



**Lead and Healthy Homes Program Guidelines – Homeowner (Owner-occupied)**

Thank you for expressing interest in the City of Dubuque’s Lead and Healthy Homes Program. We are kicking off a new round of work to make 120 homes lead safe over the next three years with funding from the U.S. Department of Housing and Urban Development (HUD).

To qualify for this program, households must be 80% or less of the Area Median Income (AMI) by household size established by HUD Guidelines (see below). Households must have one or more children under six years old residing in or visiting the property regularly or a pregnant household member. The building must be constructed before 1978 and be within Dubuque city limits to qualify.

1-person household	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household	8-person household
\$49,000	\$56,000	\$63,000	\$70,000	\$75,600	\$81,200	\$86,800	\$92,400

Rental property owners will need to commit 10% of the project cost and \$200 to go towards costs of relocating the tenants. On average, the amount available for lead paint hazard control work is \$14,500 per unit. If project bids come in over \$19,999, the property owner will need to contribute the difference to have the project move forward.

There is also an average of \$4,800 available per unit in Healthy Homes funds to identify and remediate housing-related health and safety hazards. If project bids come in over \$5,000 for Healthy Homes improvements, the City and property owner will agree upon a course of action to move forward.

The primary purpose of the program is to address lead hazards and make units lead safe. This is not a full rehabilitation program. The unit will need continual maintenance to remain lead safe following the work.

It is our expectation that the property be generally code compliant as determined by the inspector. If there are significant health and safety deficiencies, repairs will have to be made prior to project approval.

**To begin the process, please complete the enclosed application and return it to our office. After we receive your application, we will verify your income and determine eligibility. Work will proceed on a first-come, first-qualified basis.**

Keep this sheet for your records and information. The checklist on the back is also for you to keep.

Please contact us with any questions at (563) 589-1724. We look forward to working with you.



**Homeowner Application Checklist of Required Documents:**

**Please Note:** Applications submitted without all required documentation will be considered incomplete. Processing of the application can NOT begin until all required documentation is provided.

- Proof of Identification:** Identification for everyone in the household. Examples: Driver's license, State ID, Social Security Card, Birth reference
  - For children under 6,** documentation showing their *name* and *date of birth* is required. This could include a birth certificate, medical/insurance card, baptismal record, or school enrollment form.
- Copy of your **homeowner's insurance** declaration page.
- Applicant shall agree to provide **blood lead level results** for all qualifying children between the ages of 1-5 that reside in or visit the home, per Iowa Department of Health protocol. If no results are available, the City can provide testing at no cost to the family for each child.

**Income and Assets**

- Last six weeks of all employer **check stubs** for everyone in the household over the age of 18.

If anyone in the household receives any **other types of income**, please provide documentation:

- Social Security benefits:** Please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- Child support:** Please submit documentation such as a divorce decree, Child Support Recovery Unit statement, or other proof of support.
- Unemployment benefits:** A statement from the Iowa Workforce Development office is required.
- Any other type of income (Pension, FIP, Rental Income, etc.):** Submit appropriate documentation.
- Tax returns** for those self-employed – most recent two years of tax returns are required.
- Two months of **bank statements** from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts (computer printouts are only acceptable if they are an actual copy of the statement).

**Submit application** by one of these methods:

- By mail or in person to the address above
- Fax to (563) 589-4244
- Scan and email to [lead@cityofdubuque.org](mailto:lead@cityofdubuque.org)

Remove and keep this sheet for your records. The information on the other side is also for you to keep.

**Applicant/Property Owner Information**

Please answer all the questions on this application completely. If a question does not apply write NA (Not Applicable) in the space provided.

Office use only	
Date received	
Time received	
Date verified	

Date \_\_\_\_\_

**Head of Household**

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Legal First Name                      Middle Initial                      Last Name                      Gender

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Date of Birth                      Age                      Race\* (see list below)                      Ethnicity: Are you Hispanic/Latino? (Yes or No)

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Street Address                      City                      State                      Zip Code

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Email Address                      Phone Number

**List All Other Persons Residing in the Household**

Name	Date of Birth	Age	Race* (see list below)	Ethnicity: Are you Hispanic/Latino? (Yes or No)

**\*Race** – List one or more letter codes for the applicable race(s)

- American Indian or Alaska Native (AI/AN)
- Asian (AS)
- Black or African American (B/AA)
- Native Hawaiian or Other Pacific Islander (NH/OPI)
- White (W)
- Other (O)\_\_\_\_\_

