



## CITY OF NEW LONDON CONNECTICUT

### Lead Hazard Reduction Program (LHARP)

181 State Street  
New London, CT  
Phone (860) 447-5243

### Welcome to New London's Lead Hazard Reduction Program

New London's Lead Hazard Reduction Program is offering financial aid to homeowners for residential buildings. The programs are designed to correct the serious risk of health issues that can be dangerous to infants, children and pregnant women. The City is now accepting applications from property owners for aid to improve housing for tenants and owners. **Up to \$10,000** per unit may be awarded. Housing units approved for assistance will be occupants who meet income requirements, rents that remain at fair market levels for five (5) years; owners must give preference to families with children when renting. Each residential unit, including owner-occupied units, must complete an Income Verification Form. The application will not be considered complete until all units have submitted the Income Verification Form.

#### HUD guidelines of the Median

New London Area eff. 04/01/2022

Family Size	80 % Income
1	\$62,600
2	\$71,500
3	\$80,500
4	\$89,400
5	\$96,600
6	\$103,750
7	\$110,900
8	\$118,050

#### Fair Market Rents

eff. 10/01/22

# Bed Rooms	Rent Amount
0	\$970
1	\$1,177
2	\$1,450
3	\$1,878
4	\$2,470

### Priority Status

Each property will be given a score based on the criteria below and ranked with other applications on waiting list.

Criteria	Possible Points
Children under the age of six	10 points
Dwellings within target area (entire City of New London)	10 points
Level of lead hazards present	1-5 points
Owner-occupied properties	5 points

Each property will be given a score based on the criteria above and ranked in comparison to other applications on the waiting list. There is limited funding so it is important to complete the application quickly and accurately.

If your application is chosen, you will be asked to complete a Letter of Intent showing your commitment to continue with the inspection phase. Additional forms will be required of you and your tenants at that point in the process. Only then will formal inspections for lead hazards and code problems be scheduled.

Send applications to Judi Cox, Loan Specialist at 181 State Street, New London, CT 06320. If you need information or assistance, please contact the Judi Cox at (860) 447-5243 or [jcox@newlondonct.org](mailto:jcox@newlondonct.org)

**NL Lead Hazard Reduction Program (LHARP) and Healthy Homes (HHNL)**  
**Owner Application**

*For further information or assistance call the L-HARP office at Phone 860-447-5243 Fax (860) 447-7971*

DATE: \_\_\_\_\_

APP. # \_\_\_\_\_

**Part 1: Property Information**

Application for (check one): Single ☐ Multi-family ☐ Is building owner occupied? Yes ☐ No ☐

Property Address: \_\_\_\_\_ # of Dwelling Units: \_\_\_\_\_

How did you hear of the Lead Hazard Reduction Program? \_\_\_\_\_

Are any tenants pregnant? ☐ Yes ☐ No

Approximate year of initial construction: \_\_\_\_\_

# of Children under the age of 6 in the property: **Living** \_\_\_\_\_ Being **Cared** for \_\_\_\_\_ or **Visit** regularly \_\_\_\_\_

**Part 2: Applicant Information**

NAME OF APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

APPLICANTS ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
*No. and street*

RACE \_\_\_\_\_ EMAIL \_\_\_\_\_  
*City, State, Zip*

If more than one Owner, complete the following section.

SECOND APPLICANT \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_  
*Individual, Partnership, Trust or Corp. (circle one)*

APPLICANTS ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
*No. and street*

RACE \_\_\_\_\_ EMAIL \_\_\_\_\_  
*City, State, Zip*

If additional owners please attach a separate sheet or continue on back and check here. ☐

**Part 3: Financial Information**

Name & Address of Mortgage Co. \_\_\_\_\_

Are you and other owner(s) current (up to date) on all **mortgage** payments on the subject property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Are you and other owner(s) current on all **municipal taxes and assessments** levied on the property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Are you and other owner(s) current on all **State and Federal Taxes** and assessments on the property? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Have you or any other owner(s) filed for **bankruptcy** during the past 5 years? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Attached most recent 1040 for owner(s) ☐ Yes ☐ No

**Part 4: Resident Information**    **Property address** \_\_\_\_\_ **App #** \_\_\_\_\_

Unit	# of Bed rms	Name of Resident (or Vacant)	Race	# in House hold	# of Child <6	Unit Rent	Util. Inc. Y/N	Phone Number	Given Copy of Disclosure Form
1						\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
2						\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
3						\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
4						\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any young children with elevated blood lead levels (**EBL**) residing in the building? \_\_\_\_\_

Has the property ever been tested for lead-based paint? \_\_\_\_\_ When? \_\_\_\_\_ If yes, did it test positive? \_\_\_\_\_

Do you have a code or lead order? \_\_\_\_\_ If yes explain \_\_\_\_\_ Date: \_\_\_\_\_

### **CERTIFICATIONS**

The undersigned hereby makes a preliminary application to the City of New London (the “City”) for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for abating lead paint hazards, cost of such abatement and other permitted costs will be determined by the City. The undersigned further agrees to permit the Abatement of lead paint hazards in the property by a contractor approved by the City through a competitive bid process.

The undersigned certifies that the property to be improved with the L-HARP benefits will be continuously rented to persons or families whose income does not exceed HUD’s guidelines for low/moderate income and rent that does not exceed the HUD Fair Market limits. In all cases, the landlord shall give priority in renting units for not less than three years following the completion of lead abatement activities, to families with a child under the age of six years.

