



Dear Tenant:

November 2015

Your landlord has requested assistance from the Lowell Lead Paint Abatement Program in deleading your home. Our HUD funded program requires that we assist only low income households, with priority given to units occupied by children under age six. In order to verify that you meet the eligibility requirements, please complete the attached application. We understand that some of the information we are required to collect is personal. Please be assured that all information you provide will be kept strictly confidential.

If you have questions or need assistance in completing this application, please contact Ed Alcantara at 978-459-8490. Please also contact Ed when you are ready to submit the completed application.

After your application is approved, and the deleading project is scheduled, you will be required to temporarily move out of your home. Relocation is required under Massachusetts State Law so that no member of your family will be exposed to lead dust during deleading. It is advised that during deleading you temporarily relocate with family or friends. The program offers a \$400 stipend to families who are able to do this. Alternative accommodations at a local Hotel are available for tenants who cannot stay with family/friends. Your pets must also be relocated. **We expect no more than 2 weeks for deleading. Instructions for preparing your home for deleading are attached.**

Complete, sign and return the following INFORMATION:

- Unit Information
- Occupant & Income Form
- Children Under 6 Years Old Living With You or Visiting Regularly
- Relocation Options
- Tenant Agreement Form
- Instructions to Prepare Your Home For Deleading

Required: Proof of income or full-time student status is required for each adult over 18. Examples include, but are not limited to previous two years of tax returns, four weeks' recent pay stubs, wage records, social security, employer verification (directly from employer on letterhead) and/or unemployment statement. Please indicate full-time student status with a letter from the school or other documentation.

Please take time to read and understand all of the information provided. Your cooperation is greatly appreciated. If you have any questions, **feel free to contact me directly at 978-674-1409.**

Sincerely,

Toni Snow, Lowell Lead Paint Abatement Program Manager

PLEASE RETURN TO MVHP, 67 MIDDLE ST., SUITE 501, LOWEL, MA 01852

RENTAL UNIT INFORMATION

Head of Household Name: _____

Address: _____ Unit #: _____

Phone Number(s): _____

Email: _____

Rent Amount: \$ _____

Number of Bedrooms: _____

Do you receive rental assistance? ___ Yes ___ No

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government 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. The law provides that an agency 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 agency 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.

Race/National Origin:

American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White Other (specify) _____

Sex: Female Male

I do not wish to furnish this information

OCCUPANT & INCOME INFORMATION

List every person living in the home, including yourself. PROOF OF INCOME OR FULL TIME STUDENT STATUS IS REQUIRED for each adult over 18. Please indicate in the “Gross Income” box (on the far right, below) if a household member is a full-time student. Examples of proof of income include, but are not limited to, tax returns, 4 weeks’ recent pay stubs, wage records, social security, employer verification (directly from employer on letterhead) or an unemployment statement.

Please list every person living in your unit (include yourself)

First Name	Last Name	Age	Date of Birth	Sex	Race (optional)	Current Gross Yearly Income (or Full Time Student Status)

CHILDREN UNDER AGE 6

The Lead Program STRONGLY recommends having all children under age 6 tested before any deleading work begins. Please list below each child under age 6 and verify the status of their lead testing.

Name _____ Date of Birth _____

- I do not know if the above listed child **has had his/her blood lead level tested** in the past six (6) months.
- Yes, the above listed child **has had his/her blood lead level tested** in the past six (6) months.

Name _____ Date of Birth _____

- I do not know if the above listed child **has had his/her blood lead level tested** in the past six (6) months.
- Yes, the above listed child **has had his/her blood lead level tested** in the past six (6) months.

Name _____ Date of Birth _____

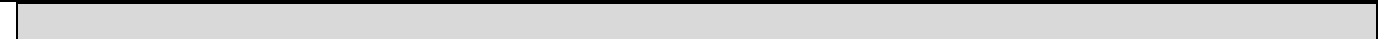
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- Yes, the above listed child **has had his/her blood lead level tested** in the past six (6) months.

List all children under 6 years of age, who visit the property regularly. Regular visits must be on at least 2 different days within any week, provided that each days visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits last at least 60 hours.

Name	Age	Relation to head of household (part time custody, babysitting, friend, cousin, etc.)	Number of hours per week, month or year



RELOCATION OPTIONS

I understand that all occupants of the unit (including pets) will need to relocate during the deleading. I/we will relocate as follows:

- I/we will relocate with family or friends and understand that we will receive a \$400 stipend after the completion of the deleading.
- Due to extreme hardship, I/we cannot relocate with family or friends and understand that LLAP will work with my landlord to explore alternative relocation solutions at a local Hotel. I understand that if I stay in the Hotel, I/we will NOT receive the \$400 Stipend.

