

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

Updated February 4, 2014

*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**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Home Address: \_\_\_\_\_

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

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

Social Security Number or Tax ID: \_\_\_\_\_

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

No. of Persons in Household: \_\_\_\_\_ Adults \_\_\_\_\_ Children 6-18 \_\_\_\_\_ Children Under 6

Unit #2: Tenant Name: \_\_\_\_\_

No. of Persons in Household: \_\_\_\_\_ Adults \_\_\_\_\_ Children 6-18 \_\_\_\_\_ Children Under 6

Unit #3: Tenant Name: \_\_\_\_\_

No. of Persons in Household: \_\_\_\_\_ Adults \_\_\_\_\_ Children 6-18 \_\_\_\_\_ Children Under 6

Unit #4: Tenant Name: \_\_\_\_\_

No. of Persons in Household: \_\_\_\_\_ Adults \_\_\_\_\_ Children 6-18 \_\_\_\_\_ Children Under 6

**PROPERTY TAXES AND MUNICIPAL SERVICES:**

Homeowners Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Account Number: \_\_\_\_\_

Are property taxes on this property current? \_\_\_\_\_

Are water, sewer and garbage bills on this property all current? \_\_\_\_\_

Are there any judgments against this property? \_\_\_\_\_

If located in the City of Erie, is your rental property registered with the Department of Code Enforcement? \_\_\_\_\_

**AFFADAVIT**

**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 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

\_\_\_\_\_  
ERA or SMC Intake Coordinator Signature                      Date

**RELEASE OF INFORMATION**

We give the Erie Redevelopment Authority written permission to share any information necessary for the operation of the Lead Program with working partners or anyone that the Erie Redevelopment Authority deems necessary.

\_\_\_\_\_  
Landlord Printed Name                      Landlord Signature                      Date

**COMPLIANCE WITH STIPULATIONS: RENTAL PROPERTY**

I \_\_\_\_\_ (name) do agree to the following stipulations as a result of receiving lead hazard control grant funds from the Redevelopment Authority of Erie for lead hazard control work to be performed on the property located at (address): \_\_\_\_\_.

**STIPULATIONS:**

1. The landlord must not raise the rent by more than 5% per year for a period of three years. This three-year period will not begin until the hazard control process has been completed and accepted.
2. If the occupied unit(s) should become vacant during the three (3) year period, the landlord must rent to families at or below the 80% level of the County median income. Landlord must also give priority (document a good faith effort) in renting these unit(s) that are assisted, to families that have a child under the age of six years living in the household. The same rules apply to units that are currently vacant. This priority would be for a period of not less than three years following completion of lead hazard control activities.
3. A landlord must not terminate the tenancy of a tenant of rental housing assisted with Lead Hazard Control Grant Program funds except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; or for other good cause.
4. The property taxes on the unit(s) assisted must be paid up-to-date.
5. The landlord must comply with the lead hazard control strategy.

I acknowledge that if I fail to abide by the above stipulations, the matching funds or any prorated portion of the matching funds provided by the Redevelopment Authority of Erie are immediately due and payable to the Redevelopment Authority of Erie.

Executed in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Co-Applicant

## CHECKLIST - DOCUMENTS REQUIRED TO PROCESS YOUR APPLICATION

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

### **Applicant:**

**Please check each one as completed and submit this form with the application**

- \_\_\_\_\_ Program Outline signed by landlord and tenant(s)
- \_\_\_\_\_ Proof of Current Registration with the City of Erie Rental Registration Program (City of Erie Only)
- \_\_\_\_\_ Copy of Deed for the property verifying ownership
- \_\_\_\_\_ Copy of leases for occupied units
- \_\_\_\_\_ Proof of Current Homeowners Insurance
- \_\_\_\_\_ Proof that the following are current:
  - \_\_\_\_\_ Mortgage payments
  - \_\_\_\_\_ Property Taxes
  - \_\_\_\_\_ Water, Sewer, Refuse
- \_\_\_\_\_ Completed 'Tenant Qualification Form' for all tenants
- \_\_\_\_\_ 'Compliance with Stipulations' signed by landlord

RETURN YOUR FULLY COMPLETED APPLICATION, CHECKLIST AND ALL DOCUMENTATION TO  
ERIE REDEVELOPMENT AUTHORITY, 626 State Street, Room 107, Erie, PA 16501 - ATTN: Kelly Neville (814)  
870-1540 or Fax (814) 870-1331.