



George Latimer
County Executive
Department of Planning

Norma V. Drummond
Commissioner

December 16, 2022

Pleasantville Building Department
80 Wheeler Avenue
Pleasantville, NY, 10570

Dear Pleasantville Building Department:

The Westchester County Department of Planning requests your assistance in distributing the enclosed flyer and application to promote the *Lead Safe Westchester (LSW)* program. Westchester County recently received a grant from HUD to reduce lead-based paint, dust and other safety hazards in housing units of low and moderate income households. **Due to limited funding, LSW applications will be accepted and processed on a first-come, first-serve basis. Priority will be provided to households with occupants under 6 years old and pregnant women.** To participate, residents must meet certain income guidelines. LSW also looks to increase the quantity of affordable housing units within the County. Please urge the prospective applicant to **APPLY NOW!**

In Westchester County, more than 85% of the housing stock was built before 1978. Lead can be present on any painted surface, but it is most often found on windows, trim, doors, railings, columns, porches and outside walls. Surfaces that have been repainted may have layers of lead paint underneath. Many children are potentially at risk for lead related, lifelong learning disabilities, behavioral problems and other serious health issues.

If you have questions about the program, have a referral or host an event that LSW can participate in, please contact Kevin Thomas at (914) 995-4402 or email him at kqte@westchestergov.com. Thank you for your assistance.

Sincerely,

Kim C. Holland
Program Administrator

Programa de subvenciones disponible: ¡solicite ahora!

El envenenamiento por plomo es prevenible. Las subvenciones del programa Lead Safe Westchester están disponibles para eliminar la pintura a base de plomo y los peligros de seguridad de casas o apartamentos antiguos. Los fondos se otorgan por orden de llegada. A continuación se presentan algunos criterios de elegibilidad:

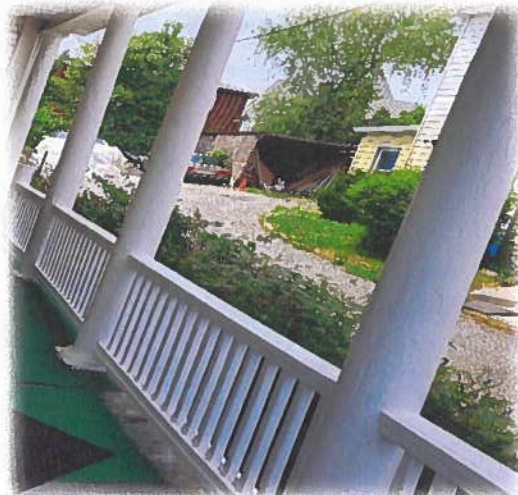
- ✓ Pintura astillada o descascarada
- ✓ Construido antes de 1978
- ✓ Unidades ocupadas por el propietarios o por inquilinos son elegibles
- ✓ Debe estar dentro del entre el 50% al 80% ingreso medio del área del Condado de Westchester

Pautas de ingresos máximos para 2022 del 80% y 50% del AMI según establecido por HUD

	1 persona	2 personas	3 personas	4 personas	5 personas	6 personas
Propietarios – 80%	\$77,650	\$88,750	\$99,850	\$110,900	\$119,800	\$128,650
Inquilinos – 50%	\$48,550	\$55,450	\$62,400	\$69,300	\$74,850	\$80,400



Antes



Después

Para obtener más información o para solicitar una aplicación, comuníquese con: Lead Safe Westchester al 914-995-4402 o plan-lsw@westchestergov.com

El programa Lead Safe Westchester (LSW) es posible gracias a los fondos del Departamento de Vivienda y Desarrollo Urbano de EE. UU.

Grant Program Available – Apply Now!

