



Lead Hazard Control Program

Shelby County Department of Housing
1075 Mullins Station Rd.
Memphis, Tennessee 38134
(901) 222-7600

APPLICANT INFORMATION

Name _____ SS# _____ DOB _____

Co-Applicant _____ SS# _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Cell/Alternate Phone _____

Email _____

Please Circle Yes No or Circle / Complete Appropriate Answer:

Number in Household _____ Number of children under six (6) _____

Married? Yes No Female Head of Household? Yes No Minority Household? Yes No

Race _____ Latino? Yes No Pregnant women in home? Yes No

Do you own or are you purchasing the home you are currently living in? Yes No

Please list the nearest relative that does not live with you:

Name _____ Address _____

City/State _____ Phone Number _____ Relationship _____

How did you hear about the program?

Friend/Family Church Organization (Shelby County Health Dept.) Blitz Media Outreach Public Hearing Other

Please list other programs you applied for previously: (example Weatherization, Habitat, Etc.)

HOUSEHOLD SURVEY

Racial / Ethnic Classification: _____

Family Member's Name	Age	Sex	Relationship	SS#	Race	Latino Yes or No
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Status of Family Member (Working, Student, Disabled, Etc.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

EMPLOYMENT INFORMATION

Name of Employer (*applicant*) _____ Years Employed _____

Address _____ Phone # _____

Previous Employer (*co-applicant*) _____ Years Employed _____

Address _____ Phone # _____

Name of Employer (*other*) _____ Years Employed _____

Address _____ Phone# _____

Previous Employer (*other*) _____ Years Employed _____

Address _____ Phone # _____

INCOME INFORMATION

Persons over 18:

GROSS EARNED INCOME Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____
(Includes commissions, tips and bonuses)

ALIMONY / CHILD SUPPORT Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

WELFARE Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

SOCIAL SECURITY Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

SSI Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

AFDC Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

DISABILITY Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

PENSION Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

RETIREMENT Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

UNEMPLOYMENT / WORK COMP Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

NET INCOME FROM BUSINESS Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

INTREST FROM REAL PERSONAL PROPERTY Applicant \$ _____ Co-Applicant \$ _____ Other \$ _____

Have you, or your spouse/co – applicant, claimed Chapter 13 bankruptcy? Yes No
 Date Chapter 13 Bankruptcy was filed: _____
 If under wage earner, the debt will be paid off _____

Have you, or your spouse/co – applicant, claimed Chapter 7 bankruptcy? Yes No
 Date Chapter 7 Bankruptcy was filed: _____
 Date Chapter 7 Bankruptcy dismissed _____

ASSET INFORMATION

Interest from Bank Accounts (Proof – Tax Statement)

Checking Account # _____ Balance _____ Last Year’s Interest _____
 Bank Name & Address _____

Savings Account # _____ Balance _____ Last Year’s Interest _____
 Bank Name & Address _____

Other Asset Information (Proof – Statement)

Stocks, Bonds Etc. \$ _____ Cash Value of Trust \$ _____
 Cash Value of Life Insurance Policy \$ _____ IRAs / Retirement Account \$ _____

Other Asset Information (Proof – Must Be Approved)

Equity in real Estate Lump Sum Receipts
(Excluding primary home) _____ (Inheritance, Capital Gains, Lottery) _____
 Address _____

Personal Property Assets Disposed of less
 Held for Investment _____ than Market Value in
 Past two years _____

Affidavit

Applicant(s) Name(s) _____

Property Address _____

If the property is rental, we understand that the landlord must complete an application for any work to be completed.

I/We understand that an outside agency, Tioga Environmental, will be testing the home for lead hazards and I agree to make the home available for testing.

I/we understand I/my home will be disqualified for benefits of the program and my application will be canceled if any work or construction is completed by an outside contractor before Shelby County work is completed.

I/We understand that this program is addressing lead based paint hazards and healthy home deficiencies and is not a rehabilitation program, and may not bring my entire home into compliance with code. Depending on the type of repairs, I understand that there may not be a visible difference in my home once the lead hazards are addressed.

I/We understand that if there is no lead based paint hazards found in my home, work would not be completed by this program.

I/We agree to have signs promoting the program placed in our yard. The sign will be put in the yard on the agreed start date, and removed the date I/We sign the final inspection form.

I/We agree that the Outreach Coordinator or the Inspector can take pictures of our family and property. These pictures may be used for reporting purposes and/or program promotion.

I/We give permission to the Department of Housing to share and/or secure any information necessary to process my application for the Lead Hazard Control program.

I/We understand that this information will be shared or secured on a professional basis only, while protecting my right to confidentiality.

I/We am/are authorizing Shelby County Department of Housing to contact any person or organization required to process my application and to share information in my case record for referrals.

I/We also authorize the verification of any and all information for the purpose of certification and for assistance, and _____ do or _____do not (**check one**) agree that the information contained in my application may be shared with other agencies from which I /We seek additional services.

I/We certify to the best of my/our knowledge that all of the information provided by me/us is true and correct. I /We understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is subject to prosecution under applicable criminal law.

