

**Salt Lake County Lead Safe Housing Program**  
Lead Hazard Reduction Grant (LHRG)

# HOMEOWNER APPLICATION

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**When complete submit:**

By Mail:      **LEAD SAFE HOUSING PROGRAM**  
2001 South State Street S2-810  
PO Box 144575  
Salt Lake City, Utah 84114-4575

By Fax:        385-468-4894  
By Email:     Ayda Posso [aposso@slco.org](mailto:aposso@slco.org)

For more information  
Call or Text: **385-315-0049**  
**Se habla español** al mismo numero



# Salt Lake County Lead Safe Housing Program

## Homeowner Eligibility and Requirements

Does the following information apply to your home?

1. Built prior to **1978**
2. Potential lead-based paint hazards (deteriorating lead paint, worn windows, etc.)
3. Household income is at or below 80% of the area median adjusted for family size (see table below)
4. Ownership of home can be verified
5. Child/children under six years of age live in or frequently visit (at least 6 hours per week or 60 hours per year) and/or a pregnant woman lives in the home

If you answered "yes" to questions 1-5 - you are eligible. Please continue.

| 2024 - 2025 Household Income Adjusted for Family Size |                 |                 |                 |                 |                 |                  |                  |                  |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|
|   | 1               | 2               | 3               | 4               | 5               | 6                | 7                | 8+               |
| <b>80%</b>  | <b>\$64,700</b> | <b>\$73,950</b> | <b>\$83,200</b> | <b>\$92,400</b> | <b>\$99,800</b> | <b>\$107,200</b> | <b>\$114,600</b> | <b>\$122,000</b> |

This Grant application includes:

- Income disclosure and verification forms.
- Certification forms for resident children under the age of six and children under the age of six who visit often, at least 6 hours per week or 60 hours per year.
- Release forms for lead testing of children.

Please review this packet carefully and fill out and sign the grant application if you are interested in pursuing a grant from Salt Lake County to have the lead-based paint hazards in your home controlled.

### Steps:

1. After we receive the completed Grant Application, we will review it for eligibility. You will be notified whether you are eligible to receive assistance.
2. If eligible we will schedule a site visit with you. When we visit your home, we will do a visual assessment for cracked and/or peeling paint and potential lead-based paint hazards.
3. If the visual assessment identifies potential lead-based paint hazards, we will schedule a lead-based paint inspection. The consultant will use an XRF machine to determine if lead based paint is present.
4. If the risk assessment identifies lead-based paint hazards, subject to completing the LSSL program process, your project will be eligible to receive assistance through the LSSL program.
5. Based on the risk assessment, a scope of work will be prepared. Upon your acceptance of the scope of work, a bid packet will be prepared. LSSL will coordinate in scheduling a bid walk-through by LSHP qualified contractors and will review bids for reasonableness.
6. Your application for funding will be reviewed by an LSSL grant approval committee. The funding amount may be approved, changed, or denied based on the program requirements and the need of the project. If you do not meet the program requirements, you may be turned down.

**This document may need to be shared with partner organizations to enable you to get as much assistance as possible. We will ask for your permission BEFORE sharing any information with another organization.**

The County does not discriminate based on race, color, national origin, sex, or religion. No qualified individual with a disability shall, based on disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by this agency. The County will also provide access to services to individuals who have limited English proficiency.

## Application Checklist

### Required Documents- these must be completed, signed, and submitted

#### Provide copies of:

- Income verification (for all household residents 18 years of age and older)  
\*2 months (8 checks stubs weekly pay or 4 check stubs biweekly) of most recent paycheck stubs for all household residents.  
Note: Any adult who is living in the house and is not working, please sign the zero-income certification form. We verify income through third party verification; please sign the third-party verification form giving us permission to contact your employer to verify your income.
- If anyone in the household receives Social Security or Disability:  
\*Submit a copy of the annual letter
- Homeowner's insurance certificate or other verification of homeownership

#### Watch the "Lead Safe Housing Program Process" Video:

- Click [here](#) or type in this link: <http://slco.org/lead-safe-housing/how-the-program-works/>