**Please circle your responses (Yes or No) to the following questions.**

1. Do you have children under the age of 6 who visit the house at least 3 times per month? Yes or No
2. Have any children in the household tested for elevated blood lead levels (>5mcg/dL)? Yes or No
3. Is this a daycare facility? Yes or No
4. Is anyone in the household pregnant? Yes or No
5. Is anyone in the household disabled or does anyone have special needs? Yes or No      If yes, explain:

6. Is anyone in the household a veteran? Yes or No. If yes, please list them:

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7. Do you have any dependents not residing in this household? Yes or No. If yes, please explain:

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8. Do you have any pets? Yes or No *All pets are the responsibility of the occupant and cannot be left on-site during relocation.*

9. Are you participating in any other Housing Department programs such as Bee Branch Healthy Homes, Homeowner Rehabilitation, First-Time Homeowner Programs, or others? Yes or No If yes, please list:

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10. How did you hear about our program?

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**Income Information**

Provide total income from all persons living in the household who are 18 and older. Include employment income, rental income, welfare, VA benefits, child support, FIP, Social Security benefits, pension, retirement funds and any other source of income.

<b>Household Member</b>	<b>Gross Monthly Income</b> (total income before taxes, not including benefits)	<b>Name of Employer or Source of Income</b> and complete mailing address

**Asset Information**

List all bank accounts and assets held by those 18 and older including checking, savings, certificates of deposit, stocks, bonds, annuities, trusts, other real estate, IRAs, 401Ks, pension plans etc.

<b>Household Member(s)</b>	<b>Amount</b>	<b>Interest Rate</b>	<b>Name of Bank or Source of Assets</b> and complete mailing address

**Applicant Certification:**

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining Lead and Healthy Homes funding is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information may deem unit application ineligible.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Home Assessment Notification and Acceptance:**

Property owner agrees to allow the Housing and Community Development Department staff access to the property to conduct an environmental assessment. Dust and soil sampling will be conducted to measure lead presence at the time of the assessment and at conclusion of the lead hazard control work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Blood Testing Notification and Acceptance:**

All children under six years of age who reside at this property or are significant visitors to this property (10%) are required to have blood lead levels taken within six months prior to the project start date. Please acknowledge this by signing below.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date





**Housing & Community Development Dept.**  
**Lead and Healthy Homes Program**  
 350 W. 6<sup>th</sup> Street, Suite 312  
 Dubuque, IA 52001  
 Office (563) 589-1724



**Consent and Release Form Non-Public Personal Information**

*Instructions:* You must fill out this form in order to allow the City of Dubuque to share household member and non-public personal information with agencies and companies in order to process your application.

You may end this agreement at any time; however, if you end the agreement, the City of Dubuque will not be able to process your application.

I, [ \_\_\_\_\_ ], do hereby consent to and authorize the City of Dubuque (including its partners, affiliates, agents, contractors, and the respective assigns), as part of my application for the Lead and Healthy Homes Program (the "Program") to request, access, review, disclose, release and share any and all Non-public Personal Information (NPI) received with respect to my application for the Program, whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I may or may not have a relationship, and only as necessary or desirable, in the sole discretion of the City of Dubuque, for final determination of my eligibility for and the amount of assistance under the Program. I, as Primary Applicant/Occupant, authorize the release of all household member's(s') and owner information in order to comply with the Program eligibility and benefit determination requirements. I understand and acknowledge that any party disclosing information on behalf of or to the City of Dubuque on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold the City of Dubuque and such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this Consent, I further authorize the City of Dubuque and any other financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary or desirable, in the sole discretion of the City of Dubuque, to enable the City of Dubuque to administer the Program and process my application.

I understand and acknowledge that the City of Dubuque may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of the City of Dubuque, for final determination of my eligibility for and the amount of assistance under the Program. All NPI will be retained by the City of Dubuque in accordance with Program requirements.

My consent may be revoked or ended at any time by giving written notice to the City of Dubuque. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. Unless revoked by me, this Consent shall remain in full force and effect until all obligations to the City of Dubuque are satisfied in full.

By completing and signing this form, I acknowledge and agree to the above and agree that this Consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

\_\_\_\_\_  
 Applicant/Owner/Occupant Name (Printed)

\_\_\_\_\_  
 Applicant/Owner/Occupant Signature

\_\_\_\_\_  
 Date