

The LEAD-SAFE COUNTY Program

Please read the following information carefully. It fully describes the program and the requirements that will be placed on you as a result of participating.

If you have any questions, please call Chautauqua Home Rehab and Improvement Corp (CHRIC) at 753-4650, 363-4650, or 661-7650.

KEEP THESE TWO PAGES FOR YOUR RECORDS.

WHO IS ELIGIBLE?

Lead poisoning is most prevalent among low-income children and most dangerous to children under six. Therefore, in order for your property to be eligible, you must:

1. Have lead-based paint hazards in your rental property **AND**
2. Rent to tenants who meet the income guidelines **AND**
3. Rent to families with a child under the age of six **OR** tenants who provide child-care to children under six at least six hours per week.
4. All eligible apartments must contain at least one bedroom (efficiencies are not eligible)

The eligibility of your tenants will be verified with them directly after you submit your application. There are no eligibility restrictions that are based on the landlord's income – all landlords are eligible if their tenants meet the above criteria. In addition, there is no limit on the number of properties for which a landlord can request assistance. You can apply for assistance with as many units as you want, provided they meet the above criteria. Vacant units are eligible, if you are willing to agree that the first tenant in the apartment after the work is complete **must** meet the above guidelines. We will collect written verification from the tenant.

WHAT CAN BE DONE WITH LEAD-SAFE COUNTY FUNDS?

Only work that is necessary to address lead-based paint hazards is eligible under this program. The work necessary to make a unit lead-safe will vary, depending on the sources of lead hazards in each particular apartment. Most commonly, the work will involve replacement windows and new doors. The work *may* also include new floor coverings, cupboards, wall and ceiling repair or covering, molding and trim work, etc. if lead-based paint hazards are found to exist on these surfaces. On rare occasions, siding is necessary to make a property lead safe. All lead hazards that are found *must* be addressed. Lead that is intact or well encapsulated and is not presenting a hazard will be left in place - we will not remove all lead-based paint from the property. Keeping the property lead-safe after the work is complete will depend on your attention to routine maintenance. **Lead-safe county funds cannot be used for new roofs, insulation, electrical work, or plumbing work.**

WHAT WILL THE COST BE TO ME?

Landlords are responsible for a fixed cost share of the most common work that needs to be done in order to make an apartment lead-safe up to a maximum grant of approximately \$20,000 per apartment. The landlord's cost for the following items are:

Replacement windows: \$50.00 per unit

New Interior doors: \$50.00 per unit

New Exterior/Entry doors: \$150.00 per unit.

Other work: 10-20% plus any amount over the available grant investment

The average grant available through Lead Safe County is approximately \$10,500 per apartment – any costs exceeding the maximum grant investment are the landlord's responsibility. *In addition, there are some administrative fees and filing fees that are the landlord's responsibility.* These are determined by calculating a percentage of the total grant amount (approximately 5.5%).

We will not know your total cost share until the property is inspected and bids are solicited from eligible contractors. However, you will be fully notified of the bid cost and your cost share *before* you commit to having any work done. You can decide at that time whether to proceed or not.

WHAT ARE THE REQUIREMENTS PLACED ON ME AS A RESULT OF RECEIVING THIS ASSISTANCE?

As a term of assistance, a three-year lien will be placed against the property. This lien does not have to be repaid. The money invested by **Lead Safe County** is essentially a deferred loan that declines in equal amounts monthly for 3 years (without you making any payments) so long as you continue to own the property. After three years, the balance is \$0. If you sell the property at any point during the three-year lien period, you will be responsible for repaying whatever balance remains on the deferred loan as of that date.

During the lien period, we will retest the property to make sure that it has remained lead-safe (basic upkeep should assure that the property remains lead-safe - problems should not develop unless you do not attend to newly peeling or chipping paint, damage to walls/ceilings, etc.). If a problem develops, you will be offered advice on repairing the problem.

