

Dear Landlord:

Thank you for participating in the City of Rocky Mount Community Development Lead Hazard Control Program. Find attached an application to be completed. Call to schedule an appointment to bring your application. Please include the following information:

- Copy of partnership agreement (if Applicable)
- Copies of lease agreements
- Attached forms for income verification for tenants-only
- Social Security Statement for tenants (*must obtain from the Social Security office on Sunset Avenue*)
- Tax Returns and W-2s for tenants and landlord
- Homeowner's insurance
- Mortgage Statement
- Flood Insurance (if in 100 or 500 year floodplain)
- Copy of Birth Certificate for child(ren) under the age of six (Tenant or visiting child)
- Application fee: \$350.00 (non-refundable)

***NOTE: Incomplete applications will not be accepted. All the above requested documentation is required.***

If you have any questions, feel free to call me at 972-1145.

Thank you,

*Deborah L. Jenkins*

Deborah L. Jenkins  
Lead Project Coordinator



331 South Franklin Street • Post Office Box 1180 • Rocky Mount, North Carolina 27802-1180  
Telephone (252) 972-1100 • Fax (252) 972-1581 • Website: [www.rockymountnc.gov/cd/housing](http://www.rockymountnc.gov/cd/housing)

# Lead Hazard Control Application for Investor

Please return application and documentation to:  
City of Rocky Mount  
Lead Hazard Control Program  
P.O. Box 1180  
Rocky Mount, NC 27802-1180

---

## General Information

Project Address \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Management company (if Applicable): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Social Security or Federal ID Number: \_\_\_\_\_

Type of Ownership:  Single Owner  Partnership  Limited  Corporation

Building Description: Date of Construction \_\_\_\_\_

Structure Type \_\_\_\_\_ Number of Stories \_\_\_\_\_

Total Number of  
Units in the Property \_\_\_\_\_

A complete Lead Hazard Control application must include the following attachments. Please check for completeness before submission (incomplete applications will not be accepted):

- Proof of ownership - recorded warranty deed
- Copy of partnership agreement (if Applicable)
- Copies of lease agreements
- Attached forms for income verification for tenants-only
- Social Security Statement for tenants
- Tax Returns and W-2s for tenants and landlord
- Homeowner's insurance
- Mortgage Statement
- Flood Insurance (if in 100 or 500 year floodplain)
- Copy of Birth Certificate for child(ren) under the age of six (tenant or visiting child)
- Application fee: \$350.00 (non-refundable)



## Annual Operating Data

**LIST ANNUAL EXPENSES FOR THE FOLLOWING:**

1. Debt Service First Mortgage \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_
2. Debt Service Second Mortgage \$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_
3. Property Taxes:
 

|        |          |
|--------|----------|
| City   | \$ _____ |
| County | \$ _____ |
4. Insurance: \$ \_\_\_\_\_
5. Utility Costs paid by owner \$ \_\_\_\_\_
6. Management: \$ \_\_\_\_\_
7. Maintenance: \$ \_\_\_\_\_
8. Other Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL ANNUAL OPERATING COSTS** \$ \_\_\_\_\_
- MONTHLY OPERATING COSTS** \$ \_\_\_\_\_

**ANTICIPATED RENTS RECEIPTS**

| Unit Size | Monthly Rent | # of Units | Total Annual Rent Receipts |
|-----------|--------------|------------|----------------------------|
| 0 BRM     | \$           |            | \$                         |
| 1 BRM     | \$           |            | \$                         |
| 2 BRM     | \$           |            | \$                         |
| 3 BRM     | \$           |            | \$                         |
| 4 BRM     | \$           |            | \$                         |

TOTAL ANNUAL RENT RECEIPTS \$ \_\_\_\_\_

ANTICIPATED ANNUAL VACANCY RATE % \_\_\_\_\_

## **ACKNOWLEDGEMENT OF THE LEAD PAINT NOTICE FOR OWNER-OCCUPANTS**

Purpose of information: To assist Community Development in complying with the Federal regulations regarding lead-based paint notification and to assure that property owners are notified of the hazards of lead-based paint.

