



**COUNTY OF ROCKLAND  
OFFICE OF COMMUNITY DEVELOPMENT**

Robert Yeager Health Center  
50 Sanatorium Road, Building K  
Pomona, NY 10970  
(845) 364-3939  
FAX (845) 364-3940

C. SCOTT VANDERHOEF  
County Executive

JOSEPH F. ABATE  
Director

Thank you for your initial interest in participating in the **Homebuyer Assistance Program**, a Rockland County Consortium Community Development activity. Please fill out our application **completely** and accurately and return to:

**Rockland County Office of Community Development  
50 Sanatorium Road, Building K  
Pomona, NY 10970**

***Copies of the following documents, when applicable, will be required for all members of the household:***

- 1) Completed Community Development Homebuyer Assistance Program Application.
- 2) Most recently filed federal income tax return **in full**, to include schedules and W-2 forms.
- 3) All asset account information for the last three (3) consecutive months (copies of checking, savings, credit union, money market account statements **in full, all pages.**)
- 4) Copies of last three (3) salary stubs for all adult members of household.
- 5) Any other household income from all sources, including unemployment benefits, worker's compensation, alimony, child support, education grants, payments made on your behalf etc.
- 6) If you are receiving a gift, you must supply us with a gift letter stating the amount and you must provide proof of the source of the gift. (Gift can not exceed \$25,000.00.)
- 7) If attending a class, graduation certificate from the approved "First Home Club" to show match amount.
- 8) Copy of fully executed contract of sale.
- 9) Copy of application for first mortgage.
- 10) Copy of good faith estimate provided by bank.
- 11) Copy of bank appraisal of the property.
- 12) Copy of first mortgage commitment letter or first mortgage conditional commitment letter.
- 13) IRS Form 4506 **Request For Copy of Tax Form** signed and dated for all adult members of household.
- 14) IRS Form 8821 **Tax Information Authorization** signed and dated for all adult members of household.
- 15) Authorization For The Release of Information Form signed by all adult members of household.
- 16) Lead Based Paint Notification Form signed by head of household.

**\*\*Certain documentation becomes stale quickly. Throughout the qualification process, you must provide our office with your most recent paystubs and asset account statements in order for us to determine your current financial picture previous to closing.\*\***

The aforementioned basic information is required prior to the final processing of your application. You may forward this information with your application or separately, as it may take some time to assemble these documents. Please be advised that the final approval for the **Homebuyer Assistance Program** is given by the Office of Community Development. If you are approved for this program, you will be notified accordingly. Thank you for your interest in our program.

# FACT SHEET

## THE COUNTY OF ROCKLAND'S HOMEBUYER ASSISTANCE PROGRAM FUNDED THROUGH THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S HOME INVESTMENT PARTNERSHIP PROGRAM

The following is an overview of the Homebuyer Assistance Program that will provide assistance to persons of low/moderate income to purchase their primary residence.

### Who qualifies?

Persons who are Rockland County residents for at least twelve (12) months, living within a consortium community, who are of low/moderate income and will occupy the property as their principal residence. *The villages of New Square and Upper Nyack have opted to not participate in the countywide consortium.* To be eligible for Homebuyer Assistance Program, individuals must be first-time homebuyers interested in purchasing single family housing. A first-time homebuyer is defined as an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home using the Homebuyer Assistance Program.

\* A "low/moderate income person" is defined as having a household income according to the chart below. This is all income (taxable or not taxable) that the household receives.

<u>Household Size</u>	<u>Yearly Income</u>
1	\$48,100
2	\$55,000
3	\$61,850
4	\$68,700
5	\$74,200
6	\$79,700
7	\$85,200
8	\$90,700

Maximum Gross Household Annual Income includes any and all persons living in the house or moving into the new property when purchased. All income must be included. **Social Security, Disability Payments, Retirement Pensions, Worker's Compensation Payments, Public Assistance, and Child Support must be included.** Any and all wages earned must be submitted and please note that income is counted prior to any deductions for Health Insurance, 401 K's, IRA's, etc. Federal regulations require that the above format is used.

