

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.

LANDLORD APPLICATION

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

Owner Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Address of Rental Property: _____

City: _____ State: _____ Zip Code: _____

Number of housing units in the structure: _____

Tenant Information (if vacant, indicate on 'tenant name' line):

Unit # 1: First, Last Name _____

No. of persons in Household: _____ Adults _____ Children 6-18 _____ Children under 6

Unit # 2: First, Last Name _____

No. of persons in Household: _____ Adults _____ Children 6-18 _____ Children under 6

Unit # 3: First, Last Name _____

No. of persons in Household: _____ Adults _____ Children 6-18 _____ Children under 6

Unit # 4: First, Last Name _____

No. of persons in Household: _____ Adults _____ Children 6-18 _____ Children under 6

1. PREVIOUS ASSISTANCE

Have you ever received housing assistance from the Erie Redevelopment Authority? ____Y____N

If yes, what year? _____

2. 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.

3. PROGRAM OUTLINE

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

4. 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

COMPLIANCE WITH STIPULATIONS: RENTAL PROPERTY

I _____ (name) agree to the following stipulations in exchange for receiving Lead Hazard Control Program funds from the Redevelopment Authority of the City of Erie for lead hazard control work to be performed on the property located at (address): _____

I further understand that these stipulations will remain in effect for three years from the date that the Lead Hazard Control Program has been completed and accepted.

STIPULATIONS:

1. Monthly rents may not be increased more than 5% per year for a period of three years.
2. Landlord must give priority (and document a good faith effort) in renting the assisted unit(s) to families that have a child under the age of six years living in the household.
3. A landlord shall not unfairly terminate the tenancy of a tenant of rental housing assisted with Lead Hazard Control Program funds except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local laws; or for other good cause.
4. The owner shall maintain all municipal accounts (property taxes, garbage, sewer, etc.) in good standing and current.
5. The owner shall maintain the property in a manner to protect and preserve the lead hazard controls.

I acknowledge that if I fail to abide by the above stipulations, all or part of the funds provided by the Lead Hazard Control Program will be immediately due and payable to the Redevelopment Authority of the City Erie.

Executed in the presence of:

Witness

Applicant

Witness

Co-Applicant

DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

Lead Hazard Control Program-Landlord

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

Updated: November 2017

_____ Proof of Current Registration with the City of Erie Rental Registration Program (City of Erie **ONLY**)

_____ Copy of leases for occupied units

_____ Proof that the following are current:

_____ Mortgage

_____ Property Taxes

_____ Water, Sewer, Refuse

_____ Homeowners Insurance Declaration Page

_____ 'Compliance with Stipulations' signed by landlord

_____ Completed 'Tenant Application'

*Please note that your application will not be considered complete and processed until all documentation is received.

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.