



NEIGHBORHOOD AND BUSINESS DEVELOPMENT

CITY OF SYRACUSE, MAYOR BEN WALSH

Syracuse Lead Grant Program Application Instructions

Overview: The Syracuse Lead Grant Program exists as a resource to assist qualifying homeowners and tenants with lead remediation funds. The purpose of the program is to address issues caused by lead-based paint by reducing lead hazards in City of Syracuse homes with young children. Common repairs provided by the program are new windows, doors, and siding. Participation is on a first come, first served basis.

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Program Requirements:

Applicants must meet the following requirements:

- Live in homes containing lead-based paint hazards in the City of Syracuse.
- Have a child under age 6 who lives or spends a significant amount of time in the home.
- Own or occupy a 1 to 4 family residential structure built before 1978.
- The property is:
 - Protected by a current Homeowner’s Insurance Policy.
 - Covered by Flood Insurance if located in a designated flood zone.
 - Current on Property Taxes and Mortgage(s): Properties in formal repayment agreements will be considered.
- Have a current annual gross household income of no more than 80 percent of the median income for the County.

Income Guidelines:

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$53,100	\$60,700	\$68,300	\$75,850	\$81,950	\$88,000	\$94,100	\$100,150



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Application Checklist:

- Proof of Ownership: Copy of the deed (visit ongov.net/clerk to obtain copies).
- Proof of Homeowner's Insurance: Copy of insurance policy declarations page covering residence.
- Proof of Performing Mortgage(s): Most recent monthly statement(s) or statement on bank letterhead confirming the mortgage is current.
- Proof of Assets: Value of assets for each adult family member including but not limited to savings accounts, stocks, bonds, retirement, real estate, or other investments. **Do not include your residence, car, or other items of personal property.**
- Proof of Student Status (for household members over the age of 18): College course schedule.
- Proof of Identification: Copy of applicant's government issued photo ID.
- For child(ren) under age 6, provide results of a blood lead test within the last three months (recommended).

Need your child tested? Contact your doctor or call the Onondaga County Health Department Lead Poisoning Prevention Program at 315-435-3271. [Click here for upcoming testing dates from the County.](#)

Need your child's lead test results from the Onondaga County Health Department? Complete the Authorization Form on page 8 and send with a copy of your photo ID to LeadFreeKids@ongov.net or by mail to the Onondaga County Health Department, Lead Poisoning Prevention Program, 421 Montgomery St., 9th Floor, Syracuse, NY 13202.

- Proof of Current Income: Income from the following sources for each household member, except minors and full-time students, in the last 8 weeks (as applicable):
 - Social Security, Pension(s), or other Retirement Income: Statement showing the current gross amount received (COLA letter or Proof of Income Statement for Social Security recipients).
 - Income Tax Form: Copy of most recent Federal 1040 forms.
 - Bank Statement(s): Copy of current checking and/or savings account statement.
 - Business Income: Federal 1040, Schedule C.
 - Rental Income: Rent / room & board receipts or Federal 1040, Schedule E.
 - Unemployment, Disability, or other Compensation Benefits: Award letter or statement stating the gross amount of your benefit.
- Public Assistance: Copy of budget sheet.
- Alimony or Child Support: Copy of court decree/order or statement from Child Support Services office.

Submittal Instructions:

1. Application must be completed in its entirety. Please fill in all spaces or write N/A (not applicable).
2. Incomplete applications will be returned. You must include copies of all applicable documents on the checklist.
3. Application and additional documents may be submitted by email or in person to:

City of Syracuse, Neighborhood and Business Development

Attn: Lead Grant Program
One Park Place
300 South State St., Suite 700
Syracuse, NY 13202
315-448-8710 | lead@syr.gov



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Syracuse Lead Grant Program Application

Applicant:

Name: _____

Street Address: _____ City _____ State _____ Zip _____

Town / City / Village of: _____

Home Phone: _____ Other Phone: _____

Additional Contact _____ Email _____

Ownership: If you are a tenant, provide the owner's name, address & phone number.