Building owners agree to maintain the property physically and retain home insurance. Building owners agree to maintain tax payments, public fees on the property and mortgage payments.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

All Lead-Safe dwellings created under this program will be placed on a list accessible to all City Departments. Other agencies will have access to this list, including; Community Health Center, Department of Child & Families Services, New London Housing Authority and other pertinent agencies. The undersigned agrees that the information be accessible as specified to the above departments and agencies.

The undersigned understands that failure to comply with L-HARP requirements may result in recapture, by the City, of the monies advanced.

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.

<i>Printed Name</i>		<i>Printed Name</i>
<i>Applicant Signature</i>	<i>Date</i>	<i>Applicant Signature</i> <i>Date</i>

# New London Lead Hazard Reduction Program (LHARP)

## Income Verification Form

### To Resident:

The owner of the building in which you reside has applied for and/or received funds from the Department of Housing and Urban Development. The City is required by HUD to assure that it is improving buildings whose tenants are within certain income limits. To assist the City in determining this project's eligibility, please complete this form. The information you provide is for the use of the City of New London and the City will, to the extent required by law, keep such information confidential.

This form must be filled out for each residential unit, including a unit occupied by a tenant or an owner-occupant. Please provide proof of income for **All resident over 18 years of age living in your unit**. Acceptable forms for proof of income are; copies of last four paycheck stubs, award letters from any social service agency, bank statements showing interest or dividends. **INCOME INCLUDES** current wages, salaries, tips and self-employment income, interest, dividends, net rental income, income from trusts and estates, Social Security, Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare, retirement, survivor or disability pensions, Veterans (VA) payments, unemployment compensation and alimony.

Do you receive any of the following: SAGA ☐ Medicaid ☐ Husky A ☐ WIC ☐ Title 19 ☐ SSI ☐ Sec. 8 Housing ☐  
*If so providing an award letter from agency may be used as proof of income.*

### **PLEASE NOTE - PROOF OF INCOME IS REQUIRED for each unit.**

**Owners who resides in subject property must also provide a copy of the most recent IRS 1040.**

**I certify that this information is correct and true.**

**Head of Household Sex:** M ☐ F ☐ **Age:** \_\_\_\_ **Race:** \_\_\_\_ **# in household** \_\_\_\_ **# of Child <6** \_\_\_\_

<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	<b># of Bedrooms:</b> <b>Mort/Rent: \$</b>
<b>Child's (&lt;6) Name:</b> <b>Age:</b>	<b>Child's (&lt;6) Name:</b> <b>Age:</b>
<b>Child's (&lt;6) Name:</b> <b>Age:</b>	<b>Child's (&lt;6) Name:</b> <b>Age:</b>
<b>Total annual household income: \$</b>	<b>Source of income:</b>
<b>Signature:</b>	<b>Date:</b>

#### FAIR MARKET RENTS EFFECTIVE 01/01/2019

	0 BDRM	1 BDRM	2 BDRM	3 BDRM	4 BDRM
Rent with Utilities	\$970	\$1,177	\$1,450	\$1,878	\$2,470

These figures include all utilities and must be adjusted depending on utility assignment.

**New London LEAD HAZARD REDUCTION PROGRAM 181 State Street, New London, CT 06320 (860) 447-5243**

**For office use only:** Family of \_\_\_\_\_ Household income <30% ☐ <50% ☐ <80% ☐ >income

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# City of New London Lead Hazard Reduction Program (LHARP)

## Consent for Lead Screening

I, \_\_\_\_\_, have been advised that my dwelling has been selected for the New London Lead Hazard Reduction Program, which will make my home safer for my family. Testing children under six years old for lead is part of each project. As part of my participation, I understand that I am free to secure a blood lead screening from my own physician or health care provider for my child or children. I understand that should I wish, a blood lead screening will be conducted on all of my children aged six and under, free of charge by the City of New London's Lead/Nutrition Nurse.

Blood lead screenings will take place prior to abatement activity, four weeks after abatement and twelve months following completion. I will make appointments with my physician, provider or the Lead/Nutrition Nurse at those three times. Further, I understand that the results will be reported for research purposes to the US Department of Housing and Urban Development (HUD) and to the National Center for Lead-Safe Housing (NCLSH).

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

Residents Phone #: \_\_\_\_\_

### PHYSICIAN TESTING

☐ I plan to have my child tested at the designated times myself through a health care provider of my own choosing. I consent to having my physician release the information to the Ledge Light Health District and/or New London Lead Hazard Reduction Program in order that the information is reported for research purposes to HUD and NCLSH. I authorize the physician or provider mentioned below to provide photocopies of blood lead screening to the City of New London's Lead/Nutrition Nurse. I understand that my consent for release may be revoked at any time in writing. I understand that withdrawal of consent does not affect communication or records disclosed prior to the receipt of my written withdrawal of consent.

\_\_\_\_\_  
Physician's Name and Address

\_\_\_\_\_  
Physician's Phone number

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

### REFUSAL

☐ I have been advised that my dwelling has been selected for lead abatement activity, which will make my home lead-safe. As part of my participation in this program, I have been advised that lead screening is highly recommended for children under age six, and that it is offered free of charge as part of the Lead Hazard Reduction Program. I refuse to give permission for screening to occur.

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