



Live Lead Free Quad Cities (LLFQC) Lead Hazard Remediation Assistance Program Application

When you have completed this application, send to:

Live Lead Free Quad Cities, Attn: Scott County Health Department

600 West 4<sup>th</sup> Street, Davenport, Iowa 52801

The applications can also be emailed to [info@liveleadfreeqc.org](mailto:info@liveleadfreeqc.org), or faxed to (563) 326-8774.

Please check all that apply, if known.

- My home was built before 1980.
I have at least one child age 6 or under who reside my home, or am pregnant.
I can obtain Proof of Property Insurance provided by the owner(s).

There may be a waiting list to receive assistance from Live Lead Free Quad Cities. This is not a housing rehabilitation program. All projects focus on the remediation of lead paint hazards only. Completing the application process is not a guarantee of receiving funding, and homes will be assisted based on their level of priority.

Eligibility Considerations:

- Each application is reviewed and approved or denied on a case by case basis.
Households with children that have an Elevated Blood Level (EBL) have priority.
Owner occupied properties have priority over renter occupied units.
This program is grant funded and is dependent on household size and income.

Address of Property being considered: \_\_\_\_\_

Year house was built (If unknown, please put unknown): \_\_\_\_\_

How many children 6 years of age or under, are living at this address? \_\_\_\_\_

If known, do any of the children have an Elevated Blood Level (EBL)? Yes No Unknown

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Check all that apply: Owner Occupied Single Family Multi-family Rental

Are you buying your home "on contract," or are there other parties listed on the deed? Check: YES\* NO

\*If yes, please list the deed holder(s) name(s) and phone number:

Name(s): \_\_\_\_\_ Number: \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

**HOUSEHOLD COMPOSITION (All those who live in the unit)**

Last Name, First Name	Date of Birth (MM/DD/YYYY)	Relationship to Child	Race*

\* The following is requested in order to monitor compliance with equal credit opportunity and fair housing laws. **You are not required to furnish this information but are encouraged to do so.**

- 1) White
- 2) Black/African American
- 3) American Indian/Alaska Native
- 4) Asian
- 5) Native Hawaiian/Pacific Islander
- 6) I do not wish to furnish this information

**LIST ALL HOUSEHOLD INCOME** as per **IRS form 1040** definition of gross income, includes but is not limited to: wages, salary, bonuses, interest, dividends, rents, royalties, income from operating a business, alimony, pensions, annuities, share of income from partnerships and S corporates, and income tax refunds:

<b>INCOME</b> List all household members with income	<b>Gross Amount Received</b>	<b>How Often Received</b> (Weekly, Bi-weekly, etc.)	<b>Provide Name of Income Source</b>

**SIGNATURE OF PROPERTY OWNER (1)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER /SIGNIFICANT OTHER (2)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONSENT OF THE FOLLOWING:**

**RELEASE OF INFORMATION AUTHORIZATION**

**Release of Blood Lead Level Test Results**

I understand that blood tests will be taken of resident children 6 years of age or under before work begins. Families will be referred to their primary medical provider for blood lead testing. Children that are uninsured will be tested at Scott County or Rock Island County Health Department. If a child was tested prior to enrollment in the program, blood lead testing must have occurred within 6 months prior to start of intervention work. I authorize the Iowa State Hygienic Lab to release blood test results to the Scott County Health Department. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level is my responsibility.

**Consent for Photographs**

I hereby give my permission and consent for a representative of the Live Lead Free Quad Cities Lead Remediation Assistance Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the Live Lead Free Quad Cities Lead Remediation Assistance Program. I hold the Live Lead Free Quad Cities partners harmless and free from any claims in connection with the consent and use of pictures.

This consent is valid indefinitely unless revoked in writing.

**Relocation Notification**

I understand that I am a voluntary participant in this program, and if I am approved for the Live Lead Free Quad Cities Lead Remediation Assistance Program, tenants may need to vacate from my residence for a period of time while lead removal activities occur.

**Information Covered**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. *Verifications and inquiries that may be requested include but are not limited to:* identity or birth verification, employment, income, assets, bank statements, mortgage, property insurance, residence, rental activity, ownership, property taxes, Iowa’s Immunization Registry Information System, child support documentation, daycare/childcare provider or facility etc.

**Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

**\*Landlords only\* Rental/Vacant Properties**

I/we understand that in order to qualify for this program at least 50% of the units must be occupied by or made available to families with incomes at or below 50% of the area median income level (AMI) and the remaining units shall be occupied or made available to families with incomes at or below 80% of the AMI level. Buildings with five or more units may have 20% of the units occupied by families with income above 80% of the AMI. Landlords, please call (563) 326-8618 with questions.

Total number on units: \_\_\_\_\_ # of units occupied/available to families with income at or below 50% of the AMI: \_\_\_\_\_  
*\*Value must be no less than 50%*

➤ **SIGNATURE OF PROPERTY OWNER (1)** \_\_\_\_\_ **DATE** \_\_\_\_\_

➤ **PRINTED NAME OF PROPERTY OWNER (1)** \_\_\_\_\_ **DATE** \_\_\_\_\_

➤ **SIGNATURE OF PROPERTY OWNER/SIGNIFICANT OTHER (2)** \_\_\_\_\_ **DATE** \_\_\_\_\_

➤ **PRINTED NAME OF PROPERTY OWNER/SIGNIFICANT OTHER (2)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROPERTY OWNER ACKNOWLEDGEMENTS**

**Owner Contribution:**

Property owners and/or owners of rental units that utilize the Lead Hazard Remediation Assistance Program may contribute an amount based on income information provided and the cost of the project.

- a. (If applicable) The owner’s contribution will be due at the time contracts are signed, prior to Issuance of Notice to Proceed with construction.
- b. Payment will be made payable in the form of check or money order to Live Lead Free Quad Cities prior to construction.

➤ **Owner’s Initials:** \_\_\_\_\_

**Mortgage and Promissory Note:**

A mortgage and promissory note may be filed with Scott County in the amount of the construction contract. The mortgage and promissory note remains on file for 3 years after the project is complete and the property passes a lead clearance test. No payments are collected and no interested accrues on the note during this time. On the anniversary of the third year, the mortgage and promissory note is released.

If you sell the subject house OR transfer the deed to another party within three (3) years of the mortgage and promissory note being filed with the Scott County Recorder’s Office, a portion of the mortgage and promissory note filed will be due upon the sale of the house. (For example, if the property is sold one year into the three year period, 2/3 of the mortgage and promissory note amount would be due upon the sale/transfer of the home.

➤ **Owner’s Initials:** \_\_\_\_\_

**Relocation During Construction:**

All residents and pets living at the subject property *may* be relocated during the period of the construction for health and safety reasons. Living arrangements for persons and pets during the time of construction is the responsibility of the owner-occupied residence (relocation to a paid for and provided hotel by the lead program, or stipend if tenant(s) stay with family/friends).

➤ **Owner’s Initials:** \_\_\_\_\_

**PRINTED NAME OF PROPERTY OWNER (1)** \_\_\_\_\_

➤ **SIGNATURE OF PROPERTY OWNER (1)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME OF PROPERTY OWNER (2)** \_\_\_\_\_

➤ **SIGNATURE OF PROPERTY OWNER (2)** \_\_\_\_\_ **DATE** \_\_\_\_\_