

City of Charlotte Lead Hazard Reduction Program Application for Grant - Owner Occupied

The information collected below will be used for internal purposes and will not be disclosed outside the Neighborhood Development Key Business without your consent.

OWNER INFORMATION

NAME			Home Phone ()	Business Phone ()
(Last)	(First)	(Middle)		
Address of Property		City	State	Zip Code
Neighborhood Name _____				Home Phone Property ()
Is this property in a historic neighborhood? ____				
Number of Bedrooms at Property _____				

HOUSEHOLD COMPOSITION (List the head of the household and all members who live in the home.)

Member No.	Full Name	Relationship/ Social Security Number	Date of Birth
1			
2			
3			
4			
5			
6			
7			

1. Does anyone live with you now who is not listed above? ___ Yes ___ No
2. Does anyone plan to live with you in the future who is not listed above? ___ Yes ___ No
- Please explain if you answer "Yes" to either question above.

List additional children under 6 years old who frequently visit the home

Member No.	Full Name	Relationship/ Social Security Number	Date of Birth
1			
2			
3			
4			
5			

ANNUAL INCOME of RESIDENTS (Monthly)				
Source	Applicant	Co-Applicant	Other Household Members 18 or Older	Total
Monthly Salary				
Monthly Social Security				
Monthly SSI				
Monthly Retirement				
Other Income				
				TOTAL Income

Please attach pay stubs (copies) for each resident to be used as verification of income. Currency of property tax payments will be verified. A criminal records check will be performed on all applicants.

I understand that the City may contribute funds in the form of a grant toward lead hazard reduction, when feasible, and in accordance with the conditions at the property. Additional repairs that are needed but are unrelated to lead based paint are the responsibility of the owner.

I understand that the City will provide a nurse to visit my home to perform a simple finger stick blood test on all children listed on the application who are under 6 years old. The test is free and will determine a baseline lead blood level.

The information provided above is true and complete to the best of my/our knowledge and belief. I consent to the disclosure information for purposes of income and verification related to the application for financial assistance provided by my landlord. I understand that any willful misstatement of material fact will be grounds for disqualification and will result in the denial of property improvements via this grant application.

How did you hear about this program? (mark with X) friend radio tv
 church community event/fair presentation at _____
 community center other (indicate) _____

Applicant Signature: _____ Date _____

Please Print Name: _____

Send applications to:
 City of Charlotte
 Neighborhood Development Key Business
 600 E. Trade St. Charlotte, NC 28202-2859
 Attn: Diane Adams