



Rhode Island Housing

LEADSAFE HOMES PROGRAM

Tenant Information Request Form

Your landlord has applied for funding from Rhode Island Housing's LeadSafe Homes Program (the "Program"). In children, lead can cause damage to the brain, and can cause learning problems. In adults, lead poisoning has been linked to migraines, chronic fatigue, and sexual dysfunction. If we approve the application, we will help fund your landlord's clean up of lead hazards in your home. ***In order for your apartment to qualify for the Program, you must carefully read this form and agree to abide by its terms and requirements.***

As a tenant, how can I help?

- Please read and complete this form.
- Provide **two recent pay stubs** for all working adults in your household. If you would like your income information to remain confidential from your landlord, seal the pay stubs in an envelope and write "Confidential" on the outside of the envelope. Give the pay stubs and the completed form to your landlord; or you can mail the completed form and the pay stubs to: LeadSafe Homes Program, Rhode Island Housing, 44 Washington Street, Providence, Rhode Island 02903.
- For all children under the age of 6 living at or visiting the residence, provide a copy of birth certificate(s)

As a tenant, what benefits will I get?

- You will get improvements to the interior and exterior of your apartment that will make it lead-safe. Depending on where lead is found, repairs may include installing new windows and doors, painting the interior and exterior, covering lead-contaminated soil, and/or correcting building code violations.
- Free temporary relocation assistance, if necessary.

What do I have to do?

- You must agree to allow Program staff to enter your apartment to test for lead, develop and review work specifications, conduct contractor walkthroughs, and inspect repairs to make sure they are done properly.
- You must agree to allow a Certified Environmental Lead Inspector into your apartment to conduct a Comprehensive Environmental Lead Inspection, Lead Clearance Inspections, and an Annual Lead Re-inspection. The inspector will provide you with copies of all the reports.
- You must agree to participate in a short program survey and training session.

Do I need to leave my apartment during Lead Hazard Reduction Work?

Yes. The lead hazard reduction work in your apartment may produce dangerous levels of lead dust. In order to protect your family from lead poisoning, everyone who lives in your apartment must move out while the work is being done. We will assist you with your relocation. You may need to move out for up to five to ten days (depending on the amount of work that needs to be done), and you will be prohibited from re-entering until the work is completed, and your apartment has passed a lead dust clearance test. Your belongings will need to be packed into boxes or bags before you leave the apartment. You will be responsible for rent while you are relocated. You may choose one of the following options.

1. You can stay with family or friends in a dwelling that does not have lead hazards. If you choose this option, and you pack properly, we will provide you a payment approximately two weeks after your apartment is lead safe.
2. You can relocate to a lead safe vacant apartment within the building. If you choose this option, we will provide you a payment approximately two weeks after your return to your apartment.



- 3. The Program will provide you accommodations and cover the cost of a hotel stay; however, you will not receive the payment if you choose this option.

Please **initial** one of the following:

- a. _____ Will stay with family or friends.
- b. _____ Will need accommodations.

Note: You will be responsible for payment of rent for your apartment while you are relocated. Your belongings will need to be packed into boxes or bags before you leave your apartment.

Who packs and stores my property during Lead Hazard Reduction?

You are responsible for packing personal items and movable objects in all rooms. Personal items and moveable objects include, but are not limited to; all items on furniture or shelves, all items in drawers, all items in cupboards and closets, clothing, dishes, wall decorations, curtains and draperies, area rugs, books, the contents of refrigerators and freezers and other non-furniture items.

Sharing Financial Information

Properties that require extensive work to make them lead safe and/or code compliant may need funding sources in addition to Program funds. If this is the case, Program staff will direct your landlord to locate additional funding from other sources. This will require sharing application information and your financial documents with these other funding sources. *If you do not want us to share information with other funding sources, please initial here _____.* This may result in the denial of your Application if Program funding is insufficient to cover necessary costs.

Questions?

If you have any questions, please call the Rhode Island Housing LeadSafe Homes Program at 401-450-1350.

Signatures

I have read and understand this form. I certify that the information provided is complete and accurate. I have read the information provided regarding lead hazard reduction work and understand that my apartment will be inspected and treated to be made lead-safe.

