



### Lead Safe Roanoke

Noel C. Taylor Municipal Building  
215 Church Avenue SW, Room 208 North  
Roanoke, Virginia 24011  
PHONE: 540-853-5682  
[www.roanokeva.gov/leadsafe](http://www.roanokeva.gov/leadsafe)

Dear City of Roanoke Resident,

Lead Safe Roanoke would like to make your home lead safe for you and your children. Homes and apartments built before 1978 may have paint that contains high levels of lead. Lead from paint chips (which you can see) and dust (which you cannot always see) can pose serious health hazards to residents, especially for young children, if not taken care of properly.

The City of Roanoke's Lead Safe Roanoke Program can assist Roanoke City homeowners and residents with lead-based paint hazards present in their homes. This service may include lead dust cleaning, painting, or replacement of surfaces contaminated with lead-based paint.

#### You may be eligible if:

- You live in the City of Roanoke
- Your home was built before 1978 and not located in the floodplain
- You have a child age 5 or under living in or regularly visiting the home
- You meet income eligibility guidelines

#### To apply, provide the following:

- Completed Application.** All questions on the application must be answered. If a question does not apply to you, indicate that by writing none or N/A.
- Proof of Income.** Provide supporting documentation for all sources of income for **all occupants age 15 and over.**
  - 4 current, consecutive paystubs
  - Additional income statements such as unemployment, social security, child support, TANF, etc.
  - Zero Income Form** for any occupant that receives no income
- Proof of Child Occupancy.** Provide copies of Birth Certificates for all children aged 5 and under living or regularly visiting the home. If applicable, complete Part D: Visiting Child Certification.
- Proof of Home Owners Insurance.** Include a copy of the Declarations Page with property address and current insurance policy dates.
- Photo ID.** Submit copies of a photo ID for the owner(s) and, if applicable, the tenant(s).

**Note: Processing of your application will not begin until all required documentation is received. Submission of your application does not guarantee approval or program participation. Staff may make inquiries regarding application information and documentation to verify eligibility and accuracy. Failure to verify information may result in a delay or application denial.**

Please contact our team with any questions – **540-853-5682** or [LSRinfo@roanokeva.gov](mailto:LSRinfo@roanokeva.gov).

Sincerely,

Lead Safe Roanoke

## Lead Safe Roanoke Application

For assistance with your application, please call our office for an appointment (540) 853-5682.

### PART A: Property & Applicant Information

Property Address: \_\_\_\_\_

Application for:  Owner Occupied  Rental Property

More than 1 unit?  Yes  No If yes, an application must be completed for each unit

Housing Choice Voucher?  Yes  No

Name & Phone Number of Mortgage Company: \_\_\_\_\_

Are mortgage payments on the property current?  Yes  No

If no, please explain: \_\_\_\_\_

Is the property current on all City, State, and Federal Taxes or Fees?  Yes  No

If no, please explain: \_\_\_\_\_

Has the property been tested for lead-based paint?  Yes  No If yes, when? \_\_\_\_\_

Is there a Code Enforcement Notice of Violation or Repair Order?  Yes  No

### Applicant Information

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Owner Information *(Complete only if different from Applicant)*

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Management Name *(if applicable)*: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Do you give permission for the property manager to sign Lead Safe Roanoke program documents and make decisions

on the scope of work performed by Lead Safe Roanoke?  Yes  No \_\_\_\_\_

*(Owner Signature)*

*(Date)*

## PART B: Household Composition

List all adults and children **living** in the household below. **Do not include Visiting Children in this section (See Part D).**

**You must include a Birth Certificate for each child that is 5 years old or younger.**

Occupant Name	Age	Child on Medicaid? (Yes or No)	Race (Enter the corresponding number: see list below.)	Hispanic or Latino? (Yes or No)

The following Race and Ethnic Data information is required by the Federal Government for reporting purposes and in no way restricts participation in this program. Initial here if you choose not to disclose race and ethnicity information: \_\_\_\_.

RACE TABLE: USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE:			
SINGLE RACE CATEGORIES		MULT-RACE CATEGORIES	
1	White	6	American Indian or Alaskan Native <i>and</i> White
2	Black or African American	7	Asian <i>and</i> White
3	American Indian or Alaskan Native	8	Black or African American <i>and</i> White
4	Asian	9	Amer. Indian/Alaskan Native <i>and</i> Black/African Amer.
5	Native Hawaiian or Pacific Islander	0	Other multi-racial:

Total Number of Persons **Living** in the Home: \_\_\_\_\_

Is anyone in the home pregnant? Yes  No

Have the children listed above been tested for Elevated Blood Lead Levels (EBLL)/Lead Poisoning? Yes  No

If yes, date completed: \_\_\_\_\_; Results (normal, elevated, etc.): \_\_\_\_\_

### How did you hear about the Lead Safe Roanoke Program?

- Social Media     
  Roanokeva.gov     
  City Tax Bill Insert     
  Landlord  
 Health Department     
  Medical Provider     
  Code Enforcement     
  Friend/Relative  
 School; Which one? \_\_\_\_\_     
  Childcare Facility; Which one? \_\_\_\_\_  
 Community Event; Which one? \_\_\_\_\_  
 Other/Explain: \_\_\_\_\_

## PART C: Income Determination

List all residents, aged 15 and older, and their income. If they do not receive income, please submit a Zero Income Form.

