**Genesee, Livingston, Orleans, and Wyoming Counties (GLOW)**

**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.
	1. Most recent eight (8) weeks of consecutive paystubs;
	2. 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;
	3. 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;
	4. 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:\_\_\_\_\_\_\_\_

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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 x5507**

**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.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is anyone in the household receiving Social Security or SSI Benefits? Yes No

If yes, list names of such recipients.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is anyone in the household receiving public assistance benefits? Yes No

If yes, list recipients.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is anyone in the household receiving alimony or child support payments? Yes No

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is anyone in the household receiving income from assets? Yes No

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

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is any household member receiving lottery winnings, paid periodically? Yes No

If yes, list family members who are recipients.

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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 $

 $

1. Do you have trust funds available to your household? Yes No

 $

 $

1. Do you have any equity in rental property or other capital investments? Yes No

 $

 $

1. Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds? Yes No

 $

 $

1. Do you have any retirement or pension funds? Yes No

 $

 $

1. 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