Property Address

Unit #

Print Name of Head of Household

Signature

Date



**LEADS SAFE HOMES PROGRAM
Tenant Income and Rent Information Form**

Head of Household Name: _____		Home Phone: _____		Cell Phone: _____	
Address: _____		City: _____		Zip Code: _____	
Email: _____		Unit #: _____		# of Bedrooms: _____ # of Rooms: _____	
Do you have a lease: <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you receive Section 8 rental assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you pay for heat: <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you pay for hot water: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you pay for electric: <input type="checkbox"/> Yes <input type="checkbox"/> No			Is your stove electric: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please select the number of people in your household. Then answer the questions going across that # of people:

Household #	Is your income over?		Is your income over?			
<input type="checkbox"/> 1 Person	\$25,300	Yes	No	\$40,450	Yes	No
<input type="checkbox"/> 2 People	\$28,900	Yes	No	\$46,200	Yes	No
<input type="checkbox"/> 3 People	\$32,500	Yes	No	\$52,000	Yes	No
<input type="checkbox"/> 4 People	\$36,100	Yes	No	\$57,750	Yes	No
<input type="checkbox"/> 5 People	\$39,000	Yes	No	\$62,400	Yes	No
<input type="checkbox"/> 6 People	\$41,900	Yes	No	\$67,000	Yes	No
<input type="checkbox"/> 7 People	\$44,800	Yes	No	\$71,650	Yes	No
<input type="checkbox"/> 8 People	\$47,700	Yes	No	\$76,250	Yes	No

The following information is required in order for Rhode Island Housing to approve the application for lead funds under the LeadSafe Homes Program (the “Program”). Rhode Island Housing will verify and evaluate this information to determine eligibility. All individuals living in the unit must be named.

HOUSEHOLD INFORMATION

	First/ Middle/ Last Name	Gender (M/F)	Date of Birth	Relationship (self, husband, wife, son etc.)	Full Time Student	Employed
1					Yes No	Yes No
2					Yes No	Yes No
3					Yes No	Yes No
4					Yes No	Yes No
5					Yes No	Yes No
6					Yes No	Yes No
7					Yes No	Yes No
8					Yes No	Yes No

INFORMATION FOR MONITORING PURPOSES

VOLUNTARY

Identifying Race/ National Origin information is optional. This information is required by Rhode Island Housing for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may not discriminate on the basis of this information, or on if you choose not to provide it.

I do not wish to furnish this information

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race
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Head of Household Signature

Date



LEADSAFE HOMES PROGRAM
Blood Lead Testing Form
(Participation is Voluntary)

Name of Parent or Guardian: _____

Address: _____

City/State/Zip: _____

Please fill out the table below for each child less than six (6) years old. If you do not know when your child was tested and/or what the blood lead levels were, please sign the authorization below so that Rhode Island Housing can obtain the records from the Rhode Island Department of Health.

INFORMATION CONCERNING CHILDREN UNDER 6 YEARS OF AGE						
First and Last Name and Date of Birth	Tested for Lead (Yes/No)	Date of Test	Type of Test V=Venous or F=Fingerstick	Level: (ug/l) (Check one)		
				<10 ug/l	10-20ug/l	> 20 ug/l
Full Name: _____ DOB: ___/___/___						
Full Name: _____ DOB: ___/___/___						
Full Name: _____ DOB: ___/___/___						
Full Name: _____ DOB: ___/___/___						

I hereby authorize the **Rhode Island Department of Health** to release blood lead testing results for my children under six years of age to Rhode Island Housing. I understand that my records are protected under state confidentiality regulations and under the General Laws of Rhode Island and cannot be disclosed without my written consent except as otherwise specifically provided by law. This information may not be transferred to any other party without my written consent. I understand that I may revoke this consent at any time, but that if I do not, it will automatically expire in 90 days.

IMPORTANT - Please Note: HUD as the grant funder requests that Rhode Island Housing provide them with the numbers of children in your home who have elevated blood lead levels. Providing this information is not required for participation in the LeadSafe Homes Program. In order to participate in the LeadSafe Homes Program, all children under six (6) years of age living at the Property must have a blood lead test within six months of the start of the lead work. If the child is not covered by a health insurance plan, please contact Rhode Island Housing’s LeadSafe Homes Program at (401) 450-1350 for referral to a clinic where you will be asked to complete an application form to obtain the test. There will not be a charge to any tenant associated with obtaining a lead blood test.

Signature of Parent or Guardian

Date