they have income submit the copy of income documents with this application, if they have no income they must fill out page 3 and return it with this application. (This does not include persons who only visit):

Name	Date of Birth	Monthly Income	Proof of Income Included
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Head of Household: _____ **Date of Birth:** _____

I certify that the information I am providing is true and correct and is subject to verification at anytime. I also acknowledge that if I provide false information, I will be subject to the penalties of perjury under Federal, State, and local law.

Warning: Title 18, Section 1001 of the U.S. Code States that a Person is Guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Applicant Signature

Date

Co-Applicant Signature

Date

▪ **If someone other than the applicant has prepared this application, that person must sign below.**

Prepared by: _____

Date: _____

LEAD HAZARD CONTROL BLOOD TESTING RELEASE FORM
(To be Filled Out by Parent and/or Legal Guardian Only)

It is suggested that **all children five (5) years old or younger** have their blood lead level tested prior to hazard control work in your home. The Lead-Safe Program is required to test for lead poisoning by an intravenous (blood draw) test; a finger stick is NOT accepted as a form of testing. If your children have not received a blood test in the past six (6) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

Address of Lead-Safe Program Applicant: _____

Please list all your children five (5) years old or younger:

Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____
Name: _____	Date of Birth: ____/____/____

Please check one of the boxes below:

- My children five (5) years old or younger have had their blood lead levels tested in the past 6 months. By checking this box you will be responsible for getting the blood test results and submitting them to the Lead-Safe Program. If you have test results that are older than 6 months within work being done on the house, we will ask you to re-test.
- My children five (5) years old or younger have **not** had their blood lead levels tested in the past 6 months and I agree to have them tested at this time. Remember, the test method must be by blood draw, not finger stick.** *By choosing this box, you must also choose one of the following two boxes:*
 - I have insurance or Medicaid to pay for the blood test.
 - I do not have insurance or Medicaid to pay for the blood test, and I would like the Lead-Safe Program to pay for the blood test.
- For personal and/or religious reasons, I choose NOT to have my children tested for lead. If declining to have children tested for lead, please describe reason: _____

Need more copies of this release form for visiting children's parents? Give the Lead-Safe Program a call at 817-392-7444 or email at leadsafe@fortworthtexas.gov to have more sent to you.

Please Note:

**Households of children that have tested for lead will be placed on a higher priority for the Lead-Safe Program.*

**If you select to have your child(ren) tested for lead, but fail to do so within 30 days, your application will default to the lower priority level of not being tested for lead. This may delay your application. This lower priority default can be reversed once your child is tested for lead and we receive the results.*

Parent or Guardian's Signature

Date

LEAD-SAFE WORKSHOP

In order for any lead hazard reduction work to be done on owner-occupied property, Owners must attend a Lead-Safe Workshop. The workshop will educate Homeowners on how to recognize lead hazards in the future, how to clean and maintain a home/unit with lead-based paint and how to recognize health effects of lead exposure to members of the household. By signing below you are agreeing to attend a Lead-Safe Workshop.

Applicant

Date

Co-Applicant

Date

PUBLIC INFORMATION ACKNOWLEDGEMENT

By signing below, I understand that all information I give to Program Staff, except for social security numbers, medical information and possibly income, will be subject to federal, state and local government privacy laws, and may be released to the public if requested.

Applicant Signature

Date

Co-Applicant Signature

Date

**CONFLICT OF INTEREST DISCLOSURE:
APPLICANT / PROSPECTIVE APPLICANT FORM I**

Thank you for your interest in the affordable housing programs offered by the City of Fort Worth. These programs are funded through federal grant funds from the U.S. Department of Housing and Urban Development (HUD), and are governed by the Code of Federal Regulations, 24 CFR 92.356 and 24 CFR 570.611. These regulations prohibit participation in some programs by any person who exercises, or who has exercised, any functions or responsibilities with respect to these federal grant funds. The persons affected include city employees, elected or appointed officials, or agents or consultants of the City. This limitation also applies to immediate family members of any such persons who exercise or have exercised functions or responsibilities with respect to these grant funds, including immediate family members of employees, elected or appointed officials, and agents or consultants.

Our office is requesting the following information in order to comply with the above regulatory requirements. Please complete this form, sign it, and return it to the City of Fort Worth Housing and Economic Development Department at your earliest convenience.

NAME: _____ ADDRESS: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

PROGRAM ASSISTANCE REQUESTED _____
(Lead-Safe Program, Homebuyer Assistance, Emergency Repair, Weatherization, HTF Rehabilitation Loan, Cow town Brush-up, Other)

1) Are you employed by the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department and Division?:		
2) Are any members of your immediate family currently employed by the City of Fort Worth? <i>("Immediate Family" includes (whether by blood or adoption): the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide relatives' name(s), Department(s), and Division(s):		
If No, were any members of your immediate family employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department(s) and which Division(s):		
3) Are you an elected or appointed official, or agent or consultant, of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the immediate family member of an elected or appointed official, or agent or Consultant of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, provide Name/Contact for Elected/Appointed Official, Agent/Consultant:		

Certification: I understand and agree that the City may contact the office of the above-designated official, agent or consultant, or my supervisor, or my immediate family member's supervisor, in order to determine whether any of these persons' employment or official functions are or were related to the City's use of federal grant funds from HUD in the past year. **I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of perjury under Federal, State and local law.**

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

For use by funding agency:

Certification Reviewed By: _____ Date: _____