

Lead Hazard Control Program

Application



Enclosed is an application to participate in the National Nurse-Led Care Consortium's Lead Hazard Control Program in the City of Chester, Delaware County, PA.

Participants must meet the income eligibility criteria for the program. This income eligibility is based on the income of all persons living in the property.

Program Application Instructions

Homeowners Please complete all sections of the application that pertain to your household, employment, and financial situation.

Landlords Please complete all sections of the application, entering the required information on your tenants' household, employment, and financial situation.

Copies of the following information must be submitted along with your application:

1. Income verification (copy of pay stubs, Social Security Statement, child support and/or alimony payments, Pension statement, etc.).
2. Homeowners Insurance Policy Declaration page.
3. Photo ID of property owners.

To expedite the approval process, please submit the application and the requested documents as soon as possible. Applicants should submit all documents by email healthyhomes@ncc.us or to the mailing address:

Attn: Ms. Deepa Mankikar
National Nurse-Led Care Consortium
1500 Market Street
Centre Square West, LM-500
Philadelphia, PA 19102

Please feel free to contact **Ms. Deepa Mankikar** if you have any questions, at **215-731-2474** or dmankikar@ncc.us.

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Application Date: _____

Property Address: _____

Owners/Residents of the Property (Applicant)

Name: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Co-owners/Residents of the Property (Co-applicant)

Name: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list the name, age, and sex of all persons/children residing at the property

Name	Age	Gender

Employment

Employer Name	Address	Annual Income (Approx.)

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Supplemental Household Income

Non-employment income for all household members must be disclosed. This includes, but is not limited to, child support, alimony payments, SSI, disability, retirement pay, and interest income.

Income Source	Recipient Name	Monthly Amount
Social Security		
SSI/SSDI		
Pension		
TANF		
Child Support		
Additional:		

Do you have homeowner's insurance coverage? Yes: _____ No: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number: _____

Relocation Needs:

Do you have the need to relocate while work is being done in the home? Yes: _____ No: _____

Do you have anyone you can stay with during this time? Yes: _____ No: _____ N/A: _____

Do you have financial means to relocate during this time? Yes: _____ No: _____ N/A: _____

I/We certify under penalty of law that the information contained in this application is true, accurate, and complete to the best of my/our knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I/We understand that approval into the program is subject to verification, of all information provided, by the National Nurse-Led Care Consortium.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____

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Approval of Application

The undersigned has examined the application for participation in the Lead Hazard Control Program, including supporting data, and finds that the application meets the requirements of the National Nurse-Led Care Consortium and satisfies the rules and regulations issued by the U.S. Department of Housing and Urban Development pertaining to the Lead Hazard Control program. Accordingly, the undersigned approved this application:

Signature of Approver: _____ Date: _____

Name: _____

Title: _____ for the National Nurse-Led Care Consortium