### What type of property qualifies?

Either newly constructed or existing property located in Rockland County (except for the Villages of New Square and Upper Nyack) which meets state & local codes, HUD's Housing Quality Standards, and federal regulations (including Lead Based Paint Visual Assessment Test.) Homebuyer Assistance Program funds may be used to purchase one to four family housing, condominium & cooperative units, or manufactured housing. Individuals who qualify for Homebuyer Assistance Program assistance must have incomes not exceeding 80% of area median income.

The **appraised** value of the property cannot be greater than the FHA guaranteed loan amount which is currently **\$380,000** for a single family.

### What type of assistance will be given?

The Homebuyer Assistance Program will provide downpayment and closing cost assistance to eligible individuals. The Homebuyer Assistance Program will assist families with the **LOWER** of \$7,500.00 or 5% of the contracted purchase price for down payment and closing costs. There is a minimum amount of \$1,000.00. The total amount the County will lend is based on the total amount needed to "close the gap" and must be a dollar for dollar match. We can only loan an amount equal to what you are contributing by way of a down payment, gift, other grant, etc. Any gift given to qualified household can not exceed \$25,000.00.

This loan will be secured by a second mortgage on the property which will not be repaid until the property is sold. **The loan has a fifteen (15) year period of affordability.** This means, if you are approved and receive our funds, the County's lien on your property is for fifteen (15) years. You never pay us back unless you sell the property. If you do sell the property within the fifteen (15) year period of affordability, the repayment schedule is as follows:

Years 1 – 3:	Principal plus interest (Interest on 1 <sup>st</sup> mortgage or 6%, whichever is greater)
Years 4 – 5:	Principal only
Years 6 – 15:	10% of the loan forgiven every year until end of Year 15 when payback = 0

### What is the next step?

Persons who believe they qualify should contact their local realtor or lending institution. The way these monies will become available is by the prospective owner finding a home that qualifies, then applying to a local lending institution for a mortgage. When the person and property is approved for a loan and the lending institution is prepared to issue a mortgage commitment letter stating the prospective purchaser needs assistance to pay the required down payment and closing costs, then evidence of this should be forwarded to the Office of Community Development.

### Additional Requirements for Two Family Residences

The requirements for the purchase of a legal two family residence are slightly different as follows:

- 1) If the residence is purchased by a low/moderate income resident, the amount of the loan is stated as above. However, the second unit in the house must be rented to another low/moderate income resident (as defined above) at rents set by Federal regulations as follows:

1 BR	\$1243/month
2 BR	\$1474/month
3 BR	\$1895/month
4 BR	\$2124/month

Please note that the above rents include all utilities. If utilities are not included, the above rents must be reduced according to schedules on file in the Office of Community Development. The County will verify the income of the resident of the second unit resident and the rental paid on a yearly basis.

- 2) If the residence is purchased by two (2) low/moderate income households (either related or non-related) the amount of the loan each household can receive will be determined by dividing the purchase price by two (2) and the \$7,500.00 or 5% (the lower of the 2) formula will be applied to that amount. A single mortgage for the total amount will be placed on the property with each household signing a note for only half the amount of the mortgage.



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C. SCOTT VANDERHOEF  
County Executive

JOSEPH F. ABATE  
Director

**APPLICATION FORM**

I/We hereby apply for a **loan** under the **Homebuyer Assistance Program**, in order to purchase the following premises: **Address of property to be purchased:**

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**Must occupy the premises as primary residence during the 15 year period of affordability.**

Mortgage will become due with interest if during this period of affordability title is transferred  
If the property is transferred during this period of affordability, or to a qualified purchaser under the then HUD requirements, the loan will be repaid without interest.

=====  
Please fill out front and back COMPLETELY (Application will be returned if not filled out completely):

1) Name(s) of applicant \_\_\_\_\_  
\_\_\_\_\_

2) Current address \_\_\_\_\_  
\_\_\_\_\_

3) Telephone # \_\_\_\_\_ # of persons in household \_\_\_\_\_

Name                                      Social Security #                                      Date of birth                                      Gender

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4) Total family income from all sources \_\_\_\_\_

<u>Family Member</u>	<u>Wages/Salary</u>	<u>Benefits/Pensions</u>	<u>Public Assistance</u>	<u>Other Income</u>

