

**RENTAL PROPERTY LEAD-BASED PAINT  
HAZARD REDUCTION PROGRAM  
GRANT INSTRUCTIONS**

**LANDLORD - KEEP FOR YOUR RECORDS**

**Directions**

- a. Fill out attached application. Please deliver the tenant verification packets to each of your tenants for their completion. (If you, the owner, also lives in the building, you are required to complete a tenant verification packet as well). Hard copy income documentation will be required to ensure income guidelines of the program are being met. The income verification sheet will be sent to the tenants employer or other documentation proving income will be accepted (recent tax return, W2, pay stub, bank statement, et). When the application and all tenant packets are complete please mail or drop them off at the Housing Department, 350 W 6<sup>th</sup> St., Ste 312.
- b. Please provide a copy of the insurance on the property to be made lead safe.
- c. Income eligibility is based upon income limits.
- d. You will be notified with regard to your approval for participating in the Lead Based Paint Hazard Reduction and/or Healthy Homes Program.

**Inspection**

- a. Should you qualify, a Lead Paint Inspector will come to your rental property to inspect for lead-based paint.
- b. The Lead Paint Inspector will determine what repairs are necessary in your unit/units and how the property can be made lead safe.
- c. Most projects will be completed in thirty (30) days from start to finish. **NOTE: THE PROPERTY WILL BE VACATED DURING THE TIME THE WORK IS BEING DONE. NO ONE OTHER THAN CERTIFIED LEAD PAINT PROFESSIONALS MAY BE AT THE PROPERTY WHILE THE LEAD HAZARD REDUCTION WORK IS GOING ON. A TEMPORARY RELOCATION UNIT OR HOTEL WILL BE PROVIDED FOR YOUR TENANTS PLACEMENT WHILE THE WORK IS BEING COMPLETED.**

**Project**

- a. **COSTS OVER AWARDED GRANT AMOUNT ARE THE RESPONSIBILITY OF THE PROPERTY OWNER AND MUST BE PAID BEFORE THE PROJECT BEGINS. SUBMIT THE CHECK MADE PAYABLE TO THE CITY OF DUBUQUE HOUSING SERVICES DEPARTMENT.**
- b. Upon project completion, contractor must contact the Housing Services Department (589-1724) to schedule a final inspection of the property. **THIS INSPECTION MUST BE COMPLETED BEFORE FINAL PAYMENT CAN BE MADE ON YOUR GRANT.**

**Follow Up**

As a landlord, for 36 months AFTER families with no children move from the now lead-safe property, you **MUST** give preference to families that income qualify **and** have children under the age of 6.

**OUR PROGRAM FOCUSES ON REMOVING LEAD HAZARDS. HOWEVER, IT IS OUR EXPECTATION THAT YOUR PROPERTY MEETS MINIMAL INTERNATIONAL PROPERTY MAINTENANCE CODE COMPLIANCE. IF THERE ARE HEALTH AND SAFETY DEFICIENCIES, A GENERAL HOUSING INSPECTION MAY BE REQUESTED.**





**CITY OF DUBUQUE**  
Housing & Community Development  
Lead Hazard Control Program  
350 W. 6<sup>th</sup> Street, Suite 312, Dubuque, IA 52001  
563-589-1724



Date: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

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

Address of Owner: \_\_\_\_\_

TIN or Social Security No: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A. Address of Property to be Made Lead Safe \_\_\_\_\_

B. Mortgage \_\_\_\_\_ Land Contract \_\_\_\_\_

Name/Address of Land Contract Title Holder \_\_\_\_\_

A. Description of Building to be Made Lead Safe: Year Built: \_\_\_\_\_

1. Single Family Duplex Multi-Family

Number of Units \_\_\_\_\_ Number of Owner Occupied Units \_\_\_\_\_

Is the Property in a Flood Plain \_\_\_\_\_ If so, do you have Flood Insurance \_\_\_\_\_

**PLEASE PROVIDE A COPY OF THE PROPERTY INSURANCE FOR THE UNIT BEING MADE LEAD SAFE**

**Grant Guideline Notification and Acceptance:**

Property owner agrees to allow the Housing and Community Development Department Inspector into the property to conduct an environmental investigation. Environmental dust and soil sampling will also be conducted at the time of the building risk assessment and/or healthy homes assessment before the work begins, at conclusion of the lead hazard removal work, and again twelve months after the lead hazard removal work is completed.

