

1910 Sunset Blvd, Ste 300 Los Angeles, CA 90026 Tel: 213.808.8808 housing.lacity.org



Karen Bass, Mayor Ann Sewill, General Manager

## LEAD HAZARD REMEDIATION PROGRAM APPLICATION

<b>OWNER-OCCUPIED APPLICATION</b>		
(Owner lives in the property)	Date:	
Owner's name:	Phone number:	
	Email:	
	Alternate Phone:	
PROPERTY ADDRESS:		
MAILING ADDRESS:		
TENANT APPLICATION		
	Date:	
Tenant's name:	Phone number:	
	Email:	
	Alternate Phone:	
PROPERTY ADDRESS:		
MAILING ADDRESS:		



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### LEAD APPLICATION CHECK LIST

## **Owner-Occupied/Tenant**

Lead Grant Program Request Form
Owner-Occupied/Tenant Income Certification Form
Proof of Income
Owner-Occupied/Tenant Certification for Child Occupied Property Form
Occupant's Blood Testing Release Form for Child's Legal Guardian
Owner-Occupied/Tenant Notice of Non-Displacement Form
Owner-Occupied/Tenant Confirmation of Receipt of EPAs Lead Booklets Form
Copy of recorded Grant Deed with legal description
Copy of Property Fire Liability Insurance

After completion please call Silvia Viramontes at (213) 922-9680 or email: silvia.viramontes@lacity.org

# **OWNER PLEASE NOTE: Property must not be sold for three (3) years.**



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# Lead Hazard Remediation Program (LHRP) Grant Request Form

<b>OWNER-OCCU</b> (Please circle one o	<b>PIED/TEN</b> . of the above)	ANT NAM	E:					
TELEPHONE #:	,		ALT.	TELEPHON	IE #:			
PROJECT ADDR								
OWNER NAME:								
OWNER ADDRE	ESS:							
OWNER TELEP	HONE NO:			ALT. NO	)			
FAX NO			CONTAC	Γ PERSON:				
COUNCIL DIST	RICT:		CEN	NSUS TRAC	CT:			
REFERRED BY:			REF	ERRED DA	ГЕ:			
REFERRAL CO	OMMENTS:	:						
PROJECT/UNIT	<b>FINFORM</b>	ATION:						
No. of Units: No. of Units Occupied:								
Year Built: No. of children under 6 yrs:								
INCOME LEVELS: FY 2024-2025								
Family Size	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Income Limits	\$77,700	\$88,800	\$99,900	\$110,950	\$119,850	\$128,750	\$137,600	\$146,500

Please call SilviaViramontes at (213) 922-9680 or email: silvia.viramontes@lacity.org

## LOS ANGELES HOUSING DEPARTMENT

LEAD HAZARD REMEDIATION PROGRAM 1910 SUNSET BLVD, STE 300 LOS ANGELES, CA 90026

#### OWNER-OCCUPIED/TENANT'S NAME:

**PROPERTY ADDRESS:** 

### **OWNER-OCCUPIED/TENANT INCOME CERTIFICATION**

THIS INFORMATION IS NECESSARY FOR THE CITY TO EVALUATE THE OWNER'S REQUEST FOR ASSISTANCE IN REPAIRING THE BUILDING.

DATE:	MONTHLY RENT/MORTGAGE:
UNIT #:	NUMBER OF BEDROOMS:

	List Names of ALL Persons who live in this unit	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER M / F	AGE	ETHNICITY** see below	HANDICAPPED YES/NO	MONTHLY INCOME	SOURCE OF
1		HEAD OF HOUSEHOLD						
2								
3								
4								
5								
6								
7								
8								
9								
10								

\*\* (1) = AMERICAN, (2) = AFRICAN AMERICAN, (3) = AMERICAN INDIAN / ALASKAN, (4) = HISPANIC, (5) = ASIAN / PACIFIC ISLANDER, (6) = OTHER / MULTIRACIAL:

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE DECLARED THE TOTAL GROSS INCOME FROM ALL SOURCES FOR MY HOUSEHOLD.

Owner/Tenant's Signature:\_\_\_\_\_

Owner/Tenant's Phone Number:





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Lead Hazard Remediation Program

#### **Certification for Child Occupied Property Form**

Property Address:

I understand that one of the requirements for my receiving a Lead Hazard Reduction Grant from the Los Angeles Housing Department is that a **child from newborn to age 5** live or frequently visit my property or a pregnant woman according to the Department of Housing and Urban Development (HUD) definition (Title X, 40 CFR Part 745). HUD defines "A child-occupied facility is defined as a building, or portion of a building, constructed prior to 1978, visited by the same child, under 6 years of age, on at least 2 different days within any week, provided that each day's visit lasts at least 3 hours, the combined weekly visit lasts at least 6 hours, and the combined annual visits last at least 60 hours. Child-occupied facilities may include, but are not limited to, child care facilities, preschools and kindergarten classrooms."