By signing below, I acknowledge receipt of this application and disclosure. I understand that the conditions may apply to my participation in the Lead Hazard Control Program.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Staff Member's Signature _____ Date _____

REQUIRED DOCUMENTS

**APPLICATION CANNOT BE PROCESSED
IF ANY OF THE FOLLOWING
DOCUMENTS ARE NOT COMPLETED**

Lead Hazard Control Program Data Questionnaire Disclosure Form

27061-H (9/2003)
OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Applicant(s) Name(s) _____

Property Address: _____

1. Ethnic Categories	Head of Household Name: _____ Check Appropriate Box ↓	Co-Applicant Name: _____ Check Appropriate Box ↓
Hispanic or Latino		
Not Hispanic or Latino		

2. Racial Categories* Select All that Apply	Head of Household Check Appropriate Box ↓	Co-Applicant Check Appropriate Box ↓
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other		

*Definitions of these categories may be found on the reverse side or next page.

Signature Date Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD.

Owners/agents must offer the opportunity to the head and co-head of each household to “self-certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

General Instructions: This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.** The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

A. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

B. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



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Affidavit

Applicant(s) Name(s) _____

Property Address _____

I/We _____, swear/affirm that a child or children UNDER the age of six (6) lives or spends a significant amount of time at the above named property.

Number of children: _____

Child Name	Date of Birth	Race	Check if child lives at property
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If child/children do NOT live at property, please complete the following:

Name of Child: _____
List number of hours: ___ day ___ week ___ month ___ year

Name of Child: _____
List number of hours: ___ day ___ week ___ month ___ year

Name of Child: _____
List number of hours: ___ day ___ week ___ month ___ year

Applicant's Signature: _____ Date: _____

Co-applicant's Signature: _____ Date: _____



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Risk Assessment Questionnaire

Property Address

It is **STRONGLY** recommended that all children under six (6) years of age have their blood level tested prior to hazard control work in your home. A nurse from Shelby County Health Department will perform this **FREE** test inside your home. In addition, if it is found that your child has an elevated blood lead level, you will become a **PRIORITY** and your application will go to the front of other applicants.

Does your child live in or regularly visit a house built before 1950? Yes___ No___
Does this property have chipping or peeling paint? Yes___ No___
Has this property recently been renovated or repainted? Yes___ No___

Does your child have a sibling or playmate that has lead poisoning? Yes___ No___
Does your child frequently come in contact with an adult who works with lead?
(Construction / Welding / Pottery/ etc.) Yes___ No___

Does your home contain any plastic or vinyl mini blinds? Yes___ No___
Have you seen your child eating paint chips, crayons, soil or dirt? Yes___ No___

Do you give your child any home or folk remedies that may contain lead?
(Azarcon / Greta / Paylooh / Other) Yes___ No___

Have you ever been told you child has low iron? Yes___ No___

Does your home's plumbing have lead pipes or copper pipes with lead solder joints? Yes___ No___

Does your family use pottery water for cooking, eating or drinking? Yes___ No___

Please check the following statement regarding your child/children under the age of six (6)

_____ My child / children have had their blood lead levels tested in the past three (3) months. Test provider and date of test: _____

_____ I authorize the provider to release the results of this blood test (s) to the Shelby County Lead Hazard Control Program.

_____ My child/children **HAVE NOT** had their blood levels tested in the past three (3) months and I agree to have them tested at this time.

_____ For religious and/or personal reasons, I choose **NOT TO HAVE** my child/children tested for lead.

Applicant Signature

Co-Applicant Signature

It is important to have your child tested to assure proper medical attention is given if lead is elevated correct steps are taken to reduce and / or remove lead

Tennessee Department of Health

Release of Protected Health Information



Patient's Name: _____

DOB: _____

Address: _____

I, _____ hereby authorize Shelby County Health Department
 (Name of Patient, Parent, or Guardian)
 to use or disclose the following health information related to: Shelby County Department of Housing

- Myself My Child _____ My Legal Ward _____
 (Name)

TYPE OF INFORMATION TO BE RELEASED: (Check and initial **all** that apply)

- | | |
|---|---|
| <input type="checkbox"/> All health department records including <u>NA</u>
STD, HIV, Family Planning, Prenatal,
Genetic Testing, and Substance Abuse | <input type="checkbox"/> Immunization Records <u>NA</u> |
| <input type="checkbox"/> All health department records <u>excluding</u> <u>NA</u>
STD, HIV, Family Planning, Prenatal,
Genetic Testing, and Substance Abuse | <input type="checkbox"/> Genetic Testing Records <u>NA</u> |
| <input type="checkbox"/> Substance Abuse records (Federal regs <u>NA</u>
Require a description of amount and
Type of information to be disclosed)
Description: _____ | <input type="checkbox"/> Family Planning Records <u>NA</u> |
| | <input type="checkbox"/> Prenatal Records <u>NA</u> |
| | <input type="checkbox"/> STD Records <u>NA</u> |
| | <input type="checkbox"/> HIV/AIDS Records <u>NA</u> |
| | <input checked="" type="checkbox"/> Other Records Blood Lead Level |