#### Return to the program:

#### Copies of income verification (check stubs, etc.)

#### ALL Application forms signed and dated:

- Homeowner Application – LH 1.0 (requires signature)
- Income Disclosure Form – LH 1.1 (requires signature)
- Program Release/Waiver Agreement – LH 1.2 (requires signature)
- Blood Lead Testing Information – LH 1.3 (requires signature)  
Or if there is a child who visits, but does not live in the home have parent or guardian sign  
Blood Lead Testing Information for Non-Resident – LH 1.4 (signature if applicable)
- Radon Gas Testing Release Form – LH 1.5 (requires signature)
- Race and Ethnic Disclosure Information – LH 1.6 (does not need signature)
- Certificate of Income form - LH 1.7 (requires signature)
- Certificate of Zero Income – LH 1.8 (requires signature)
- Care management form – LH 1.9 - if additional services are needed, please sign and submit (not required at this time)

**Please note that your application may be returned if not submitted with all the above documentation**

# Salt Lake County Lead Safe Housing Program

LH-1.0

Date: \_\_\_\_\_ Year Home Built: \_\_\_\_\_

Property address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is this your primary residence? Yes  No  Email address: \_\_\_\_\_

Property in name of: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

There are other owners who need to sign the documents to get the job done? Yes  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total number of people living in your home: \_\_\_\_\_ (Including visitors)

Does a pregnant woman live in or visit the home? Yes  No  What's her name? \_\_\_\_\_

Do you or anyone in your home have asthma? Yes  No  If yes, Who? \_\_\_\_\_

Do you have a household member with a chronic health condition? Yes  No

If yes, who? \_\_\_\_\_ what's the condition? \_\_\_\_\_

What language do you speak? \_\_\_\_\_ Do you have a translator? Yes  No

What is their name? \_\_\_\_\_ Phone Number \_\_\_\_\_

Best time to contact: \_\_\_\_\_ by? Text  Call  Email \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

The applicant (s)/owner (s) certify that a child or children under the age of six lives in the home.

List all children under the age of 6 (six) that live in the home: \_\_\_\_\_ initials of applicant

| Name | Birthday | Age | Gender |
|------|----------|-----|--------|
| 1.   |          |     |        |
| 2.   |          |     |        |
| 3.   |          |     |        |
| 4.   |          |     |        |
| 5.   |          |     |        |

List children under the age of 6 that **visit**: (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):

| Name | Birthday | Age | Gender |
|------|----------|-----|--------|
| 1.   |          |     |        |
| 2.   |          |     |        |
| 3.   |          |     |        |
| 4.   |          |     |        |
| 5.   |          |     |        |

Are there any young children with elevated blood lead levels (EBL) residing in the building? Yes  No  I don't know

Has the property been tested for lead-based paint? Yes  No  I don't know

If yes, did it test positive for lead? Yes  No  I don't know

By signing this application, I verify that the information contained in this application is accurate and complete.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Salt Lake County Lead Safe Housing Program

LH-1.1

### Income Disclosure

Household Name: \_\_\_\_\_

The goal of the Lead Safe Salt Lake Housing Program (LSSL) is to provide **free** grants to property owners to reduce lead poisoning by controlling lead-based paint hazards that may exist. With a grant from LSSL, your house may qualify for new windows and/or repair/repainting of chipped and peeling paint surfaces. Lead based paint may be found in buildings built before 1978 and can poison children. Paint chips can peel from the walls and windows and find their way into your child's mouth. Your child can also inhale dust particles from the paint. This can lead to health, behavior, and learning problems for young children especially under the age of six.

#### INSTRUCTIONS:

This form must be completed by the occupants of any house for which assistance to reduce paint hazards is being requested from Salt Lake County.

