



City of Council Bluffs, Iowa Lead Hazard Reduction Grant Application

INSTRUCTIONS: Information in this application is strictly confidential and will not be released to persons outside of this program. Information is requested to establish eligibility and for federal reporting requirements. If you need any help completing this form, please call 712-890-5350 for assistance. There may be a waiting list to receive assistance with the City of Council Bluffs Lead Hazard Reduction Program. There are preferences on the waiting list for households with children who have an elevated blood level (EBL). This is not a housing rehabilitation program. All projects focus on the removal of lead paint hazards only.

APPLICANT INFORMATION

Applicant's First & Last Name:		Are you a US citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Address:		Do you currently own other properties: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, address of property:		
Email Address:	Home Phone:	Cell Phone:	Best Time to Call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Employer Name & Address:		Position:	Number of Years : _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Are you employed anywhere else: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list employer name and address:				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other - Multi Racial		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

CO-APPLICANT INFORMATION

Applicant's First & Last Name:		Are you a US citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Address:		Do you currently own other properties: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, address of property:		
Email Address:	Home Phone:	Cell Phone:	Best Time to Call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Employer Name & Address:		Position:	Number of Years : _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Are you employed anywhere else: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list employer name and address:				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other - Multi Racial		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

PROPERTY INFORMATION

Do You Own Your Home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rent <input type="checkbox"/> Land Contract	Do you have a mortgage: 1st Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Mortgage Holder:	Balance Owed:	Escrow Acct: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Yrs Owned Home: _____	Are there any liens/judgements against you or your property: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Payments Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have property insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Ins. Company & Agent: _____			
Do you have flood insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Ins. Company & Agent: _____				
Are your real estate taxes current: <input type="checkbox"/> Yes <input type="checkbox"/> No Are your sanitation fees current: <input type="checkbox"/> Yes <input type="checkbox"/> No				

HOUSEHOLD INFORMATION - PLEASE INCLUDE EVERYONE LIVING IN THE UNIT

Name	Date of Birth	Relationship To Applicant	Gross Monthly Income	Source of Income*	Disabled Y or N
		APPLICANT			
		CO-APPLICANT			

*Sources of Income (Wages, Social Security, Unemployment, Child Support, Pension, Workman's Comp, Alimony, etc.)

CHILDREN UNDER AGE SIX

Has your child/children ever been tested for lead poisoning: Yes No
If yes, were the test results: Positive Negative Result Number: _____ Date of testing: _____
Is your home used as a daycare: Yes No
Are there other children who spend a significant amount of time at your home (3 hours per day on 2 separate days in a week, 6 hours per week total, 60 hours total per calendar year): Yes No If yes, names and ages: _____
Do your children spend a significant amount of time at another household (3 hours per day on 2 separate days in a week, 6 hours per week total, 60 hours total per calendar year): Yes No If yes, please provide address: _____
Is anyone in the household pregnant: Yes No

ASSET INFORMATION

Household Member Name	Type of Asset	Cash Value of Asset	Annual Income from Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY HAZARDS/CONCERNS

Do you have any of the following hazards in your home: Pest Management (cockroaches, lice, mice, bats, etc.)
 Bed Bugs
 Electrical Issues
 Carbon Monoxide
 Radon
Do you have a radon mitigation system: Yes No If yes, date installed: _____
How did you hear about our program: _____

ATTACHMENTS

Please attached copies of the following documents if applicable:
 Current 6 weeks pay stubs from all income sources
 Most recent 6 months statements from all asset accounts (checking, savings, retirement, investments, etc.)
 Most recent State and Federal Income Tax Forms (if self-employed, please provide the past 2 years returns)
 Proof of Identification
 Copy of blood test results
 Birth certificate for any child 5 and under or an official form of birth verification
For the following types of income, please provide a statement/award letter:
 Social Security, Supplemental Social Security
 Pension
 Disability
 Unemployment
 Worker's Compensation
 Child Support
 Alimony (copy of divorce decree)
 Proof of existing homeowner insurance coverage

APPLICANT CERTIFICATION

I/We certify that all statements made in this application are true and are made for the purpose of obtaining assistance through the Lead Hazard Reduction Program. Verification may be obtained by the City, the Lender or by HUD for any source named in this application. I/We also understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the United States Criminal Code. Any misrepresentation or falsification provided by the applicant or co-applicant shall result in immediate disqualification. I/We also understand that I/We will update all financial information and income calculations if there is an increase in income, change in employment or change in family size prior to loan closing.

If I/We do not qualify, withdraw from the program or are denied assistance by the Lead Hazard Reduction Program, correction of any lead hazards will be the responsibility of the owner(s). I/We understand that participation in the program is voluntary, submission of the application does not guarantee funding.

Applicant's Signature Date

Co-Applicant's Signature Date