Lead poisoning is preventable. Lead Safe Westchester grants are available to remove lead based paint and safety hazards from older homes or apartments. Funds are awarded on a first come first serve basis. Below are some eligibility criteria:

- ✓ Chipped or peeling paint
- ✓ Built before 1978
- ✓ Owner-occupied and rental units are eligible
- ✓ Must be within 50% and 80% of the of Westchester County Area Median Income

2022 Maximum Income Guidelines at 80% and 50% AMI as established by HUD

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Owner – 80%	\$77,650	\$88,750	\$99,850	\$110,900	\$119,800	\$128,650
Tenant – 50%	\$48,550	\$55,450	\$62,400	\$69,300	\$74,850	\$80,400



Before



After

**For more information or to request an application contact:
Lead Safe Westchester at 914-995-4402 or plan-lsw@westchestergov.com**

The Lead Safe Westchester (LSW) program is made possible by funding from the U.S. Department of Housing & Urban Development.

Lead Safe Westchester

If your home has
chipped or **peeling**
paint, you may qualify
for a **FREE** Program.

See the attached Info
Guide & Application.



WESTCHESTER COUNTY EXECUTIVE
George Latimer

COMMISSIONER, DEPARTMENT OF PLANNING
Norma V. Drummond



Version:
4/21/22

Lead Safe Westchester Info Guide

About

The Lead Safe Westchester (LSW) Program reduce lead-based paint, dust and safety hazards in income-eligible homes. Repairs may include: paint stabilization, door and window replacements, minor electrical upgrades, installation of smoke detectors and other safety improvements. Priority consideration will be given to properties with children under 6 years old and/or pregnant women. LSW funds are limited and are awarded on a first-come first-served basis.

Eligibility

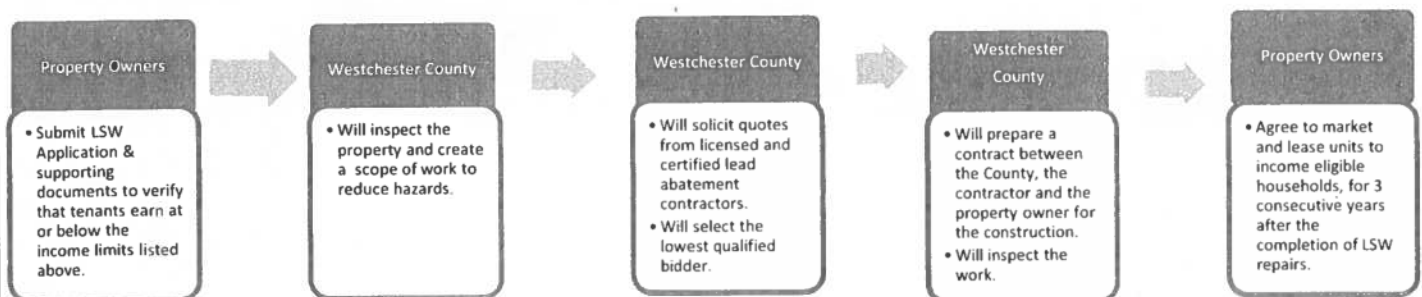
The home you own or rent must:

- ✓ Have chipped or peeling paint;
- ✓ Be built before 1978;
- ✓ Have residents that meet the below annual income limits:

# in Household	1	2	3	4	5	6	7	8
*Max. Income	\$77,650	\$88,750	\$99,850	\$110,900	\$119,800	\$128,650	\$137,550	\$146,400

*MTSP, Section 8 & NSP Income Limits, April 20, 2022

Process



Tenants: Have your landlord contact the Westchester County Planning Department:

Call (914) 995-4402 or Email: Plan-LSW@westchestergov.com

THEN FILL OUT THE TENANT APPLICATION.

Property Owners: Complete the **OWNER APPLICATION** and
Ask Your Tenants to Complete the **TENANT APPLICATION.**



The County of Westchester is an Equal Employment Opportunity Employer





Application Directions

- **Property Owners (or landlords who do not occupy the property):**
 - Complete the Property Owner Application, pages 5-9;
 - Ask tenant(s) to complete LSW Tenant Application (pages 17-24, if applicable).
- **Property Owners (who live in the unit, also known as Owner Occupied units):**
 - Complete the Property Owner Application pages 5-14, where applicable;
 - If you occupy the property & have tenants (multi-family homes);
 - Ask tenant(s) to complete LSW Tenant Application (pages 17-24, if applicable).
- **Tenants:**
 - Complete the Tenant Application, pages 17-24, where applicable;
 - Ask Landlord to complete the LSW Property Owner application.

