



CITY OF DUBUQUE
HOUSING & COMM. DEVELOPMENT
Lead Hazard Control Department
350 W. 6th Street, Suite 312, Dubuque, IA 52001
563-589-1724



*"This is an equal opportunity program.
Discrimination is prohibited by Federal Law"*

Homeowner Lead Hazard Control Program Application Check List: The following documents will need to be submitted with your application:

- Social Security Cards for everyone in the Household.
- One year (most recent) tax return & W2s for everyone in the household over the age of 18.
 - If self-employed - two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in the household over the age of 18.
- Social Security Benefits - If you receive social security benefits, please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement or other proof of support.
- If anyone in the household is receiving unemployment, a statement from the Iowa Workforce Development office is required. (We are also able to retrieve this information by submitting the authorization to release information form that you signed).
- If anyone in the household is receiving any other type of income (pension, FIP, rental income, etc.,) you will be required to submit appropriate documentation as well.
- Two months bank statements from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts (computer printouts are only acceptable if they are an actual copy of the statement).
- Copy of your homeowner's insurance declaration page.

Please Note: Files that are incomplete will be placed in an "inactive status" until all required documents are received.

WHEN PRINTING...DO NOT PRINT AS A DUPLEX DOCUMENT



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Date: _____

APPLICANT INFORMATION

			M / F
Legal First Name	Middle Initial	Last Name	SEX
Date of Birth	Age	Social Security Number	Contact Phone
Street Address			How Long
City	State	Zip Code	Email Address
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

CO-APPLICANT OR SPOUSE

			M / F
Legal First Name	Middle Initial	Last Name	SEX
Relationship	Date of Birth	Age	Social Security Number
			Contact Phone
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

Number of Individuals living in household _____ **Number of Dependents under age 18** _____
Number of individuals living in household 62+ _____ **Number of Handicapped/Disabled** _____

HOUSEHOLD INFORMATION

List all other individuals living in your household: (attached additional sheet if needed)

FOR CHILDREN UNDER 6 COMPLETE:

Name	Age	Sex	Receive Medicaid	Blood Lead Level

Total Number In Household _____

Daycare Facility (Yes or No) _____ Number and Type of Pets _____

Are you Hispanic? _____

What is the ethnic origin of the persons living in the household?

- White Black/African American Asian American Indian/Alaskan native
- Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
- Asian & White Black/African American & White Other Multi-Racial

The U.S. Department of Housing and Community Development (HUD) requires the above information be collected for using this service. This information is confidential and for reporting purposes only.

Is the female head of household? ___ Yes ___ No

Are you: Single Married Divorced Widowed Separated Co-habiting

Do you have any dependents not residing in this household? Y/N If yes, please explain: _____

How did you hear about our Program: _____

Please list any other sources of income in your household and by whom it is received: *(Child support, FIP, Pension, Rental Income, Social Security, SSI/SSDI, Veteran's benefits, etc.)*

PERSON RECEIVING	TYPE OF INCOME	AMOUNT

ASSETS OF HOUSEHOLD:

Checking Account
(Name all institutions)

Institution: _____

Balance: _____

Savings Account
(Name all institutions)

Institution: _____

Balance: _____

Applicant Certification:

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of lead or healthy homes assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

Printed Name

Signature

Date

Printed Name

Signature

Date

Grant Guideline Notification and Acceptance:

Property owner agrees to allow the Housing and Community Development Department Inspector into the property to conduct an environmental investigation. Environmental dust and soil sampling will also be conducted at the time of the building risk assessment and/or healthy homes assessment before the work begins, at conclusion of the lead hazard removal work, and again twelve months after the lead hazard removal work is completed.

Name

Date

Name

Date



Housing & Community Development
 350 W. 6th Street, Suite 312
 Dubuque, IA 52001-4648
 Office (563) 589-1724
 Fax (563) 690-6692
bhenry@cityofdubuque.org
www.cityofdubuque.org

ASSET SELF-CERTIFICATION

Applicant's Name _____ Social Security Number _____

BANK NAME _____ Account Number _____

Please complete all that apply:

My Assets Include: **(ALL INTEREST RATES MUST BE DOCUMENTED BELOW)**

	NAME of FINANCIAL INSTITUTION	AMOUNT	% OF INTEREST PAID	PENALTY FOR EARLY WITHDRAWAL
Checking Account Balance			%	
Checking Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Certificate of Deposit			%	
Certificate of Deposit			%	
Stocks/Bonds			%	
Annuity			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Equity in Real Estate other than your Home.			%	
Other (list)			%	

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

Signature _____ Date _____

Signature _____ Date _____



CITY OF DUBUQUE
HOUSING & COMMUNITY DEVELOPMENT
 Lead Hazard Control Program
 350 W. 6th Street, Suite 312, Dubuque, IA 52001
 563-589-1724 phone
 563-690-6656