During this period, the property will also be listed on the countywide Lead-Safe Registry. The Lead-Safe Registry is used as a referral source by the County Health Department and others who need lead-safe housing for children. You are not required to rent to any tenants referred by these agencies if you do not feel that they will be good tenants, but the referrals should help you to keep vacancies to a minimum. If your property fails to remain lead-safe, it will be removed from the Registry.

**LEAD SAFE COUNTY
FREQUENTLY ASKED QUESTIONS (FAQ)**

AM I ELIGIBLE?

In order to be eligible, your rental property must be in Chautauqua County, it must have been built before 1978 and there must be children under the age of six who live there or spend at least 6 hours per week there. In addition, you must have legal ownership of the property, your property taxes must be current, and you must have insurance on the property. Also, only apartments that contain at least one bedroom are eligible – efficiency apartments are not eligible. Tenants must meet income guidelines, but there are no restrictions based on the landlord’s income.

HOW DO YOU VERIFY THE TENANT(S) ELIGIBILITY?

Once you return your completed application along with your deed, proof that your property taxes are current and proof that you have insurance on the property, we will contact the tenant(s) directly to verify household composition and income eligibility. The tenants must return their paperwork with proof of income. We cannot proceed without verification of eligibility and proof of income from the tenant. Income limits vary according to family size as follows:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

WHAT IF THE APARTMENT IS VACANT?

If one unit can be verified to be eligible based on the above guidelines, we will also complete work in the vacant unit. If all units in the property are vacant, you would have to sign a form committing to rent to an eligible tenant after the work is complete and agree to submit proof of the tenant’s household composition and income documents as soon as it is rented. An eligible tenant is one meets the income guidelines shown above and has a child under the age of six who lives there or spends at least 6 hours per week in the apartment.

WHAT HAPPENS AFTER YOU DETERMINE THAT MY PROPERTY IS ELIGIBLE?

After we have received eligibility information from the tenant(s), one’s of CHRIC’s Housing Rehab Specialists will contact you to set up an appointment to inspect the property and complete a lead-based paint Risk Assessment. He/she will prepare a scope of work based on the results of this inspection and send it to your for your review and approval. Once you approve it, we will send it to eligible contractors for bid. We will seek at least 3 competitive bids.

CAN I DO THE WORK MYSELF?

Only certified Lead Abatement Contractors are eligible to receive payment under this program. We cannot pay a landlord to do his/her own work unless he/she is a certified Lead Abatement Contractor. Also, all contractors must carry Liability Insurance and Worker’s Compensation.

I ONLY WANT MY WINDOWS REPLACED – NOTHING ELSE.

The scope of work will be based on the results of the lead-based paint Risk Assessment. We must do all the work necessary to make sure that the property is lead-safe when we are done. If windows and doors have lead paint on them, we will replace them. If we find lead paint on other surfaces, we will fix it if it is currently presenting a health hazard. Lead-based paint that is completely intact or covered by solid coats of latex or other materials will be left as is. However, if it is failing in any way, we will have to fix it. We look for the most cost-effective solution possible. On some surfaces, this may

simply involve a new coat of latex paint. On floors, it may involve laying carpet or vinyl. We try to find the most cost-effective solution available.

HOW MUCH WILL I HAVE TO PAY?

The landlord's cost share is \$50 per window, \$50 per interior door and \$150 per exterior door. For any other work that needs to be done, the landlord pays a percent of the bid for that work. On average, the grant covers approximately 80% and the landlord covers 20% of the total cost of the project. We cannot know or even guess what your exact cost will be until bids come back from the contractors. However, when the bids are back, we will notify you in writing of the total bid, your grant amount and your total cost share. If you decide at that time that you do not want to proceed based on the cost, we will terminate the project. If you do proceed, we will need your cost share in full before we sign contracts to allow the work to begin.

I NEED A NEW ROOF ON MY APARTMENT AND SOME ELECTRICAL WORK.