Don't Wait!

Submit Your Application:

Applications will be accepted on a rolling basis.

Email: Plan-LSW@westchestergov.com

Fax: (914) 995-9093

Mail:

Westchester County - Planning Department
Lead Safe Westchester (LSW) Program
148 Martine Avenue, Room 414
White Plains, NY 10601

Any Questions?

Call: (914) 995-4402 or

Email: Plan-LSW@westchestergov.com



The County of Westchester is an Equal Employment Opportunity Employer





Property Owner Application



Please note: all submissions are confidential

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Property Owner Application

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Application Document Checklist

- ☐ **Complete Lead Safe Westchester Property Owner Application:**
 - ☐ Application Document Checklist (required) (page 5);
 - ☐ Property Information Form (required) (page 6);
 - ☐ Program Certification Form (required) (page 7);
 - ☐ Hold Harmless Agreement: Covid-19(required) (page 8);
 - ☐ Disclosure of Information on Lead-Based Paint (required) (page 9);
 - ☐ If Property Owner Lives in the Dwelling (Owner Occupied Units);
 - ☐ Household Member Information Form (required) (page 10);
 - ☐ Self-Certification of Annual Income Form, Signed (required) (page 11);
 - ☐ Employment Verification Form (required) (page 12);
 - ☐ Visiting Child Form, include birth certificate(s) (if applicable) (page 13);
 - ☐ Consent for Release of Info Form (if applicable) (page 14).
- ☐ **Supporting Documentation (copies are acceptable, do not submit original documents):**
 - ☐ Deed to Property;
 - ☐ Photo ID - Current and Valid;
 - ☐ Homeowner's Insurance Policy, with Declarations Page;
 - ☐ Additionally, For Owner Occupied Units;
 - ☐ Paystubs for last 2 months **OR** 6 most recent & consecutive paystubs;
 - ☐ W-2's for 2020 & 2021;
 - ☐ Federal Income Tax Return, with all Schedules for 2020 & 2021;
 - ☐ Photo ID, Legible copy for each person over 18 years old;
 - ☐ Documentation of any other source of income,
 - e.g. social security, pension, child support;
 - ☐ All Bank, Credit Union & Investment Statements;
 - For the previous 3 months (all pages);
 - ☐ Retirement Fund Account Statements (e.g. 403b, 401k);
 - For the previous 3 months (all pages);
 - ☐ Birth certificate or Passport(s) for all children under six years old (if applicable);
 - ☐ Full-time Students, over 18 years old - Current Transcript, if applicable.



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Property Owner Application

Property Information Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Please see the Lead Safe Westchester Info Guide for information on program eligibility and priority considerations.

Property Owner Information – Please Print

Property Owner Last Name: _____ First Name: _____

Mailing Address: _____

Cell Phone #: _____ Alternate Phone #: _____

Email address: _____ Preferred Contact #? _____

Application Property Address: _____

How did you hear about the LSW Program? Flyer ☐ Web search: ☐ Dept. of Health: ☐

Newspaper (which) ☐: _____ Community Event ☐ Presentation ☐ Other (list) ☐: _____

Property Information – Please Print

Total # Units in the Dwelling (check which applies):

1/Single: ☐ 2/Two-Family: ☐ Multi-Unit: ☐ 4 ☐ 5 ☐ 6 ☐

Other: ☐ Describe: _____

Square feet per unit: _____/_____/_____/_____/_____

Original/wood windows per unit: _____/_____/_____/_____/_____

Rental Property ☐ Vacant ☐ Owner Occupied ☐ If you live in the unit, complete pages 10-14

Year Building Constructed, if known? _____

Type of Exterior (e.g. vinyl, wood, brick, stucco): _____

Is property located in a floodplain? No ☐ Yes ☐

If yes, is the property insured against flooding? No ☐ Yes ☐

Homeowners Insurance Company: _____ Insurance Policy #: _____

Insurance Company - Phone #/Address: _____

I certify that I am the owner or authorized owner's representative. I am submitting this application to the LSW Program and authorize the Westchester County Department of Planning to perform a lead hazard evaluation of the property. All information provided herein is correct to the best of my understanding.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____



