



**CITY OF WALTHAM
HOUSING DEPARTMENT
LEAD REMOVAL DEFERRED LOAN PROGRAM**



WE WILL NOT COVER ANY LEAD REMOVAL COMPLETED PRIOR TO LOAN APPROVAL

PROGRAM DESCRIPTION

- Maximum loan amount: \$15,000.00
- Loans are interest - free - payable on Sale or transfer of property
- 1-4 Unit properties - All units must be inspected by a Certified Lead Removal Inspector before and after lead removal. (Cost to be incurred by Landlord)
- No funds will be issued to landlord until lead removal is complete and a Certificate of Lead Paint Removal has been issued.
- Landlord must agree to make the unit or units that have received funding for lead removal available to a low - moderate-income tenant for a period of at least 2 years.
- * 51% of Units in building to receive Lead Removal Loan must meet Tenant Income & Affordable Rent Guidelines. HUD HOME Rent Limit guidelines are applicable. * (1 unit in a 2 family house)
- All properties will be code inspected by a member of the Housing Staff - Any violations will need to be corrected before application is approved.

INCOME & AFFORDABLE RENT GUIDELINES

MAXIMUM INCOME ALLOWED

RENT GUIDELINES (Including Utilities)

Family of 1 - \$46,300 Family of 5 - \$71,450
 Family of 2 - \$52,950 Family of 6 - \$76,750
 Family of 3 - \$59,550 Family of 7 - \$82,050
 Family of 4 - \$66,150 Family of 8 - \$87,350

1 bedroom \$1,079.00 per month
 2 bedroom \$1,298.00 per month
 3 bedroom \$1,491.00 per month
 4 bedroom \$1,644.00 per month

FOR FURTHER INFORMATION ON THE PROGRAM PLEASE CALL THE HOUSING DEPARTMENT AT 781-314-3380. Contact person Janet Barry, Director.

**PLEASE RETURN THIS APPLICATION
WITH THE FOLLOWING DOCUMENTS ATTACHED**

(An application is not complete until we receive the following documents for the property to be delead)

- | | |
|---|-----|
| 1. Copy of Deed | [] |
| 2. Tenant Information Sheet(s) | [] |
| 3. Lead Inspection Report. (Licensed Inspector) | [] |
| 4. Two Estimates for Lead Removal Work (By Licensed Lead Removal Contractors) | [] |
| 5. Department of Public Health / Labor Industries Notification of Deleading Work Form | [] |
| 6. Relocation / Displacement Notice | [] |
| 7. Schedule appointment with Code Inspector to view property | [] |

OFFICE USE ONLY

Age of Property: _____

Historical: _____

Flood: _____

EMPLOYMENT:

OWNER'S EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

CO-OWNER'S EMPLOYMENT: _____

ADDRESS: _____ SALARY: _____

ASSETS:

SAVINGS ACCOUNT NUMBER (S) _____

NAME AND ADDRESS OF BANK (S): _____

CHECKING ACCOUNT NUMBER (S): _____

NAME AND ADDRESS OF BANK (S): _____

ANY OTHER ACCOUNTS, PLEASE SPECIFY AND LIST ON BACK OF APPLICATION

LIABILITIES:

LIST ALL CREDIT ACCOUNTS, LOANS (HOME IMPROVEMENT, CAR, PERSONAL)

1. NAME OF BANK OR CREDIT AGENCY: _____

ACCT. NUMBER: _____ AMT. OF LOAN: _____ BALANCE: _____

2. NAME OF BANK OR CREDIT AGENCY: _____

ACCT. NUMBER: _____ AMT. OF LOAN: _____ BALANCE: _____

ANY OTHER ACCOUNTS, PLEASE SPECIFY AND LIST ON BACK OF APPLICATION

THIS APPLICANT CERTIFIES ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES:

“WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONMENT NOT MORE THAN FIVE YEARS OR BOTH.”