5) Savings Accounts

<u>Bank</u>	<u>Account Number</u>	<u>Balance</u>

6) Checking Accounts

<u>Bank</u>	<u>Account Number</u>	<u>Balance</u>

7) Purchase price of property \_\_\_\_\_

8) Amount of first mortgage \_\_\_\_\_

9) Percent of interest to be charged on first mortgage \_\_\_\_\_

10) Amount of down payment for property (not including program loan) \_\_\_\_\_

*I/We hereby authorize you to inquire with the first mortgagee as to any and all financial information supplied to the first mortgagee in order to verify our eligibility under the program and while we recognize the information as **CONFIDENTIAL** our signatures on the application are a release to said bank to provide any and all documents required by the Rockland County Office of Community Development and, if necessary, a photocopy of this letter with our signatures will be sufficient authorization.*

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE NOTE:** If the property to be purchased is more than a one family residence, a separate form must be completed by each family purchasing the property.

IN ORDER TO PROCESS THE ABOVE APPLICATION, THIS FORM MUST BE COMPLETELY FILLED OUT AND PROPER DOCUMENTATION MUST BE ATTACHED. FAILURE TO DO SO MAY RESULT IN A DELAY OF YOUR APPROVAL. WE MAY FIND IT NECESSARY TO REQUEST FURTHER INFORMATION FROM YOU OR FAMILY MEMBERS.

Please return to:

Cynthia Santiago -- Assistant to the Director  
**OFFICE OF COMMUNITY DEVELOPMENT**  
Robert Yeager Health Center  
50 Sanatorium Road, Building K  
Pomona, NY 10970  
(845) 364-3939  
FAX (845) 364-3940

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

ROCKLAND COUNTY OFFICE OF COMMUNITY DEVELOPMENT  
ROBERT L. YEAGER HEALTH CENTER  
50 SANATORIUM ROAD, BUILDING K  
POMONA, NY 10970

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Request for Copy of Tax Return

(Rev. January 2012)

OMB No. 1545-0429

Department of the Treasury  
Internal Revenue Service

► Request may be rejected if the form is incomplete or illegible.

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution.** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

**Note.** If the copies must be certified for court or administrative proceedings, check here

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

_____	_____	_____	_____
_____	_____	_____	_____

**8 Fee.** There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

<b>a</b> Cost for each return . . . . .	\$ _____
<b>b</b> Number of returns requested on line 7 . . . . .	_____
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$ _____

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

**Caution.** Do not sign this form unless all applicable lines have been completed.  
**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
<b>Sign Here</b>	► Signature (see instructions)	Date
	► Title (if line 1a above is a corporation, partnership, estate, or trust)	
	► Spouse's signature	Date

## Tax Information Authorization

▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Do not use this form to request a copy or transcript of your tax return.**  
**Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1166
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Taxpayer identification number
	Daytime telephone number
	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6

**5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- Note.** Appointees will no longer receive forms, publications and other related materials with the notices.
- b** If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect and check this box

To revoke this tax information authorization, see the instructions on page 4.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date	Signature	Date
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Print Name	Title (if applicable)	Print Name	Title (if applicable)
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature
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## **Notification Watch Out for Lead-Based Paint Poisoning**

**This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.**

### **Sources of Lead-Based Paint**

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get particles on their hands, put their hands into their mouths, a dangerous amount of lead.

### **Hazards of Lead-Based Paint**

Lead poisoning is dangerous -- especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

### **Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms this does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

### **Advisability and Availability of Blood Lead Level Screening**

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which your or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

### **Precautions to Take to Prevent Lead-Based Paint Poisoning**

You can avoid lead-based paint poisoning by performing some preventative maintenance. Look at the walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

- a. Cover all furniture and appliances;
- b. Dust containing lead can be a health hazard. DO NOT vacuum loose paint. Sweep and damp mop;
- c. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM;
- d. Do not leave paint chips on the floor or window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important, and;
- e. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

### **Homeowner Maintenance and Treatment of Lead-Based Paint Hazards**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum or paneling.

Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

**Tenant and Homebuyer Responsibilities**

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing or a defective roof. You should cooperate with that office's effort to repair the unit.

I have received a copy of the pamphlet entitled "Protect Your Family from Lead in Your Home."

Print Name
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Signature
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Date
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