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Property Owner Application Program Certification Form

Street: _____ **Unit#:** _____ **City:** _____ **Zip Code:** _____

The undersigned hereby submit this application to the Westchester County Department of Planning (the "County") for the Lead Safe Westchester (LSW) Program to reduce lead-based paint dust and safety hazards in residential units of low and moderate income households. The undersigned acknowledges that this application is made pursuant to a program offered by the County and that the methods for reducing lead-based paint hazards will be determined by the County. The undersigned further agrees to allow and facilitate the repairs recommended in the property by a contractor approved by the County through a bid process.

The undersigned agrees that for a minimum of three (3) years following the completion of LSW improvements, the property will be leased/rented to persons or families who earn at or below HUD's guidelines for low/moderate income households. In all cases, the owner/landlord shall give priority when renting units to income-eligible households with a child under the age of six and/or pregnant women. The Owner agrees to lease these units within the HUD Fair Market limits, maintain the property and retain homeowner's insurance.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

Units that receive County funding will be placed on a list accessible to all County Departments. Other agencies will have access to this list, including the Departments of Health and Social Services. The undersigned agrees that the information may be accessible as specified to the above departments and agencies.

The undersigned understands that failure to comply with LSW requirements may result in recapture by the County for the value of the improvements to the Property. The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

Applicant Name (Print): _____

Applicant Signature: _____ **Date:** _____



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Hold Harmless Agreement COVID-19

The Westchester County Department of Planning (**WCDP**) will be performing inspections, as needed to assess the INTERIOR AND/OR EXTERIOR of property located at

If the property meets the Lead Safe Westchester (**LSW**) program guidelines, **WCDP** will recommend specifications for repairs and solicit quotes from contractors. During the bidding process, **WCDP** approved contractors may be contacting you. It is the responsibility of the *Property Owner* to notify the **WCDP** and Contractors if anyone in the home begins to experience COVID-19 symptoms. To the fullest extent permitted by law, the *Property Owner* shall indemnify and hold harmless the **WCDP**, its agents, subcontractors and employees, from and against any and all claims, damages, losses and expenses including but not limited to attorneys' fees, by *Property Owner*, *Property Owner's* household members or *Property Owner's* representatives, arising out of or resulting from exposure to COVID-19 or any other communicable illness. This indemnification obligation shall not be limited by an amount or type of damages, compensation or benefits payable by or for the *Property Owner* under any insurance policies held by the *Property Owner*.

To the fullest extent permitted by law, the **WCDP** shall indemnify and hold harmless the *Property Owner*, *Property Owners'* representative, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, from and against any and all claims, damages, losses and expenses, including but not limited to attorneys' fees, by the **WCDP**, its agents, subcontractors and employees, arising out of or resulting from exposure to COVID-19 or any other communicable illness. This indemnification obligation shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the **WCDP** or its subcontractors under workers' compensation acts, disability benefit acts or other employee benefit acts.

The undersigned understands that exposure to disease-causing organisms, such as COVID-19 and contaminated objects, as well as personal contact with interested parties, including but not limited to construction workers, tradesmen, inspectors, occupants and others associated with the rehabilitation of property, involve a certain degree of risk that could result in illness, permanent disability or death. By signing below, I agree to release and hold-harmless the **WCDP** and its agents, contractors, employees, officers and vendors from and against all claims for damages and liability resulting from exposure to disease-causing organisms, such as COVID-19.

Property Owner – Name Printed

Property Owner – Signature

Date

Contractor – Name Printed

Contractor – Signature

Date



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Property Owner Application

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards - Warning Statement

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Property Owner's Disclosure:

(a) Knowledge of lead-based paint in the dwelling (check (i) or (ii) below):

- (i) _____ Presence of lead-based paint and/or lead-based paint hazards;
(ii) _____ Property Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the property owner (check (i) or (ii) below):

- (i) _____ Property Owner has provided the lessee with all available records and reports pertaining to (below).
(ii) _____ Property Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment (initial):

- (c) _____ Tenant has received copies of all information listed above.
(d) _____ Tenant has received the pamphlet *Protect Your Family from Lead in Your Home*.

