

# LANDLORD APPLICATION

LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

A separate application must be completed for EACH address.  
For further information or assistance in completing this application, please call (717) 291-4730.

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: PA Zip Code: \_\_\_\_\_  
 Number of Units/Apartments within Building: \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_  
 Why are you applying for the program? \_\_\_\_\_  
 Has this property ever been enrolled in a lead program? If yes, which one? \_\_\_\_\_  
 Has this property ever been inspected for lead? If so, by whom? \_\_\_\_\_  
 Does this property currently have:  Running Water  Electricity  Heat/Working heat source?  
 Does the property have current or previous roof leaks?  Yes  No  
 Is this unit currently registered with the City as a rental unit?  Yes  No  
 Have you been cited by the Health Department for a child's lead poisoning?  Yes  No  
 Do you own any other real estate property?  Yes  No  
 If yes, please provide address(es): \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name on Deed: \_\_\_\_\_  
 Ownership:  Individual  LLC  Partnership  Corporation  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PROPERTY MANAGEMENT COMPANY INFORMATION

Contact Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ When is the best time to reach you: \_\_\_\_\_  
 Preferred contact method:  Phone  Text  Email

## PROPERTY INSURANCE INFORMATION

*To participate in the program, the owner must maintain property insurance.*  
 Do you have property insurance?  Yes  No  
 Insurance Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

### For Office Use Only:

Application Received: _____	Code Violations: _____
Census Tract: _____	Rental Unit Registered: _____
Age of Unit: _____	Approval Date: _____
EBLL: _____	Denial Date: _____

**OCCUPANT INFORMATION**

*Please provide the address/unit numbers of the units needing remediation assistance. Indicate if the LHCP staff should contact the tenant directly for required application documentation:*

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom In Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom in Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom in Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom in Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom in Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Number of Bedroom in Unit: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Rent amount: \_\_\_\_\_  
 Would you like our office to send the tenant an application:  Yes  No

**FAIR MARKET RENT**

*It is a requirement that all rental properties receiving Lead Hazard Control funds through the City of Lancaster be surveyed annually from the date of completion of the work to determine that the property is still being rented to low-income families with children under the age of six at a fair market rent for a period of 3 years.*

<b>Year</b>	<b>Efficiency</b>	<b>One-Bedroom</b>	<b>Two-Bedroom</b>	<b>Three-Bedroom</b>	<b>Four-Bedroom</b>
FY 2024 FMR	\$938	\$1,061	\$1,333	\$1,725	\$1,775

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PROPERTY INFORMATION**

Please answer ALL the following questions by checking, “yes”, “no”, or “don’t know”.  
Please call (717) 291-4730 if you need assistance.

	Yes	No	Don't Know
1. Was the house at the above address built before 1978? Year Built: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the house/apartment owned by a federal, state, or local government agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your unit covered by a pending or final HUD, EPA and/or Department of Justice settlement agreement, consent to decree, court order or other similar action regarding violations of the Lead Disclosure Rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the house/apartment have at least one bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you agree to have your children under 6 years old tested for lead poisoning 6 months following lead work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this property or occupant currently participating in a HUD program? If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a child under the age of six living in the house full time?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is there a child under the age of six who is a regular visitor?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is there a child under six living in or a regular visitor to this home with a <b>blood lead level of 5 or higher?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a pregnant woman living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If you are the owner, would you be willing to contribute cash towards this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Would members of the household have some place to go for up to 10 days while the lead hazards are being removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is this home being used as a daycare? If so, how many children attend? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Were any building renovations or repainting done here during the past year? <i>If yes, what work was done, and when? _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Were carpets, furniture and/or family belongings present in the work areas? <i>If yes, which items and where were they? _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was construction debris stored in the yard? <i>If yes, please describe what, where and how was it stored? _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you conducting or planning any building renovations? <i>If yes, what work will be done, and when? _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your unit covered by a pending or final HUD, EPA and/or Department of Justice settlement agreement, consent to decree, court orders or other similar action regarding violation of the Lead Disclosure Rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## CERTIFICATIONS

