



**Genesee County Health Department
G-O Lead Hazard Control and Healthy Homes Program
3837 West Main St. Rd
Batavia, NY 1402**

**Genesee-Orleans Lead Hazard Control and Healthy Homes Program
Owner-Occupant Application**

Please complete the application and attach all of the documents as indicated below. **All required documents must be submitted with your application to be processed. Do not submit original documents, please make copies.**

Application Document Checklist

1. Complete application in its entirety, including all attachments.
2. Photo ID for household members age 18 and over; and birth certificate for household members under age 18. Acceptable form of ID such as driver's license, state issued ID, military ID or passport.
3. Copy of the deed to the property. The name(s) listed on the deed must consistent with the person(s) that signs the application and all accompanying forms.
4. Provide a copy of bank statements.
5. Provide copy of the water bill and the electric bill.
6. If an individual listed on the deed is deceased, please provide a copy of the Death Certificate
7. If the owner's name on the deed has changed, please provide proof of name change (marriage certificate, divorce decree, etc).
8. Copy of homeowner's insurance.
9. Copy of current mortgage statement. Owner must be current with their mortgage and not subject to mortgage foreclosure at the time of application.
10. Copy of current City of Batavia / Village of Albion and Genesee / Orleans county tax bill. Owner must be current with their City and County taxes and not subject to tax foreclosure.
11. Provide income documentation for **all** household members age 18 and over.
 - a. Most recent eight (8) weeks of consecutive paystubs;
 - b. Current tax return with W-2 forms (if you cannot locate your tax returns, contact the IRS at 800-829-1040 to obtain a copy of tax and wage transcripts). If you did not file tax returns, submit proof of non-filing from the IRS for the past 2 years;
 - c. Copies of all other forms of income such as: Unemployment, Pension, Social Security Disability, SSI, Social Security, SS-1099 forms, Retirement, Child support award statements and deposits, alimony award statements and deposit, Workman's Compensation award statement and deposits, and income received from rental property;
 - d. If you are self-employed submit a current year-to-date Profit and Loss statement for your business showing all income and expenses broken by month.

**Sign and date the application and include all of the above required documentation.
INCOMPLETE applications cannot be processed**

Household Information:

Homeowner Name(s) _____

Property Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Family Size: _____ Female head of household: ___Y ___N Date of Birth _____

Property Owner age 62 or older: ___Y ___N Total Household Income\$ _____

Race/Ethnicity: ___ African American ___ White ___ Asian ___ Native American ___ Hispanic
___ Other: _____

Household Members:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Household Income

List all sources of income for you and your household during the past 12 months. For “type of income” include full and part-time employment, unemployment benefits, pensions, Social Security benefits, disability benefits, child support, worker’s compensation, DSS assistance and alimony. Please provide written document for each source.

Recipient	Source of Income	Gross Monthly	Frequency (monthly, bi-weekly, weekly)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Do you receive income from rental property? ___ Yes ___ No If yes, what is the total amount per month\$ _____.

For Children Living at this Address:

Number of children under age 6 receiving Medicaid: _____

Do any of the children listed above have lead poisoning? Yes ____ No ____ Don't Know ____

Name of child's physician _____ Physician's phone number _____

Name of child's physician _____ Physician's phone number _____

Name of child's physician _____ Physician's phone number _____

For each child under age 6, do you have a recent (within 6 months) medical record showing blood lead levels?

Child #1: _____ Yes ____ No ____

Child #2: _____ Yes ____ No ____

Child #3: _____ Yes ____ No ____

Signatures & Certifications:

- I have received the EPA pamphlet titled, ***Renovate Right***.
- I agree to allow Genesee County to contact my child's physician as listed on this application.
- I understand that this application does not guarantee that I will receive a grant. This application is used to determine if I am eligible for a grant. I understand that receiving a grant depends, in part, on whether I am eligible, the availability of funds and when my application is considered complete.
- I acknowledge that additional information and/or documentation may be requested from me/us.
- I certify under penalty of law that all the information and documents I provided for this application are true, accurate and complete to the best of my knowledge. It will be grounds for denial of my/our application if it is found that I/we have falsified information or provided misleading information.

Signature (Name that appears on deed)

Date

Signature (Name that appears on deed)

Date

Questions? Please call us at (585) 344-2580 ex 5507

ANNUAL INCOME CHECKLIST

Family Member Name

Income Amount

1) Are any household members receiving any type of income from employment? Yes No

If yes, list names of such family members who receive employment income.

_____ \$ _____
_____ \$ _____
_____ \$ _____

2) Are any household members receiving income from a family-operated business or otherwise self-employed?

Yes No

If yes, list names of such family members who receive income from self-employment.

_____ \$ _____
_____ \$ _____
_____ \$ _____

3) Is anyone in the household receiving Social Security or SSI Benefits? Yes No

If yes, list names of such recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

4) Is anyone in the household receiving **periodic** payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? Yes No

If yes, list first names of recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

5) Is anyone in the household receiving unemployment compensation, disability compensation, workers' compensation or severance pay? Yes No

If yes, list family members who are recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

6) Is anyone in the household receiving public assistance benefits? Yes No

If yes, list recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

7) Is anyone in the household receiving alimony or child support payments? Yes No

If yes, list first names of such family members who are recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

8) Is anyone in the household receiving income from assets? Yes No

If yes, list first names of such family members who are recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

9) Is any household member, 18 or older, receiving pay as a member of the Armed Services? Yes No

If yes, list family members who are recipients.

_____ \$ _____
_____ \$ _____
_____ \$ _____

10) Is any household member receiving lottery winnings, paid periodically? Yes No

If yes, list family members who are recipients.

_____	\$ _____
_____	\$ _____
_____	\$ _____

11) Is any household member receiving recurring monetary contributions or other gifts or payments from a non-household member? Yes No

If yes, list family members who are recipients.

_____	\$ _____
_____	\$ _____
_____	\$ _____

ASSET CHECKLIST

	Family Member Name	Value of Asset
1) Do you have cash		
• in a savings account? Yes No	_____	\$ _____
	_____	\$ _____
• in a checking account? Yes No	_____	\$ _____
	_____	\$ _____
• anywhere else? Yes No	_____	\$ _____
	_____	\$ _____
2) Do you have trust funds available to your household? Yes No		
	_____	\$ _____
	_____	\$ _____
3) Do you have any equity in rental property or other capital investments? Yes No		
	_____	\$ _____
	_____	\$ _____

4) Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?

Yes	No	_____	\$ _____
		_____	\$ _____

5) Do you have any retirement or pension funds? Yes No

_____	\$ _____
_____	\$ _____

6. Do you have any other sources of income or assets not listed on this form? Yes No

_____	\$ _____
_____	\$ _____

Resident's Certification

I hereby certify under penalty of law that the information provided on this form is true, accurate and complete to the best of my knowledge. I understand there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I also authorize the Genesee County Department of Health to verify the income I have provided. This may include providing additional information for verification purposes. Genesee County may contact any source of my income for verification purposes.

_____	_____	_____
Signature of Resident	Name	Date

_____	_____	_____
Signature of Resident	Name	Date