Property Owner _____ Date _____ Property Owner _____ Date _____
(Print Name) (Signature)

Tenant _____ Date _____ Tenant _____ Date _____
(Print Name) (Signature)



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Property Owner Application

Household Member Information Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Name: _____ Date of Birth: _____ Age: _____

Head of Household (HH)*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Attach additional page(s), if necessary.



Property Owner Application Self-Certification of Annual Income Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income:

☐ HUD 24 CFR Part 5 ☐ IRS Form 1040 ☐ American Community Survey

First Names:	Last names:	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information: Annual gross income (total of all members) = \$ _____

Certification: I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD

Signature:	Printed Name:	Date:
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OTHER BENEFICIARY ADULTS

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

Attach additional page(s), if necessary.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



Please note: all submissions are confidential

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Property Owner Application Employment Verification Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Employee Section (Property Owner)

Employee: _____
Address: _____
Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
HR Phone Number: _____

AUTHORIZATION:

Federal Regulations (CFR) require that we verify Employment Income of all members of the household applying for participation in the Lead Safe Westchester (LSW) Program and to reexamine this income periodically.

We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information is appreciated.

Mail to:

County of Westchester Dept. of Planning
Lead Safe Westchester (LSW) Program
148 Martine Avenue, Room 414
White Plains, NY 10601

Email to: Plan-LSW@westchestergov.com
Additional questions? Call: **914-995-4402**

To be completed by EMPLOYER ONLY

Employed since: _____
Occupation: _____
Salary: _____
Effective date of last increase: _____
Base pay rate: \$ _____ /Hour; or \$ _____ /Week; or
\$ _____ /Month Average hours/week at base pay rate:
Hours # weeks _____, or #. _____ weeks worked/Year
Overtime pay rate: \$ _____ /Hour
Expected average number of hours overtime worked per
week during next 12 months: _____
Any other compensation not included above (specify for
commissions, bonuses, tips, etc.): \$ _____ per _____
Is pay received for vacation? _____ Yes _____ No
If Yes, _____ # of days per year:
Total base pay earnings for past 12 mos. \$ _____
Total overtime earnings for past 12 mos. \$ _____
Probability and expected date of any pay increase: _____

RELEASE: I hereby authorize the release of the requested information.

Name of Employee: _____
Signature of Employee: _____
Date: _____

Name of Employer: _____
Signature of Employer: _____
Telephone #: _____
Date: _____

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.



Please note: all submissions are confidential

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Property Owner Application Visiting Child Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

This form is only required when the qualifying child does not live in the unit.

To qualify, the visiting child must visit at least three hours per day on two separate days in a week (six hours per week total AND at least 60 hours total per calendar year for at least 6 hours per week, 10 weeks per year).	
Child's Name:	
Property Visited:	
Number of Hours a Week Child Visits Property:	
Date of Birth: (Attached Copy of Birth Certificate or Passport)	
Child's Relationship to You: (I.e. son, granddaughter, nephew, etc.)	
Name of Parent/Guardian (Print): _____ Signature of Parent/Guardian: _____ Date: _____	

Property Owner Application

Consent for Release of Info Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

This form is to be completed by tenants who receive assistance from Westchester County's Department of Social Services.

To verify income (if applicable).

Complete one form for each adult resident in the household.

Full Name:	
Former Name (if applicable):	
Date of Birth:	
Current Address:	
Previous Address:	

I, _____, authorize the Westchester County Department of Planning to receive all necessary information from the Department of Social Services for the sole purpose of verifying my income.

I understand that any disclosure and/or redisclosure of these records to a party other than the one named above is forbidden without further permission from me. I understand that this information is being used for the sole purpose of income verification. I understand that I may revoke this consent at any time, upon written notice, but that such revocation may affect my eligibility for the HUD funded LSW Program.