Lead Safe County provides funds to address lead-based paint hazards only. There is *no* money available for any general repairs such as roofs, electrical, plumbing, or heating. However, new windows and doors will make your apartment more energy-efficient, improve its value and increase its marketability.

I NEED SIDING.

If your current siding is found to be painted with failing lead-based paint, it can be covered under the program. We have no funding to replace asbestos or asphalt siding or any other siding that is not currently presenting a lead-based paint hazard.

ARE THERE ANY REQUIREMENTS PLACED ON ME AFTER RECEIVING ASSISTANCE?

If you receive assistance through Lead Safe County, a 3-year declining lien will be placed against the property equal to the dollar amount provided by the grant. The lien declines in equal amounts monthly throughout the lien period. After 36 months, the balance is \$0 and the lien is discharged. If you sell the property during the 3-year lien period, the balance due at that time would have to be paid to receive a discharge. Otherwise, the lien can be transferred to the buyer for the balance remaining on the 36 months, provided the buyer is willing to accept the lien.

HOW LONG WILL THIS TAKE?

It can be approximately 6 months from the time you apply until all the work is complete. The quicker you are with returning your requested paperwork, the faster things go. Also, the quicker the tenants return the required documents during the application process, the faster things go. If you get involved and encourage your tenants to return their paperwork, things will proceed much faster.

HAVE MORE QUESTIONS?

CALL CHRIC AT 753-4650, 661-7650, OR 363-4650 AND ASK TO TALK TO SOMEONE ABOUT LEAD SAFE COUNTY!



**APPLICATION TO PARTICIPATE
IN LEAD-SAFE COUNTY PROGRAM**

(FOR OWNERS OF RENTAL UNITS)

THE INFORMATION IN THIS APPLICATION WILL BE HELD CONFIDENTIAL.

It will be used only to determine the applicant's eligibility to participate in **Lead-Safe County**. Lead-Safe County is a HUD-funded program being administered by Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC) in partnership with the Chautauqua County Health Department.

The following step-by-step instructions tell you what you need to do:

1. **The Application:** Complete the entire application - **Do not leave any of the questions blank.**
2. **The Affidavit Of Ownership And Receipt Of Program Requirements Description** needs to be signed in front of a **notary public**. All persons whose name(s) are on the deed for the property must sign the Affidavit. There is a notary public on staff at most banks and in most government offices.
3. The last page is a **document checklist**. You will need to send in *copies* of **the deed, proof that your County, City/Town/Village, and School taxes are current and proof that there is insurance on the property**. *Please do not send originals.*
4. **Mail** the entire application along with the required documentation to:

**C.H.R.I.C.
2 Academy St.
Mayville, NY 14757**

5. We will review the application and the documentation for completeness. Once the application is complete, we will get in touch with your tenants verify their eligibility under the program guidelines. If your tenants are eligible or if the unit is vacant, we will contact you to schedule a **Lead Risk Assessment**. If your tenants are not eligible, you will be notified in writing.
 6. Our Rehab Specialists will perform a **write-up of the work** that needs to be done in order to address any lead-based paint hazards that are found. You will need to review and approve this write-up before it is sent for bid. Our Rehab Specialist will help you **select contractors** and will send the work write-up to them for bids. The contractors will then contact you to schedule a time to come to your home to prepare their **estimates**.
 7. After the estimates are returned to us, we will contact you to let you know the total cost of the project and what your share will be.
 8. Once the processes of contractor selection and securing funds are complete, you will be asked to come in to the office to sign **the Note and Mortgage**. It is at this point that you are committing to having the work done.
9. **QUESTIONS? CALL 753-4650, 363-4650, OR 661-7650.**

PART I. - TELL US ABOUT YOURSELF:

1. Name _____
(Last) (First) (MI)

2. Home Address _____

3. Township _____

4. Home phone _____ Work phone _____

Other phone number where you can be reached: _____

5. Please list below the addresses of all the properties for which you are requesting assistance through Lead-Safe County (please include one copy of Part II for each property checked):
[attach additional sheet if necessary]

Address of Property **City/Town/Village**

1) _____

2) _____

3) _____

4) _____

5) _____

PART II. - TELL US ABOUT YOUR RENTAL PROPERTY:

If you are requesting assistance with more than one property, please make a separate photocopy of pages 3&4 for each property BEFORE filling them out. We need a separate copy of pages 3&4 for each separate property.