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of loans related to a dwelling, in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

National Origin	Tenant	Co-Tenant
I do not wish to furnish this information		
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/ Other Pacific islander		
American Indian /Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/ African American		
Other Multi Racial		
Hispanic		

TENANT INFORMATION AND SURVEY

THIS IS TO INFORM YOU THAT THE LANDLORD OF YOUR UNIT IS APPLYING FOR FEDERAL AND/OR STATE FUNDS FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND/OR THE STATE OF MASSACHUSETTS AND THE CITY OF WALTHAM FOR HOUSING REHABILITATION IMPROVEMENTS. PLEASE BE INFORMED THAT YOU, AS A TENANT, WILL NOT BE DISPLACED AS A RESULT OF THIS WORK. PLEASE CALL JANET BARRY AT THE HOUSING OFFICE AT 781-314 3380 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE.

NAME OF TENANT: _____

ADDRESS: _____

TELEPHONE: _____

NUMBER OF PEOPLE IN FAMILY: _____

PLEASE COMPLETE THE FOLLOWING SECTION, WHICH WILL ENABLE THE CITY TO KEEP ACCURATE STATISTICS AS TO WHO IS BENEFITTING FROM FED/STATE AND LOCAL FUNDS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

IS YOUR INCOME BELOW THE FOLLOWING GUIDELINES? _____

YES NO

FAMILY OF 1 - \$46,300
FAMILY OF 2 - \$52,950
FAMILY OF 3 - \$59,550
FAMILY OF 4 - \$66,150

FAMILY OF 5 - \$71,450
FAMILY OF 6 - \$76,750
FAMILY OF 7 - \$82,050
FAMILY OF 8 - \$87,350

NUMBER OF BEDROOMS IN YOUR UNIT: _____

ARE YOUR RENTS BELOW THE FOLLOWING GUIDELINES? YES _____ NO _____

<u>0/BR</u>	<u>1/BR</u>	<u>2/BR</u>	<u>3/BR</u>	<u>4/BR</u>
\$1006	\$1,079	\$1,298	\$1,491	\$1,644

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of loans related to a dwelling, in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

National Origin	Tenant	Co-Tenant
I do not wish to furnish this information		
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/ Other Pacific islander		
American Indian /Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/ African American		
Other Multi Racial		
Hispanic		

TENANT SIGNATURE: _____ DATE: _____

RELOCATION/DISPLACEMENT NOTICE

DATE:

NAME:

ADDRESS OF UNIT:

NOTICE TO TENANT

The landlord of your unit is receiving federal funds from the Department of Housing and Urban Development for rehabilitation work. Please be informed that you, as a tenant, will not be displaced as a result of this work.

If you have any questions concerning this notice, please call the Housing Rehab Office at 781-314-3380.

NON-DISCRIMINATION STATEMENT

I/WE _____

HEREBY CERTIFY THAT THERE WILL BE NO DISCRIMINATION UPON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL ORIGIN IN THE SALE, LEASE OR USE OR OCCUPANCY OF THE PROPERTY THAT IS BEING REHABILITATED WITH DEPT. OF HOUSING AND URBAN DEVELOPMENT, STATE AND/OR CITY OF WALTHAM HOUSING REHABILITATION LOAN FUNDS.

_____ HOMEOWNER

_____ HOMEOWNER

CONFLICT OF INTEREST CERTIFICATION

I CERTIFY THAT MY ANSWERS TO THE FOLLOWING QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT THE WORK "YOU" INCLUDES THE UNDERSIGNED AND THE APPLICANT FOR THE LOAN, OR OTHER ASSISTANCE, AND ANY PRINCIPAL THEREOF:

1. ARE YOU PRESENTLY, OR HAVE YOU BEEN IN THE LAST TWELVE MONTHS, EMPLOYEE, AGENT, CONSULTANT, OFFICER, OR ELECTED OR APPOINTED OFFICIAL OF ANY CITY AGENCY RECEIVING CDBG FUNDS DIRECTLY OR INDIRECTLY FROM THE CITY OF WALTHAM:

YES _____ NO _____

IF YOU ANSWERED NO TO QUESTION 1, YOU NEED NOT ANSWER THE FOLLOWING:

2. WHAT IS THE NAME OF THE AGENCY WITH WHICH YOU ARE, OR HAVE ASSOCIATED?

3. DO YOU PRESENTLY EXERCISE, OR HAVE YOU IN THE LAST 12 MONTHS EXERCISED, ANY FUNCTIONS WITH RESPECT TO CDBG ACTIVITIES?