<u>Child's Name</u>	<u>Age</u>	<u>Live-in/Visits</u>		Child's relationship with owner/tenant	Purpose of <u>visit</u>	Does child have <u>Medi-cal?</u>	
						Yes	No
		•					

I certify that the above named child/children visit(s) my property at least 3 hours a day for two different days, combined weekly visits is at least 6 hours, and the combined annual visits last at least 60 hours.

Owner/Tenant Signature:	Date:
Owner/Tenant Print Name:	Date:



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#### LEAD HAZARD REMEDIATION Occupant's Blood Testing Release Form

I understand that the property located at \_\_\_\_\_\_ may or may not contain lead based paint and that the Los Angeles Housing Department (LAHD) may be providing funds to the owner of this property to remediate the lead-based paint hazard.

As a condition, participation in its lead hazard control program, LAHD recommends that children under the age of six (6) years old living in, or frequently visiting, the property be tested for his/her Blood Lead Level. The Blood Lead Level test measures the amount of lead circulating in the blood stream, often a measure of recent lead exposure. A high level of exposure may cause permanent health problems including brain damage and damage to the central nervous system. Children under the age of six years are at highest risk.

If your child or children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

### Please check one of the following – the one which best describes your child/children:

- \_\_\_\_\_ My child/children under six have had their blood lead levels tested in the past three (3) months. (Completed medical evaluation/report will be provided)
- My child/children under six,\*\* have not had their blood lead levels tested in the past the (3) months and I agree to have them tested with their primary health care provider or the local health department.
- \_\_\_\_\_ Despite LAHD's recommendation,\* I voluntarily elect NOT to have Blood Lead Level tests taken for my child (children) or any other child (children) which resides or often visits my residence.

Name (children under 6)	Age	Name (children under 6)	Age
Parent/Legal Guardian's Signature	e	Date	
Parent/Legal Guardian's Print Nam	e	Phone Number	

\*\*If the child is less than 1 years old check off this boy and turn in a hirth cartificate instead

\*\*If the child is less than 1 years old, check off this box and turn in a birth certificate instead of doing a lead blood test.

\*Blood testing is highly recommended for the child's health. However, when opting-out of the Lead Blood Test, you are releasing from liability and waive any right to sue LAHD, their employees, officers, volunteers and agents from any and all claims, including claims of negligence, resulting in any physical injury, illness (including death) or economic loss suffered as a result of participating in this program.

An Equal Opportunity / Affirmative Action Employer



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### **OWNER-OCCUPIED/TENANT'S NOTICE OF NON-DISPLACEMENT**

The owner of your housing unit has requested funding from the Los Angeles Housing Department (LAHD) to inspect and address lead-based paint and hazards, if any, in the property located at:

This notice is to inform you that your participation in the Lead Hazard Reduction Program is voluntary. You may choose not to participate. If the property qualifies for funding, your family may have to temporarily relocate while lead work is conducted.

Because this program is voluntary, you are **not** considered a "displaced" family and are not eligible for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. However, because you **may** be required to relocate *temporarily* to permit the lead hazard reduction program to be carried out, you may be eligible for reimbursement for all reasonable out-of pocket expenses incurred in connection with temporary relocation.

**This letter is not a notice to move**. Please do not make moving arrangements until you receive official notice from the City of Los Angeles that (1) the project requires relocation; (2) the approximate duration of the temporary relocation has been determined; and (3) a date required for your relocation is established. If temporary relocation is necessary, you will be contacted by LAHD staff regarding your eligibility for benefits and the temporary relocation process to be followed as your project proceeds.

If you have any questions, please contact Silvia Viramontes at (213) 922-9680. Remember **do not move until we notify you.** This letter is important to you and should be retained for your files.

Thank you for your interest in helping us make your home lead-safe.

Print:\_\_\_\_\_ Received: Owner-Occupied/Tenant

Sign:\_\_

(Please print your name first and sign it)

Date:\_\_\_\_\_



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#### LEAD AND HEALTHY HOMES PROGRAM Confirmation of Receipt of EPA's Lead Booklets

I hereby confirm that I have received a copy of the lead information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received the following pamphlets, noted below, before the work began,

#### 1. Protect Your Family from Lead in Your Home and 2. Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools

Project Street Address

Printed name of Recipient

Project City & Zip Code

Signature of Recipient

Date