1. Applicant's Name: _____

2. a) Rental Property Address _____

3. Are you the legal owner of this property? Yes No

4. Please state the Section _____ Block _____ and Lot _____ numbers for this property.
This information is located on your property tax bill and your deed.

5. What year was the building built? _____ * **DO NOT LEAVE BLANK – please guess if you are not sure.**

6. Are all school and property taxes on this property paid to date? Yes No

7. Are all municipal fees, such as sewer and water, if any, paid to date? Yes No

8. Do you have insurance on this property? Yes No
a) If yes, what type? _____

9. Does this property contain any commercial space? Yes No
a) If yes, please explain _____

10. Is the property litter-free to meet community standards? Yes No
This is a requirement of all CHRIC administered programs.

11. Please *briefly* describe the condition of any painted surfaces on the interior and exterior of the property and list any additional work you feel the building needs.

12. For each apartment in the building, please provide the following information:

Apt #1 **Number of Bedrooms:** _____ **Current rent:** _____

Check the box in front of any of the following that are *included in the rent*:

Gas/Propane/Oil Electric Water Sewer Trash Refrigerator Stove

Is the **heat** gas electric Is the **hot water** heater gas electric

Is the unit currently occupied? Yes No

If the unit is occupied, please provide the following information:

Tenant's Name: _____ **Phone:** _____

Does the tenant have a **child under the age of 6**? Yes No

Does the tenant receive **HUD Section 8 rent assistance**? Yes No

Apt #2 **Number of Bedrooms:** _____ **Current rent:** _____

Check the box in front of any of the following that are *included in the rent*:

Gas/Propane/Oil Electric Water Sewer Trash Refrigerator Stove

Is the **heat** gas electric Is the **hot water** heater gas electric

Is the unit currently occupied? Yes No

If the unit is occupied, please provide the following information:

Tenant's Name: _____ **Phone:** _____

Does the tenant have a **child under the age of 6**? Yes No

Does the tenant receive **HUD Section 8 rent assistance**? Yes No

Apt #3 **Number of Bedrooms:** _____ **Current rent:** _____

Check the box in front of any of the following that are *included in the rent*:

Gas/Propane/Oil Electric Water Sewer Trash Refrigerator Stove

Is the **heat** gas electric Is the **hot water** heater gas electric

Is the unit currently occupied? Yes No

If the unit is occupied, please provide the following information:

Tenant's Name: _____ **Phone:** _____

Does the tenant have a **child under the age of 6**? Yes No

Does the tenant receive **HUD Section 8 rent assistance**? Yes No

Apt #4 **Number of Bedrooms:** _____ **Current rent:** _____

Check the box in front of any of the following that are *included in the rent*:

Gas/Propane/Oil Electric Water Sewer Trash Refrigerator Stove

Is the **heat** gas electric Is the **hot water** heater gas electric

Is the unit currently occupied? Yes No

If the unit is occupied, please provide the following information:

Tenant's Name: _____ **Phone:** _____

Does the tenant have a **child under the age of 6**? Yes No

Does the tenant receive **HUD Section 8 rent assistance**? Yes No

AFFIDAVIT OF OWNERSHIP AND RECEIPT OF PROGRAM REQUIREMENT
DESCRIPTION

Please note that this Affidavit needs to be signed in front of a Notary Public. You can take it to a Notary yourself or you can call our office (753-4650, 661-7650, 363-4650) to set up an appointment with our Notary.