**OUR PROGRAM FOCUSES ON REMOVING LEAD HAZARDS. HOWEVER, IT IS OUR EXPECTATION THAT YOUR PROPERTY MEETS MINIMAL INTERNATIONAL PROPERTY MAINTENANCE CODE COMPLIANCE. IF THERE ARE HEALTH AND SAFETY DEFICIENCIES, A GENERAL HOUSING INSPECTION MAY BE REQUESTED.**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

**Lead Hazard Control Program**  
**Tenant Application and Check List**

**PLEASE PROVIDE ANY OF THE FOLLOWING FORMS THAT APPLIES FOR YOUR HOUSEHOLD SITUATION. Any documents required but not attached will make the Application INCOMPLETE. If an application is incomplete, it will not be accepted.**

- Picture ID (adults) and Birth Records (children) for everyone in the Household.
- One year (most recent) tax return & W2s for everyone in the household over the age of 18.
  - If self-employed - two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in the household over the age of 18.
- Social Security Benefits - If you receive social security benefits, please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement or other proof of support.
- If anyone in the household is receiving unemployment, a statement from the Iowa Workforce Development office is required. (We are also able to retrieve this information by submitting the authorization to release information form that you signed).
- If anyone in the household is receiving any other type of income (pension, FIP, rental income, etc.,) you will be required to submit appropriate documentation as well.
- Two months bank statements from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts (computer printouts are only acceptable if they are an actual copy of the statement).
- Property owner is required to provide proof of insurance for the property to be made lead safe.



## TENANT HOUSEHOLD INFORMATION

Property Address \_\_\_\_\_ Unit Number \_\_\_\_\_

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

Telephone number of TENANT: \_\_\_\_\_ Email address: \_\_\_\_\_

List ALL individuals living in the household: (attached additional sheet if needed)

Name	Age	Sex	DOB	Race (see Chart below)	Ethnicity Latino (Y/N)	Receive Medicaid (Y/N)
------	-----	-----	-----	---------------------------	---------------------------	---------------------------

Total Number In Household \_\_\_\_\_ Is the female head of household? \_\_\_ Yes \_\_\_ No

American Indian/Alaskan native (AI/AN)	Black/African American (B/AA)	White (W)
American Indian/Alaskan Native & White (AI/AN & W)	Black/African American & White (B/AA & W)	
Asian (AS)	Native Hawaiian/Other Pacific Islander (NA/OPI)	
Asian & White (AS&W)	Other Multi-Racial (OTHER)	

The U.S. Department of Housing and Community Development (HUD) requires the above information be collected for using this service. This information is confidential and for reporting purposes only.

Is the head of household using the Housing Choice Voucher (Section 8) rental assistance program?  
\_\_\_ Yes \_\_\_ No

Are you:  Single  Married  Divorced  Widowed  Separated  Co-habiting  
Do you have any dependents not residing in this household? Y/N If yes, please explain: \_\_\_\_\_

How did you hear about our Program: \_\_\_\_\_

Wage Earner:	Employed at:	Hourly Wage:	Hours Per Week:
--------------	--------------	--------------	-----------------

PERSON RECEIVING	TYPE OF INCOME	AMOUNT
------------------	----------------	--------

Please list any other sources of income in your household and by whom it is received: (Child support, FIP, Pension, Rental Income, Social Security, SSI/SSDI, Veteran's benefits, etc.)

(IF S.S.; SSI OR CHILD SUPPORT ARE SOURCES OF INCOME, ATTACH COPY OF STATEMENT, OTHERWISE ATTACH MOST RECENT PAY STUBS)

**Checking Account**

(Name all institutions)

Institution: \_\_\_\_\_

Balance: \_\_\_\_\_

Institution: \_\_\_\_\_

Balance: \_\_\_\_\_

**Savings Account**

(Name all institutions)

Institution: \_\_\_\_\_

Balance: \_\_\_\_\_

Institution: \_\_\_\_\_

Balance: \_\_\_\_\_

**Tenant Certification:**

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining lead or healthy homes assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

 \_\_\_\_\_  
 Printed Name

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Printed Name

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date
**TENANT GUIDELINE NOTIFICATION AND ACCEPTANCE:**

**All children under six years of age who reside at this property or are significant visitors to this property (10%) are required to have blood lead levels taken within one month prior to the project start date. Please acknowledge this by signing below.**

X \_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

X \_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date





Housing & Community Development  
 350 W. 6<sup>th</sup> Street, Suite 312  
 Dubuque, IA 52001-4648  
 Office (563) 589-1724  
 Fax (563) 690-6692  
[bhenry@cityofdubuque.org](mailto:bhenry@cityofdubuque.org)  
[www.cityofdubuque.org](http://www.cityofdubuque.org)

**ASSET SELF-CERTIFICATION**

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

BANK NAME \_\_\_\_\_ Account Number \_\_\_\_\_

Please complete all that apply:

My Assets Include: **(ALL INTEREST RATES MUST BE DOCUMENTED BELOW)**

	NAME of FINANCIAL INSTITUTION	AMOUNT	% OF INTEREST PAID	PENALTY FOR EARLY WITHDRAWAL
Checking Account Balance			%	
Checking Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Certificate of Deposit			%	
Certificate of Deposit			%	
Stocks/Bonds			%	
Annuity			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Equity in Real Estate other than your Home.			%	
Other (list)			%	

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CITY OF DUBUQUE**  
**HOUSING & COMMUNITY DEVELOPMENT**  
 Lead Hazard Control Program  
 350 W. 6<sup>th</sup> Street, Suite 312, Dubuque, IA 52001  
 563-589-1724 phone  
 563-690-6656

**LEAD HAZARD CONTROL PROGRAM PROCESS**

**CONGRATULATIONS!!!** You have chosen to participate in the City of Dubuque Lead Hazard Control Program. This is the start of creating a safe and healthy living environment for you and your family. The Program, on average, provides funding of \$14,200 for lead hazard remediations and \$2,500 for healthy homes repairs. The funding will be provided through a three-year forgivable loan. The Property Owner will be required to provide \$325 in owner contribution. Landlords will need to provide a \$250 REFUNDABLE security deposit for the relocation of their tenants. This deposit shall be returned when the tenant is relocated back into their newly lead-safe unit.