1. I certify that I am:  
 A citizen of the United States     A legal resident Alien
2. I certify that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining financial assistance under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of the Applicant(s) knowledge and belief.
3. I agree that I 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.
4. I understand that any willful misstatement of material of fact will be grounds for disqualification.
5. I give permission to the City of Lancaster’s staff to take before and after pictures of the items that might be repaired or have been repaired at my property.
6. I give permission to the City of Lancaster to perform a lead paint inspection, risk assessment inspection and dust wipe sampling to determine the presence of lead-based paint in the home. I understand the findings will be reported to me in a complete risk assessment report and submitted to me at the conclusion of the Risk Assessment. I understand that the results of the risk assessment report only reference the findings on the day of the risk assessment occurred.
7. I understand that if I were to sell, rent or convey the property, I am required to disclose the results of the lead paint inspection, risk assessment and dust wipe sampling to all future occupants of the home.
8. I understand and acknowledge that the City of Lancaster, Office of Healthy Homes assumes no responsibilities for the work performed and does not warrant any work performed.
9. To provide affordable housing in the City of Lancaster, I understand I must market the unit to low-income families with children under the age of six and charge no more than Fair Market Rent for the next three years from final inspection.
10. I have received the City of Lancaster’s Program Guidebook and will abide by the policies and procedures as outlined within it.
11. I have received a copy of “Protect Your Family from Lead in your Home” informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling. I received the confirmation before the work began.
12. I hereby affirm that this property is not currently listed for sale and understand that I may not list it for sale or sell it throughout the terms of this process and contract.

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Applicant Signature

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Date

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Applicant Signature

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Date



**GOOD FAITH RENTAL EFFORT**  
LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM

Landlord's Name: \_\_\_\_\_

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



- If a unit is vacant, the property owner/Landlord must attempt to rent to a low-income to very low-income family with children under the age of six (6).
- The Landlord must not raise rent over Fair Market Rent Value for a period of at least three years. This three-year period will not begin until the lead-safe process has passed a clearance inspection.
- When a unit is vacant and contracts are signed between the Landlord and the Contractor, tenants are **not** allowed to occupy the property until clearance is achieved.
- When a unit is vacant and clearance is achieved, the Landlord will provide the LHCP with a signed lease agreement and the signed "Tenant Certification" document.
- The City of Lancaster will monitor the unit every year until the affordability period expires.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## REQUIRED APPLICATION DOCUMENTATION CHECKLIST

*Please include the following, most recent, documents with your application to the Lead Hazard Control Program. The application be considered incomplete without **all** applicable attachments.*

- Government Issued Photo ID for all owner listed on the Deed
- Current Property's Insurance Policy (Declaration Page)
- Operating Agreement (if applicable)
- Property/Management Agreement (if applicable)
- Rental Lease Agreement (if applicable)

*By signing the below, the occupant acknowledges that this form has been completed truthfully and to the best of their knowledge. Penalty for false or fraudulent statements: U.S.C Title 18 sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."*

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Applicant Signature

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Date

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Applicant Signature

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Date

## APPENDIXES

*Please complete and sign the following documents if applicable. The application will be considered incomplete without **all** applicable attachments.*

- |                          |   |            |
|--------------------------|---|------------|
| <input type="checkbox"/> | Income Eligibility Release Form for Section 8 Tenants (if applicable) | Appendix F |
| <input type="checkbox"/> | Risk Assessment Permission  | Appendix G |



INCOME ELIGIBILITY INFO RELEASE FORM FOR SECTION 8 TENANTS
LEAD HAZARD CONTROL PROGRAM | HEALTHY HOMES PROGRAM | CRITICAL REPAIR PROGRAM

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



Purpose: Your signature on this Income Eligibility Info Release Form authorizes the above-named organization to obtain a letter from Lancaster City Housing Authority (LCHA) Section 8 Office relative to your eligibility for the City of Lancaster’s HUD-funded programs.

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information to determine an applicant’s eligibility in this HUD-funded program and to verify the accuracy of the information furnished, in order to protect the government’s financial interest. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide any information may result in a delay or rejection of eligibility approval. The department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign this release form prior to the receipt of any benefit.

Authorization: I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Occupant Head of Household – Printed Name Signature Date
Adult Household Member – Printed Name Signature Date



Landlord Approval: As owner of this property, I hereby grant my permission for the City of Lancaster to perform a Risk Assessment of this property, understanding that I will be held responsible for any lead hazards found within, and that the property will be eligible for HUD funds based on the income of the tenants occupying this particular unit.

Landlord Authorization: I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Landlord – Printed Name Signature Date





Property Owner's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

RE: Lead Risk Assessment for \_\_\_\_\_ (*property address*)

I have given permission to the City of Lancaster to perform a lead paint inspection, risk assessment inspection and dust wipe sampling to determine the presence of lead-based paint in the home. I understand that the findings will be reported to me in a complete risk assessment report and submitted to me at the conclusion on of the Risk Assessment.

I understand that if I were to sell, rent or convey the property at the above address, I am required to disclose the results of the lead paint inspection, risk assessment and dust wipe sampling to all future occupants of the home.

I further understand that the results of the risk assessment report only reference the findings on the day of the risk assessment occurred.

I acknowledge that I understand this letter and the requirements set forth.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date