I (we), _____,
[name of property owner(s)]

owner(s) of the following properties for which assistance is being requested:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

hereby certify that:

1. I (we) am (are) applying for funds through CHRIC (Chautauqua Home Rehabilitation and Improvement Corporation) for the remediation of lead-based paint hazards in the above listed rental properties which I (we) own. I (we) understand that the eligibility of each unit in each property is based on the income of the tenants in said unit, the age of any children residing therein and the presence of a lead-based paint hazard therein. I (we) hereby submit this Affidavit as proof that I (we) own the properties listed above.
3. I (we) understand that if it should be found that I (we) have made any false statements concerning my (our) ownership of the above listed properties, I (we) shall be responsible to pay back any and all monies granted to me by CHRIC or its representatives on the basis of these statements, together with any costs and expenses incurred in recovering these monies.
4. I (we) am (are) making this representation with the understanding that it is being relied upon by CHRIC and/or the funding source(s) to determine my (our) eligibility to participate in Lead-Safe County and/or to receive additional assistance with the remediation of lead-based paint hazards and/or any other necessary work through programs other than Lead-Safe County.
5. I (we) understand that receipt of benefits is contingent on availability of funds. I (we) also understand that I (we) may not be eligible for Lead-Safe County funds or other funds available to be used in conjunction with the Lead-Safe County program.
6. I (we) also understand that, as a condition to receive any funds through any source in connection with the Lead-Safe County program, Chautauqua Home Rehabilitation and Improvement Corporation (CHRIC) requires that a declining lien be placed upon the property. This lien will be for a period of three years. I (we) agree that if the unit is approved when

vacant, the first tenant to occupy the property after lead hazard control work is complete MUST be low-income and have a child under six. I (we) also agree to make every reasonable effort to continue renting to families that meet these requirements throughout the lien period.

- 7. I (we) hereby certify that I (we) have read the Lead-Safe County Program description, which was sent to me with this application packet, and that I (we) fully understand the requirements relating to eligibility, possible work, costs to me (us), and requirements placed on me (us) relating to future occupancy and basic upkeep of the property as a result of receiving a grant through the Lead-Safe County program.

I (we), the property owner(s), certify that **all** eligibility information provided by me (us) to CHRIC is current, accurate, and complete and that I (we) fully understand that my (our) eligibility to participate in the Program is based on said eligibility information. If it is determined by CHRIC that I (we) have given false information or have withheld information, I (we) agree that I (we) will forfeit all rights and privileges contained herein and I (we) further agree to repay any funds expended by CHRIC under this agreement.

Signed, name(s) in full:

_____ (owner)

_____ (Co-Owner)

_____ (date)

_____ (date)

STATE OF NEW YORK)

ss.:

COUNTY OF CHAUTAUQUA)

On the ___ day of _____ in the year 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK)

ss.:

COUNTY OF CHAUTAUQUA)

On the ___ day of _____ in the year 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

PROPERTY OWNER DOCUMENT CHECKLIST

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION. YOUR APPLICATION CANNOT BE CONSIDERED UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED:

ALL APPLICANTS MUST INCLUDE:

- Completed **APPLICATION**
- NOTARIZED AFFIDAVIT OF OWNERSHIP AND RECEIPT OF PROGRAM REQUIREMENT DESCRIPTION**
- Copy of the **DEED(s)** for all rental properties for which you are requesting assistance – the deed **MUST** include the property's **LEGAL DESCRIPTION**, a paragraph that begins with the phrase “All that tract or parcel of land...” and goes on to describe the physical boundaries of the property.
- Proof of current **INSURANCE** on all property(ies) for which you are requesting assistance
- Copy of receipt for **PAID COUNTY, CITY/TOWN/VILLAGE, AND SCHOOL TAXES** for current year for all rental property(ies) for which you are requesting assistance

RETURN THE COMPLETED APPLICATION ALONG WITH ALL REQUIRED DOCUMENTS TO:

**CHRIC
2 ACADEMY ST.
MAYVILLE, NY 14757**

**FAILURE TO SEND THE REQUIRED DOCUMENTS WILL
PUT THIS PROJECT ON HOLD INDEFINITELY**