Please provide:

1. a copy of pay stubs of the past 2 months income for all employed occupants of home over the age of 18.
2. provide documentation of any other household income (income from Social Security, Disability/Social Security, etc.)
3. name & phone number of contact / supervisors to verify employment

#### List all occupants living in the household 18 years old or older:

| Name | Annual Income |
|------|---------------|
| 1.   | \$            |
| 2.   | \$            |
| 3.   | \$            |
| 4.   | \$            |
| 5.   | \$            |

I certify under penalty of law that the information contained in this declaration is true, accurate, and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Salt Lake County Lead Safe Housing Program

LH-1.2

### Release/Waiver Agreement

The undersigned hereby makes a preliminary application to the Lead Safe Salt Lake Housing Program (“LSSL”) for aid for residential lead paint abatement. The undersigned acknowledges that this application is made pursuant to a program offered by LSSL and that the methods for abating lead paint, cost of such abatement and other permitted costs will be determined by LSSL. The undersigned further agrees to permit the abatement of lead paint in the property by a LSSL approved contractor.

I understand that LSSL or Salt Lake City Corporation will undertake lead-based paint testing on my home. If the test results reveal lead-based paint hazards, I understand that the scope of work will include the work necessary to make my home lead safe. Lead safe means that lead based paint hazards in my home have been stabilized and that my home passed a certified lead clearance test upon completion of work. For my home to remain lead safe, I understand that I must properly maintain the treated areas in the future and monitor the non-treated areas containing lead that were identified. I will receive a copy of the risk assessment and clearance test upon their completion.

The applicant(s)/owner(s) agree that LSSL or Salt Lake City Corporation can perform an inspection of the premises to determine the presence of lead-based paint hazards. Performing the inspection does not obligate Salt Lake County to award the grant. The applicant(s)/owner(s) will be informed of the results of the inspection. I understand that the results of the lead-based paint inspections and lead hazard control work must be disclosed if the home is sold or leased.

The applicant(s)/owner(s) further agree that Salt Lake County will not be held liable for any damages that may occur as a result of the said inspection and subsequent disclosures.

I have read and agree with the above information regarding lead inspections/risk assessments, clearance testing, disclosure, lead hazard control, and ongoing lead hazard monitoring.

The undersigned understands that failure to comply with LSSL requirements may result in repayment, by landlord/ property owner for monies advanced.

#### WAIVER

The undersigned acknowledges the role of Salt Lake County in connection with LSSL is that of a funding source, and that Salt Lake County is not responsible for the selection, supervision, or performance of firms or persons not employed by County who provide lead abatement and mitigation services at the undersigned’s property. The undersigned agrees to release and hold Salt Lake County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the performance of lead mitigation and abatement services on the undersigned’s property, and releases Salt Lake County and its officials, agents, servants, and employees and any of their successors from any such claims. The undersigned understands and agrees that Salt Lake County is an intended beneficiary of undersigned’s agreement to waive and release claims as set forth herein and that undersigned’s agreement is a condition precedent to the use of funding provided by Salt Lake County.

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.

Printed Name of Homeowner: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Salt Lake County Lead Safe Housing Program

LH-1.3

## Blood Testing Information

If your house is determined to have lead hazards, the Lead Safe Salt Lake Housing Program (LSSL) will provide blood lead testing for children under the age of 6 (six) before work begins, and again after the work is completed. The test can be done by appointment in the convenience of your home by LSSL. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

If the homeowner or other resident of the household is the parent/legal guardian of a child under the age of 6 (six) who is also a resident of the household, they must sign below and indicate whether or not they agree to allow the child or children under 6 (six) years of age to have their blood tested for lead poisoning. There is no cost for this test, which consists of the collection of a drop of blood from a pinprick on a finger.

### List Children under the Age of 6 Who Reside in the House

| Name | Relationship | Date of Birth | Gender | Age | Phone Number |
|------|--------------|---------------|--------|-----|--------------|
| 1.   |              |               |        |     |              |
| 2.   |              |               |        |     |              |
| 3.   |              |               |        |     |              |
| 4.   |              |               |        |     |              |
| 5.   |              |               |        |     |              |
| 6.   |              |               |        |     |              |

### AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD TESTING RESULTS

Salt Lake County ("County") will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 5 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LSSL program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarians. The LSSL staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

## Prior Blood Lead Poisoning Testing:

LH-1.3 Cont.

My child or children under the age of six (6) have had a blood test for lead-based paint poisoning in the last 6 (six) months

Yes  No

(In case the blood test was positive, please attach a copy of the test results with this app) The test results should be submitted before lead control work is to begin.

