



PA Regional LEAD Hazard Control Grant

PA REGIONAL-LHCG  
Community Action Agency of Delaware  
County, Inc. (CAADC)  
1414 Meetinghouse Road  
Boothwyn, PA 19061  
610.833.4442

### Application for Services

A separate application must be completed for EACH address or unit

#### PART 1: PROPERTY INFORMATION

APPLICATION FOR : NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PROPERTY ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: Delaware  
 TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

#### PART 2: OWNER INFORMATION – Complete ONLY if owner is different than applicant

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

#### PART 3: OCCUPANT INFORMATION

**ALL OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach an additional page, if necessary.**

**The PAR-LHCG does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.**

Name	Receiving Medicaid (YES OR NO)	Date of Birth	Age	Relationship to Primary Resident	Gross Income (see below)

**Total household Income:** \_\_\_\_\_

\*\*\***(Gross Income= before taxes/deductions)** Income includes but is not limited to wages, salary, tips, disability, social security, pension, unemployment, alimony, interest, dividends, child support and welfare assistance. It should be listed for all those who are over 18 years of age within the household.

#### PROOF OF ALL INCOME WILL BE NEEDED AFTER YOUR APPLICATION IS REVIEWED

Please remember to attach the following documents to this application:

- Notarized statement (if children under age 6 are regular visitors per Part 5.2)
- Proof of Elevated Blood Lead levels, if available (application will give higher priority per 5.3)





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**PART 4: ELIGIBILITY**

<i>Please answer ALL of the following questions.</i>		Yes	No
1. Was the house at the above address built before 1978? <b>Approximate Year Built:</b> _____		<input type="checkbox"/>	<input type="checkbox"/>
2. Were property taxes for this home, for the previous year, paid to date?	<b>PA REGIONAL- LHCG Use Only:</b> <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid <b>Verified by:</b> _____ <b>Date:</b> _____ <b>Source:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the house owned by a federal, state, or local government agency?		<input type="checkbox"/>	<input type="checkbox"/>
4. Does the house have at least one bedroom?		<input type="checkbox"/>	<input type="checkbox"/>
5. Are you willing to have your children under 6 tested for lead poisoning 6 months after reduction activities?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____		<input type="checkbox"/>	<input type="checkbox"/>
7. Approximately how long have you resided at this unit: _____ months _____ years			

**PART 5: ELIGIBILITY CONTINUED**

<i>Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know". Failure to provide information will be reason for denial.</i>	Yes	No	Don't Know
1. Is there a child under age 6 <b>living</b> in the house full time? If yes, how many? _____ <b>* ATTACH BIRTH CERTIFICATE(S)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a child under the age of 6 who is a <b>regular visitor but does not live</b> at this address (for at least 2 hours a day, minimum 3 days per week, per year)? <b>* NOTARIZED STATEMENT MUST BE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 10ug/dL or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you are the owner, would you be willing to contribute cash or labor towards removing lead hazards from the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a pregnant woman living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would members of the household have some place to go for up to ten days while the lead hazards are being removed from the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is this home being used as a day care? If so, how many children attend? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby certify that to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances immediately to this service provider. I understand that my signature on this application indicates that family income does not exceed LMI for my county.** 'I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.'

**\*\* ALL HOUSEHOLD MEMBERS WHO ARE 18 OR OVER MUST SIGN THIS APPLICATION \*\***

Owner Name: _____	Signature _____	Date _____
Owner Name: _____	Signature _____	Date _____
Over 18 Name: _____	Signature _____	Date _____
Over 18 Name: _____	Signature _____	Date _____
PAR-LHCG Representative: _____	Signature _____	Date _____

