



Andrew J. Rizzo, Jr.  
Executive Director  
Building Official

# CITY OF NEW HAVEN LIVABLE CITY INITIATIVE

c/o GREATER NEW HAVEN COMMUNITY LOAN  
FUND

171 Orange Street, 3<sup>rd</sup> floor  
New Haven, Connecticut 06510  
203 624-7406  
Fax 203 401-3378



John DeStefano, Jr.  
Mayor

## LEAD HAZARD CONTROL APPLICATION

DATE \_\_\_\_\_

The information collected below will be used to determine whether you qualify as a borrower under the City of New Haven's Livable City Initiative Programs. It will not be disclosed outside this office without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law.

Directions:

- All persons applying for the Lead Hazard Control funds must complete this Lead Hazard Control Application.
- Applicant must provide a copy of his/her most recent tax return.
- Residents of each unit to be lead abated must complete the Supplemental Application-Rental Unit Information.
- If you are the Applicant and occupy a unit to receive Lead Hazard Control funds, both this Lead Hazard Control Application and the Supplemental Application-Rental Unit Information must be completed.

Have you and/or any co-applicant ever received a loan/grant from the City? [ ] Yes [ ] No

If yes, please provide the following:

Property Location: \_\_\_\_\_ Purpose: \_\_\_\_\_

Date of Loan/Grant: \_\_\_\_\_ Amount: \_\_\_\_\_ Status: \_\_\_\_\_

<b>Property of Interest:</b> _____	<b>Zip Code:</b> _____
<b>Total Number of Units</b> _____	<b>Number of Units for this application</b> _____
<b>Property owner's name as it appears on the Deed:</b> _____ _____	
<b><u>Applicant's Information</u></b>	

Name.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No. of Years \_\_\_\_\_ [ ] Own [ ] Rent

Former Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No. of Years \_\_\_\_\_ [ ] Own [ ] Rent  
(if at current address less than 2 yrs.)

**Marital Status:** [ ] Married [ ] Unmarried (single, divorced or widowed) [ ] Separated

Name of Spouse \_\_\_\_\_

**Employment:** Self Employed? [ ] Yes [ ] No Name of Business/Employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Position/Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Years / Mos. \_\_\_\_\_ Years in this line of work \_\_\_\_\_

Name, Address and ZIP code of Previous Employer (if at position less than 2 yrs.) \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Position/Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Yrs. On Job \_\_\_\_\_ Yrs. In this line of work \_\_\_\_\_

**Co-Applicant Information**

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No. of Yrs. \_\_\_\_\_ [ ] Own [ ] Rent

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ No. of Yrs. \_\_\_\_\_ [ ] Own [ ] Rent  
(if at current address less than 2 yrs.)

**Marital Status:** [ ] Married [ ] Unmarried (single, divorced or widowed) [ ] Separated

Name of Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employment:** Self Employed? [ ] Yes [ ] No Name of Business/Employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Position/Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Years / Mos. \_\_\_\_\_ Years in this line of work \_\_\_\_\_

Name, Address and ZIP code of Previous Employer (if at current position less than 2 yrs.) \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Position/Title \_\_\_\_\_ Type of Business \_\_\_\_\_ Yrs. On Job \_\_\_\_\_ Yrs. In this line of work \_\_\_\_\_

The requirements of the Lead Program were explained to me by \_\_\_\_\_ understand that, in accordance with the regulations governing sources of funding utilized for this loan, I am obligated to make any rental units available to individuals described as low or very low income for an affordability period equal to the term of the loan, which is **five years** for the Lead Abatement Program. I am also required to report annually on the occupancy of any rental units and the household income of those units for the term of the loan.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Applicants \_\_\_\_\_ Date \_\_\_\_\_

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. Seq., or 7 USC, 1921 et. Seq., (if USDA/fmHA). I/We hereby acknowledge that I/we have received a copy of the Privacy Act Notice.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

The City of New Haven is an equal housing opportunity assistance provider. No person shall, on the basis of race, color, religion, gender, sexual orientation or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development.

**GENERAL DISCLOSURE**

I affirm that I am neither an LCI employee, an elected official of New Haven City Government, one with power of control over the process herein administered, nor a member of the household of any of the above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of any and all information necessary or reasonably relative to the review and processing of this application and supporting documentation related to my/our application for financial assistance. I/We permit the City of New Haven to access first mortgage information and any other relevant information pertaining to this application and as it applies to this loan. I/We understand that any misstatement of a material fact shall be grounds for disqualification.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_