The above information will be used/disclosed for the following purposes:

To permit the release of Blood Lead level to the below party

<p>THE ABOVE INFORMATION IS TO BE RELEASED TO:</p> <p>Name: <u>Shelby County Department of Housing</u></p> <p>Address: <u>1075 Mullins Station Rd W - 2</u> <u>Memphis, TN 38134</u></p>	<p>THE ABOVE INFORMATION IS TO BE RELEASED FROM: The Childhood Lead Poisoning Prevention Program for</p> <p>Name: <u>Memphis / Shelby County Health Department</u></p> <p>Address: <u>814 Jefferson Avenue</u> <u>Memphis, TN 38105</u></p>
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This release shall expire on _____
 Month Day Year

Signature of Patient / Parent / Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

NOTICE OF INDIVIDUAL RIGHTS

I understand I have the right to revoke this Authorization at any time, in writing, except to the health department has taken action in reliance of the Authorization. I further understand a revocation will not apply to my insurance company when the law provides m insurer with the right to contest a claim under my policy.

I understand I may refuse to sign the Authorization. If I refuse to sign this Authorization, it will not affect my ability to otherwise receive treatment, payment, enrollment, or my eligibility for benefits, as applicable.

I understand the health department will furnish me with a signed copy of this Authorization.

I understand information used or disclosed as a result of this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand I may inspect and / or obtain a copy of the health information to be used or disclosed as permitted under federal law and / or state law, whichever provides greater access rights.

Tennessee Department of Health's Notice of Privacy Practices has been provided or made available to me.

For disclosures of Substance Abuse records/information only:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further is expressly permitted by the written consent of the person to whom I pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

All medical records provided to the health department from another entity become an official part of the health department's records and are subject to release when properly requested.

DOCUMENTS
To Be
COMPLETED
As NEEDED

COMPLETE FORMS THAT APPLY TO YOU.

PLEASE CALL THE DEPARTMENT OF
HOUSING IF YOU ARE UNSURE IF YOU
SHOULD OR SHOULD NOT COMPLETE ANY
OF THE FOLLOWING FORM OR FORMS AT:
(901) 222 – 7603 OR (901) 222 – 7612.

Mortgage Verification Request

Applicant Name (s): _____

Address: _____

Mortgage Company Name: _____

Mortgage Company Address: _____ Phone Number: _____

Account Number: _____

Are there any 2nd or 3rd Mortgages on Property? Yes / No

If yes, please list Mortgage Company holding additional mortgages: _____

Are there any liens/Judgments/ Bail Bonds on Property? Yes / No

If yes, please list the company, amount and when it will be released:

Mortgage Data

Original Mortgage Date: _____ Mortgage Maturity Date: _____

Original Balance: \$ _____ Present Balance: \$ _____

Monthly Payment Information:

Principal & Interest: \$ _____ Real Estate Taxes: \$ _____

Hazard Insurance: \$ _____

Total Monthly Payment (PITI): \$ _____

Type of Mortgage: Conventional _____ FHA _____ VA _____ Other _____

Is account satisfactory? Yes/No

Are payments current? Yes/No

If in arrears, Amount \$ _____

Number of Months in arrears: _____

Other: _____

Applicant's Signature(s): _____

**** You must attach a copy of your mortgage statement showing payment history****

**ONLY COMPLETE IF SOMEONE 18 OR OLDER WHO LIVES INSIDE THE HOME
IS NOT WORKING**

AFFIDAVIT

Each person over 18 living at the home that is NOT working must complete, sign, & return

Name: _____

Date of Birth: _____

Address: _____

Age: _____

Social Security Number: _____

Relationship to Applicant: _____

Date of Last Employment: _____

Last Employer: _____

Expected date of return, if temporarily unemployed: _____

_____, homeowner, has completed an application through the Shelby County Lead Hazard Control Program for financial assistance, in the form of a grant, to perform lead paint hazard reduction activities on their property.

Guidelines of the program require that all adult income of the household be verified and included in the processing of said application.

I, _____, do hereby state that I am presently unemployed and do not receive any type of income or benefits from any source. I also authorize Shelby County Department of Housing to verify any information given in this Affidavit.

I understand, should this statement of unemployment and non-receipt of any type of income or benefits be found to be knowingly false or untrue, that the applicant may be required to repay any approved grant received through Shelby County Lead Hazard Control Program.

To the best of his/her knowledge, the undersigned does hereby state that all statements in the Affidavit are true and accurate.

Signature

Date

Witness

Date

**ONLY COMPLETE IF SOMEONE 18 OR OLDER WHO LIVES INSIDE THE HOME
IS NOT WORKING**

AFFIDAVIT

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To the best of his/her knowledge, the undersigned does hereby state that all statements in the Affidavit are true and accurate.

Signature

Date

Witness

Date

FOR OFFICE USE ONLY

Number in Household _____

Household Income _____

Income Limits % _____

INCOME CALCULATIONS

NOTES