I/We have received a copy of the pamphlet(s): "Protect Your Family From Lead In Your Home" and "Is Your Home Lead Safe? Your Guide to a Safer Home".

Directions to Applicant(s): Please read the attached notification and sign below certifying that you were advised of this notice and you received a copy.

### **PROGRAM FUNDING**

The applicant understands that this program is provided with funding from the City of Rocky Mount/DEHC Lead Hazard Control Program. The program requires that statistical data about tenant households and maybe included in monthly and annual reports. The applicant understands that these reports may include pictures of the property before and after interim control measures.

---

---

### **ACKNOWLEDGEMENT AND AGREEMENT**

The applicant understands that the City of Rocky Mount/DEHC will undertake lead-based paint testing on my/our home. If the test results reveal lead-based paint hazards, the applicant understands that my/our scope of work will include the work necessary to make my/our home lead safe. Lead safe means that all lead-based paint hazards in my/our home have been stabilized and that my/our home passed a certified lead clearance test upon completion of work.

Also, the applicant understands that the City of Rocky Mount/DEHC's Lead Hazard Control Program is voluntary program and if my/our home is under investigation by the local health department it is the property owner's responsibility to work with the appropriate health officials and determine the plan of action that would be taken to reduce the lead hazards.

For the dwelling unit to remain lead safe, The applicant understands that I/we must complete a Lead Awareness class provided by the City of Rocky Mount/DEHC before any work is performed. The applicant understands that I/we must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were not identified as a present hazard.

The applicant(s)/owner(s) agree that the City of Rocky Mount/DEHC will do an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate the City of Rocky Mount/DEHC to award a lead hazard control grant. The applicant(s)/owner(s) agree to allow the City of Rocky Mount/DEHC to take before and after photographs that will document the remediation work.

The applicant understands that the medical records and income verifications of household members will be used for the sole purpose of determining eligibility for this program. I/We hereby authorize the release of medical records and income verifications of persons within the household for this purpose only.

The applicant has read and agrees with the above information regarding lead inspections, clearance testing and results, disclosure of information, and on-going lead hazard monitoring. The applicant(s)/owner(s) further agrees that the City of Rocky Mount/DEHC will not be held liable for any damage(s) that may occur as a result of said inspection and subsequent disclosures.

For applicant(s)/owner(s) protection, the relocation process for household individuals and personal items will be discussed if the application is approved.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

## Owner's Certification and Signature

The applicant certifies that all information in this application is given for the purpose of obtaining financial assistance under the **Lead Hazard Control Program**. The applicant certifies information is true and complete to the best of the applicant's knowledge and belief.

The applicant understands that all statements will be thoroughly investigated. The applicant understands that the State or Federal reviewer may check the information on this form and I agree to this investigation.

The applicant further certifies that the property to be assisted will be utilized as rental property which will be available to low and very low income families. The applicant agrees to comply with all regulations issued pursuant to the Lead Hazard Control Program.

The applicant agrees not to discriminate on the basis of race, age, sex, religious creed, national origin, familial or disability status in the sale, lease, rental, use, or occupancy of the real property assisted under the Lead Hazard Control Program.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Co-Owner's Signature (if applicable) Date

# Lead Hazard Control Program

## Authorization to Release Information

To Whom It May Concern:

1. I/We \_\_\_\_\_  
(Please Print Name (s))  
have applied for a Lead Hazard Control Grant from the City of Rocky Mount/DEHC.
2. As part of the process, the City/DEHC may verify information required in connection with the lead hazard control process.
3. I/We authorize you to provide to the City/DEHC any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income verification, copies of income tax returns and title search, copy of birth certificates for children under the age of six residing in home.
4. The City/DEHC may address this authorization to any party named on my/our application.
5. A copy of this authorization may be accepted as original.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

# City of Rocky Mount/DEHC

## Lead Hazard Control Program

### Income Verification

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or \_\_\_\_\_ to release to the City of Rocky Mount/DEHC all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

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

-----

The person above is an applicant for a City of Rocky Mount/DEHC, Lead Hazard Control Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. Please provide a copy of 1099 or W-2 if available. Thank you for your cooperation in returning this form to the address below.