Print Name: _____ Date: _____

Signature: _____

Please note: all submissions are confidential



Please note: all submissions are confidential

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Tenant Application



Tenant Application

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Application Document Checklist

☐ **Complete Lead Safe Westchester Tenant Application:**

- ☐ Application Document Checklist (Required) (page 17);
- ☐ Property Information Form (Required) (page 18);
- ☐ Household Member Information Form (Required) (page 19);
- ☐ Self-Certification of Annual Income Form - Signed (Required) (page 20);
- ☐ Employment Verification Form, for each **Tenant** over 18 (Required) (page 21);
- ☐ Visiting Child Form, include birth certificate(s) - Copies (if applicable) (page 22);
- ☐ Consent for Release of Info Form (if applicable) (page 23);
- ☐ Disclosure of Information on Lead-Based Paint (**Required - Page 24**).

☐ **Supporting Documentation (copies are ok, do not send original documents):**

- ☐ Pay stubs for last 2 months OR 6 most recent consecutive pay stubs;
- ☐ W-2's for 2020 & 2021;
- ☐ Federal Income Tax Returns with all Schedules for 2020 & 2021;
- ☐ Copy of Photo ID for each Tenant over 18 years old;
- ☐ Documentation of all other sources of income;
 - o e.g. Social Security, Pension, Child Support, etc.;
- ☐ All Bank, Credit Union & Investment Statements:
 - o Previous 3 months(all pages);
- ☐ Retirement Fund Account Statements (e.g. 403b, 401k);
 - o Previous 3 months(all pages);
- ☐ Birth certificate or Passport(s) for all children under six years old (if applicable);
- ☐ Full-time Students, over 18 years old – Current Transcript, if applicable.

Please note: all submissions are confidential



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Tenant Application Property Information Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Property Owner Last Name: _____ First Name: _____

Property Owner Address (if known): _____ Phone #: _____

Tenant Last Name: _____ First Name: _____

Email address: _____ Cell Phone #: _____

- Number of bedrooms in the unit: _____
 - If temporary relocation is necessary, will residents have an alternative place to stay, for approx. 4-7 days?
No ☐ Yes ☐ If yes, where _____
 - Does a pregnant woman live in the unit? No ☐ Y Yes ☐
 - Do children under 6 years old live in the unit? No ☐ Yes ☐
- If Yes to the above, complete this table:

Child(ren) Full Name(s)	Date of Birth	Lead Test Results	Date of Results

- Do you receive assistance from Westchester County's Department of Social Services?
No ☐ Yes ☐ If Yes, the Consent & Release Form is required (see page 19)
- Is there a child under 6 years old who is a regular visitor, but does not live there?
No ☐ Yes ☐ If Yes, the Visiting Child Certification Form is required (see page 20)

Optional Demographic Information: This is for statistical data only. The Westchester County Department of Planning does not discriminate against any individual or group because of race, sex, religion, age, ethnicity, color, marital status, income, disability or political belief. I choose not to complete this section ☐

Check any/all that apply to this household/dwelling unit: American Indian/Alaska Native ☐ Asian ☐
Hispanic/Latino ☐ White/Caucasian ☐ Black/African-American ☐ Other ☐

I, as the **TENANT**, of the Property, authorize the Westchester County Department of Planning to provide lead hazard evaluations and services on in the property. The owner of the Property intends to submit an application to the LSW Program. All information provided herein is correct to the best of my understanding.

Tenant (Print Name):	Tenant Signature:	Date:
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Please note: all submissions are confidential



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Tenant Application

Household Member Information Form

Street: _____ **Unit#:** _____ **City:** _____ **Zip Code:** _____

Name: _____ Date of Birth: _____ Age: _____

Head of Household (HH)*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Name: _____ Date of Birth: _____ Age: _____

Relationship to HH*: _____ Monthly Income: _____

Employer: _____ Employer's Address: _____

Attach additional page(s), if necessary.