Please initial after each statement to indicate you understand the steps and processes that will be encountered during your experience with the Lead & Healthy Homes Program.

**APPLICATION & ELIGIBILITY**

- \_\_\_\_\_ Submit application – Single Family Owner Occupied or Rental Unit
- \_\_\_\_\_ Application reviewed and processed to determine eligibility for the program.
- \_\_\_\_\_ Upon eligibility confirmation, a lead inspection shall be scheduled.

**LEAD INSPECTION/RISK ASSESSMENT & HEALTHY HOMES ASSESSMENT**

- \_\_\_\_\_ At that inspection, I am aware that I, or a representative for me, shall be available during the entire inspection. I also understand that during the inspection, a Home Advocate from the VNA shall be present with the Lead Inspectors to visit with the Head of Household and complete a family health assessment to determine other health and safety needs and provide additional resources.
- \_\_\_\_\_ A complete lead inspection/risk assessment will be conducted. A hand held XFR machine will test for the presence of lead on all component surfaces (wall, floor, door, window, ceiling, and baseboard). This could take 4 – 6 hours. In addition, a healthy homes assessment will be completed, checking for health and safety deficiencies in the property (electrical, moisture, pest, hand rails, etc.).
- \_\_\_\_\_ After completion of the inspection the inspectors will prepare an Inspection Report and send their work specifications to the State Historic Preservation Office (SHPO). When using Federal funds a historic review must be completed. This process may take approximately six weeks.

**PRE-PROJECT**

- \_\_\_\_\_ A bid based on the approved work specifications will be made available to all Lead Certified contractors to complete. A bid tour will be held. All interested contractors looking to bid on the project must attend the bid tour. A minimum of two competitive bids will be received. The contractors will have two weeks from the date of the bid posting to submit their bids.
- \_\_\_\_\_ At the closing of the bid deadline, a Contractor shall be awarded the bid. The contractor awarded the bid will have the lowest qualifying and responsible bid.



\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
A Closing will be scheduled. At this closing, the property owner and contractor will be in attendance. All necessary closing documents and contracts will be signed. There is a required \$325 owner contribution per unit that will be paid at the time of closing. An estimated project start date shall be selected.

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
In addition, a \$250.00 refundable deposit will be paid by the property owner to ensure relocation unit is not damaged. This will be refunded upon final clearance and inspection of the relocation unit to ensure there are no damages to the unit.

**RELOCATION**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
EVERYONE residing in a unit that is to receive lead hazard control work must be relocated from the unit during the construction process. This will be on average 14 days. **Any person not lead certified cannot enter the unit once construction has begun. The contractor will change the locks to the doors during the construction process.**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
The City of Dubuque Lead Hazard Control Program provides a choice of two relocation units, a hotel or the choice for the participant to stay with friends or family. There is no cost to the participant for the relocation unit. (Tenants must continue their regular rental payment).

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
**IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER/TENANT TO FIND A PLACE FOR RELOCATION OF THEIR PETS.**

**CLEARANCE**

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Upon completion of the construction, the Homeowner/Tenant will be given clearance to return to the property.

\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Once returned to the property, the Property Owner shall sign a Certificate of Completion for the contractor.

**By signing below, I hereby acknowledge that I have been made aware of the process.**

\_\_\_\_\_  
Homeowner 1

\_\_\_\_\_  
Homeowner 2

.....  
**FOR RENTAL PROPERTY**

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Tenant

# FOR THE RELEASE OF INFORMATION

---

**Organization requesting release of information:**

City of Dubuque Housing and Community Development Department  
Lead Hazard Control Program  
350 West 6<sup>th</sup> Street; Suite 312  
Dubuque, IA 52001  
(563)589-1724  
(563)690-6692 fax

---

**Purpose:** As part of the application process, the lender named above may verify information contained in my/our application and in other documents required in connection with the assistance, whether before the loan is closed or as part of its quality control program.

**Authorization:** I/We authorize you to provide the lender named above with any and all information and documentation that they request.

**Inquiries may be made about, but not limited to the following:**

- Employment History and Income
- Income from Child Support, Unemployment, Alimony, Social Security, Veteran's Benefits, federal or state benefit programs, etc.
- Bank Information
- Credit Report/History
- Retirement Accounts, pension funds, life insurance, money markets, etc.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for twelve months or until revoked in writing, whichever comes first.

Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