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____

Do you have a mortgage (circle one)? Yes / No Name of Lender: _____

Do you have Homeowner's Insurance (circle one)? Yes / No Name of Insurance Provider: _____

Occupants: List each person living in the residence, including yourself.

Name	Relationship to Applicant	Date of Birth	Gender	Medicaid?	Full-time Student?
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No
			Male / Female / Other	Yes / No	Yes / No



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Household:

Is there a child under age 6 living in the residence (circle one)? Yes / No

If yes, provide the results of their blood lead level test (Results must be within 3 months of application submittal).

Does a child under age 6 spend a significant amount of time visiting (circle one)? Yes / No

If yes to either question, please complete the Residing or Visiting Child Verification on page 5.

Is any household member pregnant (circle one)? Yes / No

How did you hear about the program? _____

Do you file income tax (circle one)? Yes / No

If yes, provide a copy of your Federal Income Tax Return.

Do you have a checking account (circle one)? Yes / No

Do you have a savings account (circle one)? Yes / No

Income: List all income for each person living in the residence.

Name	Name and Address of Income Source	Rate	Annual Amount

Total: _____

Assets: List all assets, including bank accounts, retirement accounts, real estate (rental properties), etc. Do not include your primary home or vehicle(s).

Family Member	Type of Asset / Source	Amount / Value

Total: _____



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Residing or Visiting Child Verification

Resident Child or Children:

I _____ certify that _____ / /
Applicant Name Child's Name Date of Birth

is a child under age 6 and is a resident of the property located at: _____
Address

Additionally, the children below are under age 6 and reside at the above address (only if applicable):

_____/_____/_____
Child's Name Date of Birth Child's Name Date of Birth

Applicant Signature Date Relation to Child / Children

Visiting Child or Children:

I _____ certify that _____ / /
Applicant Name Child's Name Date of Birth

is a child under age 6 that spends a **significant** amount of time visiting the property located at:

Address

Do any additional children under age 6 spend **significant** time in the home (circle one)? Y / N

If yes, how many children? _____

Significant is defined as "at least 2 different days within any week (Sunday through Saturday period), provided that each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours, and the combined annual visits must last at least 60 hours."

Applicant Signature Date Relation to Child / Children



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Declaration of No Income

The City of Syracuse Department of Neighborhood and Business Development is required to verify all income and assets of anyone residing in the household under this program. To comply with this requirement, we ask your cooperation in completing this form **if you do not receive any form of income**. This information will be held in strict confidence and used only for the purpose of establishing program eligibility.

Certification:

I _____ do hereby certify that I do **not** receive income from any source. I understand sources of income include, **but are not limited to the following**:

- Wages/Employment by Other(s)
- Unemployment Compensation
- Social Security
- Workers Compensation
- Disability
- Self-Employment
- SSD/SSI
- Retirement Funds
- Alimony/Child Support
- Income from Assets
- Pensions
- Annuities
- Union Benefits
- Family Support

I certify that the preceding is true, complete, and accurate. I authorize the City of Syracuse Department of Neighborhood and Business Development to verify the information contained herein. I also understand that providing false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

Section below to be completed in the presence of Notary Public:

Applicant Signature _____	
Sworn to before me on this ____	
Day of _____, 20____ by	
Print Name _____	
Title _____	
Seal / Stamp	Print Name _____
	Signature _____
	Notary Public



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Syracuse Lead Grant Program Application Certification Page

Applicant: _____

Applicant Address: _____

I hereby certify that the information provided in this application is for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant the Department of Neighborhood and Business Development permission to verify any or all information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed, or national origin in the rehabilitation, sale, lease, or rental of this property once improved with program funds.

Applicant Signature

Date

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are encouraged but not required to provide this information. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to provide the following, we are required to note the race/national origin of individual applicants based on visual observation or surname.