4. ARE YOU PRESENTLY OR HAVE YOU BEEN IN THE LAST 12 MONTHS IN A POSITION TO PARTICIPATE IN A DECISION-MAKING PROCESS WITH REGARD TO CDBG ACTIVITIES?

5. IF YOU ANSWERED "YES" TO EITHER QUESTION 3 OR 4, ARE THERE ANY FACTORS THAT YOU BELIEVE MIGHT JUSTIFY AN EXCEPTION TO THE CONFLICT OF INTEREST PROVISIONS?

_____ IF YES, EXPLAIN...

_____ HOMEOWNER

_____ HOMEOWNER

**FAVOR DE COMUNICARSE CON LA OFICINA DE VIVIENDA SI NECESITARA
AYUDA CON LA TRADUCCION DE ESTA SOLICITUD**

**PLEASE RETURN WITH COPY OF DEED TO PROPERTY ATTACHED AND TENANT
INFORMATION FORMS FOR EVERY TENANT IN BUILDING TO BE DELEADED**

DELEADING DEFERRED LOAN PROGRAM APPLICATION

APPLICATION INFORMATION:

(Legal Owners of Property as it appears on deed to be attached to application)

NAME: _____

ADDRESS: _____

PHONE: _____

ADDRESS OF PROPERTY TO BE DELEADED: _____

TOTAL NUMBER OF UNITS IN PROPERTY: _____

PLEASE NOTE; WE MUST HAVE TENANT INFORMATION ON ALL UNITS IN THE PROPERTY.

TENANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN FAMILY: _____ UNIT NUMBER: _____

RENT: _____ ARE UTILITIES INCLUDED? _____

TENANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN FAMILY: _____ UNIT NUMBER: _____

RENT: _____ ARE UTILITIES INCLUDED? _____

TENANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN FAMILY: _____ UNIT NUMBER: _____

RENT: _____ ARE UTILITIES INCLUDED? _____

TENANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN FAMILY: _____ UNIT NUMBER: _____

RENT: _____ ARE UTILITIES INCLUDED? _____

TENANT INFORMATION:

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE IN FAMILY: _____ UNIT NUMBER: _____

RENT: _____ ARE UTILITIES INCLUDED? _____

DELEADING PROGRAM STATEMENT OF ELIGIBILITY

The Statement of Eligibility is made between the City of Waltham Deleading Program and the owner of the property to be deleading. The property owner agrees to comply with the following eligibility requirements in order to receive Program benefits.

FAILURE TO COMPLY WITH THE GUIDELINES BELOW WILL CONSTITUTE GROUNDS FOR TERMINATION FROM THE PROGRAM AND FUTURE ELIGIBILITY.

1. The participant may enter in the Program a maximum of 2 units. However, once an individual unit has been deleading, that same unit will not be eligible for further assistance under the Program.
2. The participant attests that he/she is the legal owner of the property to be deleading.
3. The participant agrees to comply with the appropriate HUD regulations pertaining to lead-based paint poisoning code regulations as outlined in HUD (24CFR Section 35).
4. The participant agrees to comply with the appropriate HUD regulations regarding flood insurance, agrees to purchase the necessary minimum insurance premiums if the property is located in a HUD-designated Flood Plain area.
5. The participant recognizes that representatives of the Program must survey both the exterior and interior of the structure and agrees to allow the representative to survey and inspect all affected units in the building.
6. The participant agrees to comply with the guidelines and regulations pertaining to structures in local historic districts or those structures listed or eligible for listing on the National Register of Historic Places. Any instances of non-compliance with these guidelines will result in program ineligibility.
7. The City of Waltham Housing Department does not currently employ the participant, nor are they a member of the governing body.
8. The participant agrees to furnish the Program with any and all financial and ownership records, which may be necessary to verify compliance with approved guidelines.
9. The participant agrees to make the deleading unit available to a low/moderate income tenant for at least two years.
10. The participant realizes that he/she is conditionally accepted into the Program based on the income categories of said Tenant subject to verification of said income, and those of other tenants in building.
11. The participant agrees to complete all deleading within 30 days of the application date in order to receive payment. (The Director of the Housing Department, upon written request may grant Extensions.)
12. The participant will not receive payment for completed work, which was not approved by the Housing Department Staff.
13. In the case of multiple ownership, the loan payment shall be drawn in the names of all owners.
14. **NO PAYMENT WILL BE ISSUED UNTIL THE FOLLOWING DOCUMENT ARE RECEIVED BY THE HOUSING OFFICE:**
 - A. Copy of Inspection Report from Lead Removal Inspector.
 - B. Certification from Lead Removal Inspector that the unit has been properly deleading.
 - C. Copy of lease and completed Tenant Information Forms for every tenant in the building.
 - D. Copy of Statement/bill from Deleading Contractor that they have been paid in full.

