

**ERIE REDEVELOPMENT AUTHORITY  
APPLICATION FOR RESIDENTIAL LEAD HAZARD CONTROL PROGRAM**

Updated November 2017

Applicants are strongly encouraged to have children under the age of 6 blood tested for lead. They can be seen by a family physician.

**TENANT APPLICATION**

**IMPORTANT: COMPLETE ENTIRE FORM TO AVOID PROCESSING DELAYS OR DENIAL OF APPLICATION  
\*APPLICATIONS ARE VALID FOR 6 MONTHS**

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

**Ethnic & Situational Data.** Circle all that apply to you:

- |                    |                  |           |              |
|--------------------|------------------|-----------|--------------|
| Latino             | African American | Caucasian | Asian        |
| Elderly (above 65) | Female HOH       | Disabled  | Other: _____ |

**List all resident household members (people living in the household full time):**

- 1) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_
- 2) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_
- 3) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_
- 4) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_
- 5) First, Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Age: \_\_\_\_\_ Relationship to Owner/Applicant \_\_\_\_\_

**List all Non Resident Children under the age of 6 who spend more than 6 hours per week in your home (at least three hours per visit on at least two separate visits per week) on the attached Visiting Child Document.**

**STATEMENT OF INCOME**

**LIST THE ANNUAL (YEARLY) GROSS INCOME BEFORE TAXES OF ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF:**

Household Member Name	Source (Job, SSI, Disability, rental income, Welfare, Unemployment, etc)	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total annual household income** \_\_\_\_\_

**Employment Status for adult household members:**

**1. Status of Employment – Circle all that apply**

Employed full time      Employed part time      Retired/Unemployed      Disabled

Current place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Contact person: \_\_\_\_\_

**2. Status of Employment – Circle all that apply**

Employed full time      Employed part time      Retired/Unemployed      Disabled

Current place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employment start date: \_\_\_\_\_ Contact person: \_\_\_\_\_

**If more than two household members are employed, use separate sheet to provide employment information.**

**1. RELEASE OF INFORMATION**

I/We the undersigned, hereby give the Erie Redevelopment Authority written permission to obtain verification of income from any source necessary to help establish eligibility for Federal and/or State funding. We also give the Erie Redevelopment Authority written permission to share any information necessary for the operation of the Lead Hazard Control Program with working partners or anyone that the Erie Redevelopment Authority deems necessary.

**2. PROGRAM OUTLINE**

I have received, read and understand the Lead Hazard Control Program Outline.

**3. AFFIDAVIT**

The parties signing this Application and Statement of Income do so with the understanding that this is made in support of an application for housing rehabilitation assistance, and that any false statements hereon will result in the cancellation of said housing rehabilitation and will permit the recovery of any funds advanced by the Erie Redevelopment Authority that were based on this application.

**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 Printed Name                      Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Printed Name                      Co-Applicant Signature                      Date

\_\_\_\_\_  
ERA Intake Coordinator Signature                      Date

# Erie Redevelopment Authority

Lead Hazard Control Program  
626 State Street Room 107 Erie, PA 16501

## Legal Guardian Affidavit / Visiting Children Documentation

### HUD's Definition of Frequently Visiting

"A significant amount of time visiting" is visiting regularly by the same child, under six years of age, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visits last six hours, and the combined annual visits last at least 60 hours.

### PARENT / LEGAL GUARDIAN CERTIFICATION

**\*\*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

I certify that the child/children listed below are under the age of six and visit the property located at:

\_\_\_\_\_ in an amount to or greater than described in the above definition.

Childs Name:                      Age:                      Relationship to applicant:                      Duration/Frequency of visits:

\_\_\_\_\_  
\_\_\_\_\_

Home address of the child/children: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian **Print Name**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness-Intake Coordinator

\_\_\_\_\_  
Date

**Attach copy of Child/Children's Birth Certificate and Parent/Guardian valid PA identification.**

## **CHECKLIST - DOCUMENTS REQUIRED**

### **Lead Hazard Control Program-TENANT**

ONLY PHOTOCOPIES ARE ACCEPTED. Please have copies made before sending application to us for processing.

\*Updated November 2017

\_\_\_\_\_ Completed application signed by tenant

\_\_\_\_\_ Birth Certificates for all children under the age of 18

\_\_\_\_\_ Government issued photo ID for applicant and all adult household member(s)

\_\_\_\_\_ Social Security card for all adult household member(s)

\_\_\_\_\_ Blood Lead Results for children under age 6 if children have been tested

\_\_\_\_\_ Current Lease

\_\_\_\_\_ Income documentation for all household members from all sources

-All pay stubs from the most recent consecutive 3 months

-Net income statement of business or profession (if applicable)

-Pension, SSI, annuities, retirement funds, or other types of periodic disbursement statements

-Unemployment, disability, worker's compensation statements

-Documentation of alimony, child support, regular contributions or gifts from individuals not residing in the dwelling

-Investment Income Statement (interest, dividends or other net income)

-Rental Income Statement

-Other Public Assistance Statements

\_\_\_\_\_ Verification of Assets on Deposit form - Provide a copy of this form to each bank or financial institution which you or any adult household member have an account with and ask them to complete the form and return it directly to the Authority's office. (Alternatively, you may provide copies of six consecutive months' bank statements for each account.)

\_\_\_\_\_ Verification of Employment form - Provide a copy of this form to all employers of each adult household member and ask them to complete the form and return it directly to the Authority's office.

\*\*\*Please note, a visual inspection of all household members' social security cards will be necessary to complete your application\*\*\*

RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST AND ALL DOCUMENTATION TO ERIE REDEVELOPMENT AUTHORITY, 626 STATE STREET ROOM 107, ERIE PA 16501 ATTN: INTAKE COORDINATOR  
(814) 870-1540 or Fax (814) 870-1331.