Gender (circle one): Male / Female / Other

Race (mark one or more):

- White
- Black or African American
- American Indian / Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Ethnicity (circle one): Hispanic or Latino / Not Hispanic or Latino

Onondaga County Health Department Lead Poisoning Prevention Program

John H. Mulroy Civic Center
421 Montgomery St., 9th Floor
Syracuse, NY 13202
Phone: 315-435-3271 | Fax: 315-435-3720

Authorization for Use or Disclosure of Individually Identifiable Health Information:

Name of (Client/Patient/Child) DOB SS# (Other)

I allow the ONONDAGA COUNTY HEALTH DEPARTMENT to:

RELEASE TO: <u> X </u> OBTAIN FROM: _____	RELEASE TO: _____ OBTAIN FROM: _____
<u>City of Syracuse Lead Grant Program</u> _____	_____
<u>300 South State St., Suite 700</u> _____	_____
<u>Syracuse, NY 13202</u> _____	_____
The following information: _____	The following information: _____
<u>Blood lead testing results within 3 months</u> <u>prior to the date of this authorization.</u> _____	_____
Reason: _____	Reason: _____
<u>To use as criteria for accepting my family</u> <u>into the City of Syracuse Lead Grant Program.</u>	_____

I understand that I can take back this permission unless the information has already been given out. To take back the permission, I must send a letter to the Health Department program listed at the top of this page. Any records given out using this signed permission may be sent somewhere else by the agency we give it to. If they send it on, it may not be protected by the same laws.

You will not be refused any service by the Onondaga County Health Department if you decide not to sign this form. The line below lists anything that will not be given out.

I understand that a copy of this can be used the same way as this form.

This permission ends **one year** from the date signed by the (client/patient/parent/guardian).

(Client/Patient/Parent/Guardian)

Witness

Relationship to (Client/Patient/Child) Date

Date



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FACT SHEET

You may keep this sheet for your records.

What is lead exposure and how does it occur?

Lead exposure occurs most commonly by breathing or eating lead contaminated dust, paint chips, and/or soil. Lead contaminated dust is created most frequently where friction of painted surfaces occurs (i.e. opening and closing windows and doors that contain lead-based paint). Due to the heaviness of lead, lead dust settles on floors and other surfaces where children play, therefore exposing them to the substance.

Common renovation work and repair activities can disturb lead-based paint and create lead dust and chips. This is why [Environmental Protection Agency \(EPA\)](#) Certified contractors must complete all remediation work.

How do I know if my child has been exposed to lead?

In most cases, there are no outward immediate physical symptoms of lead poisoning. A blood test is the only way to know if your child has been exposed to lead. If you suspect your child has been exposed to lead, please reach out to your family's doctor to have a blood test done. Please see a list of cleaning methods and tips for controlling lead exposure in your home [here](#).

How do I know if my home has lead?

You need an expert to test your home for lead-based paint such as the [City's trained Code Enforcement Officers](#), [County Health staff](#), and [external certified resources](#).

- The City of Syracuse Lead Hazard Control Office requires inspections for potential lead-based paint hazards as part of our current inspection processes associated with Rental Registries, Certificates of Compliance, and general complaints. To file a complaint or schedule an inspection, call 315-448-8695.
- The Onondaga County Health Department provides lead inspections and will teach you how to protect yourself and your children from being exposed to lead. If you rent an older home or apartment, are pregnant, or have children under age seven living with you, you may be eligible for a FREE lead inspection. Call 315-435-3271 to learn more.

What type of work is done?

A lead inspection of your home will determine the type of work that gets completed through the program. Common work includes:

- Replacing or repairing old doors, windows, siding, and porches.
- Safely removing lead-based paint hazards from your home.
- Covering up lead-based paint, so it won't be harmful.

How much assistance can I receive?

The amount of assistance will vary depending on the number of lead-based paint hazards in the home.

Are rental or vacant units eligible?

Yes, rental units occupied by tenants meeting the program requirements are eligible to apply. Vacant units may be eligible under circumstances, but properties with children under six will receive first preference.