UNDER THE PLANS AND PENALTIES OF PERJURY, THE OWNER(S) CERTIFY THAT ALL INFORMATION ON THE ELIGIBILITY STATEMENT, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS STATEMENT, IS GIVEN FOR THE PURPOSE OF OBTAININ A DELEADING DEFERRED LOAN FROM THE CITY OF WALTHAM AND IS TRUE AND COMPLETE TO THE BEST KNOWLEDGE AND BELIEF OF THE OWNER(S).

THE OWNER(S) UNDERSTAND THAT INTENTIONAL MISREPRESENTATION OF ANY MATERIAL FACTS IN CONNECTION WITH THIS PROGRAM COULD RESULT IN DENIAL OF BENEFITS, OR REPAYMENT OF THE CITY OF ANY BENEFITS PREVIOUSLY GRANTED UNDER THE PROGRAM AND THAT SUCH MISREPRESENTATION IS A VIOLATION OF THE FEDERAL STATE LAW.

DATE: _____

PROPERTY OWNER (S) _____

SIGNATURES (S) _____

**THIS FORM MUST BE COMPLETED BY THE CONTRACTOR HIRED TO PERFORM LEAD REMOVAL
COPY MUST BE ATTACHED TO THE CITY OF WALTHAM APPLICATION**

**DEPARTMENT OF PUBLIC HEALTH / DEPARTMENT OF LABOR & INDUSTRIES
NOTIFICATION OF DELEADING WORK**

All sections of this form must be completed in order to comply with
the notification requirements of M.G.L.C. 111 197

FILE NUMBER: _____

Contractor performing project: _____ Certification #

Lead Paint Inspector: _____ Date of Inspection: _____

Address of Project

Building Name (if any): _____ Floor: _____

Street Address: _____ Apt. No.: _____

City: _____ Zip Code: _____

Deleading Method: DRY SCRAPING HEAT GUN ENCAPSULATION DEMOLITION

(Circle all that apply) POWER SANDING CAUSTICS REPLACEMENT

If "Other" is selected please explain: _____

Check One: Multi-family: _____

Single family:

Start Date: _____ Completion Date: _____

When will work be done: a.m. _____ p.m. _____ Weekends _____

Project Supervisor Name: _____ Certificate # _____

Property Owner: _____

Address: _____

City: _____

Telephone: _____

In case of emergency contact: _____

Phone: Day: _____ Evening: _____

In accordance with Chapter 773 of the Acts of 1987, Massachusetts General Laws C. 111 197, 454 CMR 22.00 and 105 CNR 460.000, notice of the date and method(s) of removal or covering of paint, plaster soil or other accessible material containing dangerous levels of lead, is to be provided to the following persons at least five days prior to the beginning of deleading.

1. Occupants of the dwelling unit.
2. All other occupants of the residential premises, if any.
3. Director, Childhood Lead Poisoning Prevention Program
Department of Public Health, 305 South Street, Jamaica Plain, MA 02130
4. Lead Removal Program, Bureau of Technical Services
Department of Labor and Industries, Division of Industrial Safety
100 Cambridge Street, Room 1101, Boston, MA 02202
5. Local Board of Health/Code Enforcement Agency
6. Massachusetts Historical Commission
(If premises are listed on the State Register of Historic Places)

The undersigned hereby states, under the penalties of perjury, that he/she has read and understood the Commonwealth of Massachusetts Deleading Regulations, 454 CMR 22.00 and Lead Poisoning Prevention and Control Regulations, 105 CMR 460.000, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

Date: _____

Signed: _____

Title: _____

Company: _____