Occupant Name	Source of Income (Wages, Social Security, Child Support, etc.)	Income Amount (Before Taxes)
<b>Total Projected Annual Household Income:</b>		\$

*\*Please notify LSR if any changes occur to your income prior to the start of Lead Hazard Control work. If 6 months have elapsed since initial income verification, LSR will need to re-verify your income.\**

### Determining Annual Income:

- Lead Safe Roanoke utilizes **the U.S. Census Long Form** definition for calculating annual income. The sources of income listed below are counted when determining a family's/household's "Annual Income." Unless otherwise noted, the amount of income to be counted is the "**gross**"; that is, count the amount of income before deductions are made. One-time sources of income such as scholarships or death benefits from an insurance policy are not counted.
- For each person 15 years old and over, include the following sources of income:
  - Gross wages, unemployment benefits, disability benefits, social security, child support, TANF, etc.
- Provide supporting documentation for all sources of income. Documentation can include:
  - 4 current, consecutive paystubs
  - Additional income statements such as unemployment, social security, child support, TANF, etc.
  - Zero Income Form for any occupant that receives no income (see website)

**Refer to our website ([www.roanokeva.gov/leadsafe](http://www.roanokeva.gov/leadsafe)) for more income-related information**

## PART D: Visiting Child Certification

\*If no children visit the property, skip to Part E: Certifications

Lead Safe Roanoke requires that a child age five years or younger live or regularly visit the property. The parent or legal guardian must complete the table below listing all children age five years or younger who receive childcare in your home on a regular basis each week. Submit a birth certificate for each child.

Name of Child	Age	Child on Medicaid? (Yes or No)	Child's Relationship to Owner/Tenant (Niece/Nephew, Grandchild, etc.)	# of Hours Visiting the Home per Week

Explain reason for child regularly visiting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have the children above been tested for Elevated Blood Lead Levels (EBLL)/Lead Poisoning? Yes  No

If yes, date completed: \_\_\_\_\_; Results (normal, elevated, etc.): \_\_\_\_\_

I/We \_\_\_\_\_, the parent or legal guardian, certify that the children listed above receive childcare on a regular basis each week at the property located at \_\_\_\_\_.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

Are you interested in receiving additional information about Lead Safe Roanoke for your home? Yes  No

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. Title 18. See 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fine not more than \$10,000 or imprisoned not more than five years or both

## PART E: Certifications

The undersigned hereby makes an application to the City of Roanoke (the "City") for aid for the identification and reduction of residential lead based paint hazards. The undersigned acknowledges that this application is made pursuant to a Department of Housing and Urban Development (HUD) grant funded program offered by the City and that the methods for identifying and/or reducing the lead based paint hazards, cost of such control and other permitted costs will be determined by the City, in the sole discretion of the City. The undersigned further agrees to permit lead based paint hazard reduction activities on the property by a contractor approved, and selected by the City.

The City is pleased to offer these services and aid in the administration of the grant activities but assume no liability for the conduct, actions or results of the independent contractors under any circumstances. In addition, the City cannot be held responsible for existing or future healthy conditions of anyone connected with these activities.

The undersigned agree to provide LSR and its agents access to the property at reasonable times for the purpose of assessing, photographing, addressing lead based paint hazards and other potential home safety concerns.

All units must be vacated during lead hazard reduction work. Lead Safe Roanoke provides owner occupied units with temporary relocation services. All rental property owners provide temporary relocation services to tenants in rental properties.

It is understood that these repairs do not permanently eliminate lead hazards and require continued maintenance to remain lead safe. As such, all property owners agree to maintain the property in a good physical condition and retain property and liability insurance. Property owners agree to stay current on all tax payments, public charges on the property, and mortgage and home insurance payments.

The undersigned further agrees that the City may request additional information and the undersigned shall provide such information. Guidelines require Lead Safe Roanoke to verify program eligibility no later than 6 months before lead hazard reduction work begins. If changes have occurred that no longer qualify you for the program, then you will no longer be eligible for lead hazard reduction work.

The addresses of all Lead Safe dwellings under this program will be placed on the LSR website and be accessible to all City Departments, other government agencies, and the public. The owner agrees that any environmental information gathered by this program such as, but not limited to inspection reports, risk assessments and photographic material may be used for research, demonstration and educational purposes without liability. The undersigned agrees that all such information shall be accessible as noted above and as allowed by law.

For rental property owners, the undersigned certifies that the property to be improved will be rented to persons whose income does not exceed 80% of Area Median Income and rent does not exceed Fair Market limits as defined by HUD for a period of time not less than three (3) years. Additionally the property owner shall give priority and make available to families with a child five years and younger for not less than three years following the completion of lead based paint reduction activities.

The undersigned understands and agrees that failure to comply with LSR and/or HUD requirements may result in recapture, by the City, of any and/or all of the monies advanced. The undersigned agrees that this is only an application and there is no representation of any type that the undersigned may be selected for participation in the program or receive any benefits from the program.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete. The undersigned understand that there are significant penalties for submitting false information, including possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner or Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner or Tenant Printed Name

\_\_\_\_\_  
Date

**E-mail your completed application to [LSRinfo@roanokeva.gov](mailto:LSRinfo@roanokeva.gov)  
Questions? Contact Us at (540) 853-5682**