TENANT AGREEMENT FORM

Program Requirements:

Your landlord has applied to the Lowell Lead Abatement Program to help delead his/her property. A Massachusetts Licensed Lead Inspector will do a lead inspection in your home. If the inspection identifies lead paint hazards, a Massachusetts Licensed De-leader will perform deleading work. This work will make your home a safer place for young children, now and in the future.

Please initial each section below:

Relocation during deleading work:

Massachusetts State Law requires temporary relocation of all occupants while deleading work is being done in a unit. It is advised that during deleading you temporarily relocate with family or friends. The program offers a \$400 stipend to families that are able to do this. **The average time is 2 weeks and you and your family members cannot go in and out of your home during this time.** You cannot move back in until you have been notified that the work is done and the lead inspector has found the property to be safe.

Initials _____

Preparing your unit for deleading:

To avoid unnecessary preparation work, please speak with the contractor prior to preparing your unit for deleading! You are responsible to pack and store your belongings in all rooms where deleading will take place. Basically, all items must be off the walls, curtains/shades removed, decorations, pictures, breakables all put away. Closets (if they are being delead) should be emptied. Clothing can stay on hangers; lay them on top of beds. Move furniture to the middle of the room (pile things on top of each other if needed). Everything will be wrapped in plastic and sealed. Please take valuable items out of the unit during the lead abatement.

Initials _____

Non-Liability of personal injury/damage:

I will indemnify and hold the City of Lowell, Department of Planning and Development's Lead Paint Abatement Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

Initials _____

X

Signature of Head of Household

Date

INSTRUCTIONS TO PREPARE YOUR HOME FOR DELEADING

PLEASE SPEAK DIRECTLY WITH THE CONTRACTOR PRIOR TO PREPARING YOUR UNIT SO YOU DO NOT DO ANY UNNECESSARY PREPARATION!!

YOU MAY NOT REMAIN IN YOUR UNIT DURING DELEADING - IT IS AGAINST THE LAW. PLEASE PREPARE YOUR UNIT ACCORDING TO THE FOLLOWING INSTRUCTIONS. FAILURE TO DO SO MAY RESULT IN DELAYS AND FINES.

INVESTORS AND OWNERS OF MULTI-FAMILY HOMES: YOU ARE RESPONSIBLE FOR MAKING SURE YOUR TENANTS COMPLY WITH THESE INSTRUCTIONS.

PLEASE FOLLOW THE FOLLOWING STEPS TO PREPARE YOUR UNIT:

REMOVE and TAKE WITH YOU ALL VALUABLES AND/OR HAZARDOUS ITEMS. (Examples: jewelry, cash, firearms, etc.)

ALL PERSONAL ITEMS and MOVABLE OBJECTS must be PACKED and STORED, or removed. When possible, you should remove your belongings and temporarily store them elsewhere. (Examples: food, dishes, pots, pans, curtains, draperies, window blinds, window shades, wall hangings, area rugs, toys and clothing.)

If there is a room that is not being delead, you may check with the Project Manager from the Lead Abatement Program to see if you can store items in that room.

ALL breakable items, such as “knick knacks” and glassware, should be removed from cabinets or shelves and packed in order to avoid breakage or other damage.

ALL furniture and packed items must be moved to the center of the room, or removed. For example, move the bed to the center of the room. Empty clothing and other items from your closet and pile them on the bed. Your belongings will be sealed with plastic and duct tape to prevent contamination. ALL furniture and packed items must be removed from rooms where floors will be delead.

REMINDER: During winter months contractors will need access to heat in order to do their work.

EVERY EFFORT SHOULD BE MADE TO ENSURE THAT YOUR BELONGINGS ARE STORED COMPACTLY. *Lead abatement contractors need to have enough room to do their work!*

ALL FOOD MUST BE REMOVED FROM THE CABINETS and MUST BE REMOVED FROM THE REFRIGERATOR AND REMOVED FROM THE PREMISES.

PETS MUST BE BOARDED OR OTHER ARRANGEMENTS MADE FOR THEIR CARE AWAY FROM YOUR UNIT – THIS INCLUDES AQUARIUMS, HAMPSTERS, ETC.

Please sign below to indicate you have received these instructions.

X _____
SIGNATURE DATE

THIS IS YOUR COPY

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