Please note: all submissions are confidential



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Tenant Application Self-Certification of Annual Income Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income:

☐ HUD 24 CFR Part 5 ☐ IRS Form 1040 ☐ American Community Survey

Member Information

First Names:	Last names:	HH	CH	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information: Annual gross income (total of all members) = \$ _____

Certification: I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD

Signature:	Printed Name:	Date:
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OTHER BENEFICIARY ADULTS

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

Attach additional pages if needed.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Please note: all submissions are confidential



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Tenant Application Employment Verification Form

Street: _____ **Unit#:** _____ **City:** _____ **Zip Code:** _____

Employee Section (Tenant)

Employee: _____

Address: _____

Employer: _____

Address: _____

City: _____ State _____ Zip: _____

HR Phone Number: _____

AUTHORIZATION:

Federal Regulations (CFR) require that we verify Employment Income of all members of the household applying for participation in the Lead Safe Westchester (LSW) Program, and to reexamine this income periodically.

We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information is appreciated.

Mail to:

County of Westchester Dept. of Planning
Lead Safe Westchester (LSW) Program
148 Martine Avenue, Room 414
White Plains, NY 10601

Email to: Plan-LSW@westchestergov.com

Additional questions? Call: 914-995-4402

To be completed by EMPLOYER ONLY

Employed since: _____

Occupation: _____

Salary: _____

Effective date of last increase: _____

Base pay rate: \$ _____/Hour; **or** \$ _____/Week;
or _____\$ _____/

Month Average hours/week at base pay rate: _____

Hours # weeks: _____, or #. _____ weeks worked/Year

Overtime pay rate: \$ _____/Hour

Expected average number of hours overtime worked per week during next 12 months: _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: \$ _____ per _____

Is pay received for vacation? _____ Yes _____ No

If Yes, _____ # of days per year _____

Total base pay earnings for past 12 mos. \$ _____

Total overtime earnings for past 12 mos. \$ _____

Probability and expected date of any pay increase _____

RELEASE: I hereby authorize the release of the requested information.

Name of Employee: _____

Signature of Employee: _____

Date: _____

Name of Employer: _____

Signature of Employer: _____

Telephone #: _____

Date: _____

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.



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Tenant Application Visiting Child Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

This form is only required when the qualifying child does not live in the unit.

To qualify, the visiting child must visit at least three hours per day on two separate days in a week (six hours per week total **AND** at least 60 hours total per calendar year for at least 6 hours per week, 10 weeks per year).

Child's Name:	
Property Visited:	
Number of Hours a Week Child Visits Property:	
Date of Birth: (Attached Copy of Birth Certificate)	
Child's Relationship to You: (I.e. son, granddaughter, nephew, etc.)	

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Date: _____

Please note: all submissions are confidential



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Tenant Application

Consent for Release of Info Form

Street: _____ Unit#: _____ City: _____ Zip Code: _____

This form is to be completed by tenants who receive assistance from Westchester County's Department of Social Services.

(It is used for income verification purposes (if applicable).)

Complete one form for each adult resident in the household.

Full Name:	
Former Name: (if applicable)	
Date of Birth:	
Current Address:	
Previous Address:	

I, _____, authorize the Westchester County Department of Planning to receive all necessary information from the Department of Social Services for the sole purpose of verifying my income.

I understand that any disclosure and/or redisclosure of these records to a party other than the one named above is forbidden without further permission from me. I understand that this information is being used for the sole purpose of income verification. I understand that I may revoke this consent at any time, upon written notice, but that such revocation may affect my eligibility for the HUD funded LSW Program.

Name (Print): _____ Date: _____

Signature: _____

Please note: all submissions are confidential



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Tenant Application

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards - Warning Statement

Street: _____ Unit#: _____ City: _____ Zip Code: _____

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Property Owner's Disclosure:

(a) Knowledge of lead-based paint in the dwelling (check (i) or (ii) below):

- (i) _____ Presence of lead-based paint and/or lead-based paint hazards;
 (ii) _____ Property Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the property owner (check (i) or (ii) below):

- (i) _____ Property Owner has provided the lessee with all available records and reports pertaining to (below).
 (ii) _____ Property Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment (initial):

- (c) _____ Tenant has received copies of all information listed above.
 (d) _____ Tenant has received the pamphlet *Protect Your Family from Lead in Your Home*.

Property Owner _____ Date _____ Property Owner _____ Date _____
 (Print Name) (Signature)

Tenant _____ Date _____ Tenant _____ Date _____
 (Print Name) (Signature)

Please note: all submissions are confidential



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