The above receives \$ \_\_\_\_\_ per HR/WK/MO/YR

Estimated yearly income \$ \_\_\_\_\_ (Note variations below)

Expected Increase/Decrease For the Upcoming Year \$ \_\_\_\_\_

Type of Benefits: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Return to: Deborah Jenkins, Lead Project Coordinator  
City of Rocky Mount  
P.O. Box 1180  
Rocky Mount, NC 27802-1180  
972-1145

# City of Rocky Mount/DEHC

## Lead Hazard Control Program

### Income Verification

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I authorize the Social Security Administration, Department of Social Services, Unemployment Security Administration, Retirement/Pension Agency, employer, or \_\_\_\_\_ to release to the City of Rocky Mount/DEHC all information concerning benefits or salary payable to me. This includes all benefits for me/my family.

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

-----

The person above is an applicant for a City of Rocky Mount/DEHC, Lead Hazard Control Program. Federal law requires us to obtain a verification of income on each applicant to determine the benefit to low-to-moderate income households. The information requested will be kept in strict confidence. Please provide a copy of 1099 or W-2 if available. Thank you for your cooperation in returning this form to the address below.

The above receives \$ \_\_\_\_\_ per HR/WK/MO/YR

Estimated yearly income \$ \_\_\_\_\_ (Note variations below)

Expected Increase/Decrease For the Upcoming Year \$ \_\_\_\_\_

Type of Benefits: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: Deborah Jenkins, Lead Project Coordinator  
City of Rocky Mount  
P.O. Box 1180  
Rocky Mount, NC 27802-1180  
972-1145

# The City of Rocky Mount/DEHC LEAD HAZARD CONTROL PROGRAM

## ACKNOWLEDGMENT OF THE LEAD PAINT NOTICE FOR OWNER

### ATTACHMENT " A "

**APPLICANT'S NAME:** \_\_\_\_\_

**CO-APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS OF UNIT(S):** \_\_\_\_\_

Purpose of Form: To assist Rocky Mount Community Development in complying with Federal regulations regarding lead-based paint notification and to ensure that property owners are notified of the hazards of lead-based paint.

Directions to Applicant( s ) : Please read the attached notification and sign below certifying that you were advised of this notice and you have received a copy.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

The City of Rocky Mount/DEHC  
LEAD HAZARD CONTROL PROGRAM

ACKNOWLEDGMENT OF THE LEAD PAINT  
NOTICE FOR TENANT(S)

ATTACHMENT " A "

APPLICANT'S NAME: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_

ADDRESS OF UNIT(S): \_\_\_\_\_

Purpose of Form: To assist Rocky Mount Community Development in complying with Federal regulations regarding lead-based paint notification and to ensure that property owners are notified of the hazards of lead-based paint.

Directions to Applicant( s ) : Please read the attached notification and sign below certifying that you were advised of this notice and you have received a copy.

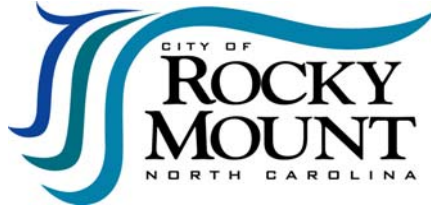
\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

The City of Rocky Mount/DEHC  
LEAD HAZARD CONTROL PROGRAM



**Visiting Children Documentation**

HUD's Definition of Frequently Visiting:

"A significant amount of time visiting" is visiting regularly by the same child, six years of age or under, on at least two different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least three hours and the combined weekly visit lasts at least six hours, and the combined annual visits last at least 60 hours.

I certify that the child/children listed below are under the age of six and visit the property located at \_\_\_\_\_ with equal or greater frequency then described in the above definition.

| Childs Name | Age | Relationship | Duration/Frequency of visits |
|-------------|-----|--------------|------------------------------|
|-------------|-----|--------------|------------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**INCOME TAX AFFIDAVIT**  
*Complete only if you were not required to file a tax return*

I/We, the undersigned, state the following:

I certify that I was not required by law to file a federal income tax return for the most recent Year for the reason (s) shown below:

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date