LEAD HAZARD CONTROL PROGRAM PROCESS

CONGRATULATIONS!!! You have chosen to participate in the City of Dubuque Lead Hazard Control Program. This is the start of creating a safe and healthy living environment for you and your family. The Program, on average, provides funding of \$14,200 for lead hazard remediations and \$2,500 for healthy homes repairs. The funding will be provided through a three-year forgivable loan. The Property Owner will be required to provide \$325 in owner contribution. Landlords will need to provide a \$250 REFUNDABLE security deposit for the relocation of their tenants. This deposit shall be returned when the tenant is relocated back into their newly lead-safe unit.

Please initial after each statement to indicate you understand the steps and processes that will be encountered during your experience with the Lead & Healthy Homes Program.

APPLICATION & ELIGIBILITY

- _____ Submit application – Single Family Owner Occupied or Rental Unit
- _____ Application reviewed and processed to determine eligibility for the program.
- _____ Upon eligibility confirmation, a lead inspection shall be scheduled.

LEAD INSPECTION/RISK ASSESSMENT & HEALTHY HOMES ASSESSMENT

- _____ At that inspection, I am aware that I, or a representative for me, shall be available during the entire inspection. I also understand that during the inspection, a Home Advocate from the VNA shall be present with the Lead Inspectors to visit with the Head of Household and complete a family health assessment to determine other health and safety needs and provide additional resources.
- _____ A complete lead inspection/risk assessment will be conducted. A hand held XFR machine will test for the presence of lead on all component surfaces (wall, floor, door, window, ceiling, and baseboard). This could take 4 – 6 hours. In addition, a healthy homes assessment will be completed, checking for health and safety deficiencies in the property (electrical, moisture, pest, hand rails, etc.).
- _____ After completion of the inspection the inspectors will prepare an Inspection Report and send their work specifications to the State Historic Preservation Office (SHPO). When using Federal funds a historic review must be completed. This process may take approximately six weeks.

PRE-PROJECT

- _____ A bid based on the approved work specifications will be made available to all Lead Certified contractors to complete. A minimum of two competitive bids will be received. The contractors will have two weeks from the date of the bid posting to submit their bids.
- _____ At the closing of the bid deadline, a Contractor shall be awarded the bid. The contractor awarded the bid will have the lowest qualifying and responsible bid.

_____ _____
_____ _____
A Closing will be scheduled. At this closing, the property owner and contractor will be in attendance. All necessary closing documents and contracts will be signed. There is a required \$325 owner contribution per unit that will be paid at the time of closing. An estimated project start date shall be selected. In addition, a \$250.00 refundable deposit will be paid by the property owner to ensure relocation unit is not damaged. This will be refunded upon final clearance and inspection of the relocation unit to ensure there are no damages to the unit.

RELOCATION

_____ _____
EVERYONE residing in a unit that is to receive lead hazard control work must be relocated from the unit during the construction process. This will be on average 14 days.

_____ _____
The City of Dubuque Lead Hazard Control Program provides a choice of two relocation units, a hotel or the choice for the participant to stay with friends or family. There is no cost to the participant for the relocation unit. (Tenants must continue their regular rental payment).

_____ _____
IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER/TENANT TO FIND A PLACE FOR RELOCATION OF THEIR PETS.

CLEARANCE

_____ _____
Upon completion of the construction, the Homeowner/Tenant will be given clearance to return to the property.

_____ _____
Once returned to the property, the Property Owner shall sign a Certificate of Completion for the contractor.

By signing below, I hereby acknowledge that I have been made aware of the process.

Homeowner 1

Homeowner 2

~~~~~  
FOR RENTAL PROPERTY

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Tenant



# AUTHORIZATION FOR THE RELEASE OF INFORMATION

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**Organization requesting release of information:**

City of Dubuque Housing and Community Development Department  
Lead Hazard Control Program  
350 West 6<sup>th</sup> Street; Suite 312  
Dubuque, IA 52001  
(563)589-1724  
(563)690-6692 fax

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**Purpose:** I/We have applied for a loan at the lender named above. As part of the application process, the lender named above may verify information contained in my/our loan application and in other documents required in connection with the loan, whether before the loan is closed or as part of its quality control program.

**Authorization:** I/We authorize you to provide the lender named above with any and all information and documentation that they request.

**Inquiries may be made about, but not limited to the following:**

- Employment History and Income
- Income from Child Support, Unemployment, Alimony, Social Security, Veteran's Benefits, federal or state benefit programs, etc.
- Bank Information
- Credit Report/History
- Retirement Accounts, pension funds, life insurance, money markets, etc.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for twelve months or until revoked in writing, whichever comes first.

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