### Agreement to Blood Lead Testing (Check All That Applies):

- I WOULD** like to have my child or children under 6 (six) years of age tested for lead poisoning.
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. **I DO NOT WISH** to disclose the test results.
- I am aware that the above property may contain lead based paint hazards. **I DO NOT WISH** to have any child or children under 6 (six) years of age tested for lead poisoning
- My child (children) is under one year of age and **IS NOT** eligible for testing for lead poisoning

### WAIVER

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

Printed Name of Parent/ Guardian/Homeowner: \_\_\_\_\_

Parent/ Guardian/Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

|                    |   |                                  |                             |   |
|--------------------|---|----------------------------------|-----------------------------|---|
| Live in Children   | <input type="checkbox"/> Accept                 | <input type="checkbox"/> Decline | <input type="checkbox"/> NK | <input type="checkbox"/> NK Living in or visiting |
| Visiting Children  | <input type="checkbox"/> Accept                 | <input type="checkbox"/> Decline | <input type="checkbox"/> NK | <input type="checkbox"/> NK Living in or visiting |
| Child Prior Tested | <input type="checkbox"/> Yes → Results Provided |                                  |                             | <input type="checkbox"/> EBLL > 5                 |



## Salt Lake County Lead Safe Housing Program

LH-1.4

### Blood Lead Testing Information

#### NON-RESIDENT PARENTAL CONSENT- Non-Resident

|                            |  |
|----------------------------|--|
| Property address:          |  |
| Father's or mother's name: |  |
| Parent Address:            |  |
| Parent phone number's      |  |

#### Program Information

The owner of the property listed above has applied for funding from Salt Lake County ("County") to control lead based paint in their home/apartment. Your child has been identified as one who visits this home/apartment on a regular basis or for a significant period. Because deteriorating lead-based paint can have significant impact on a young child's development, federal regulations require that we receive your consent to test children under age six for lead poisoning before the lead hazard control work is performed. There is no charge for these tests, which consist of a collection of a drop of blood from a pinprick on a finger. The results of these tests will be discussed with the parent/guardian of the tested children.

**List all children under the age of 6 (six) that visit (visit means at least two days a week, at least six hours a week, and at least 60 hours a year):**

| Name | Relationship | Date of Birth | Gender | Age | Phone Number |
|------|--------------|---------------|--------|-----|--------------|
| 1.   |              |               |        |     |              |
| 2.   |              |               |        |     |              |
| 3.   |              |               |        |     |              |
| 4.   |              |               |        |     |              |
| 5.   |              |               |        |     |              |

#### AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD TESTIN RESULTS

The Salt Lake County will keep any personally identifiable information and blood lead test results confidential and will use the data for legally authorized purposes. County may disclose personally identifiable information and blood lead test results for research and statistical purposes.

Under Utah law, County Health Department is required to report all blood lead test results above 5 micrograms per deciliter (mcg/dL) and certain personally identifiable information. County may also share any personally identifiable information and blood lead test results with other public agencies in a confidential manner.

The LSSL program works collaboratively with other programs within County; and public health nurses; nutritionists; educators; epidemiologists and environmental health specialists/sanitarions. The LSSL staff also works with the Utah Department of Health, Utah Department of Environmental Quality, Migrant Head Start Program, and federal agencies such as: Centers for Disease Control and Prevention, Environmental Protection Agency, Housing and Urban Development, and the Agency for Toxic Substances and Disease Registry. Information sharing will be used to document a completed home visit, assess the developmental status, and determine the services needed.

|   |
|---|
| # |
|   |

**Prior Blood Lead Poisoning Testing:**

LH-1.4 Cont.

**Non-Resident**

My child or children under 6 (six) years of age has/have been tested for lead poisoning within the last 6 (six) months:

Yes  No

(If yes, please attach a copy of the test results to this contract.) Test results must be submitted before lead hazard control work can begin.

**Agreement to Blood Lead Testing (Check One):**

- I WOULD** like to have my child or children under 6 (six) years of age tested for lead poisoning
- My child or children under 6 (six) years of age has/have been tested for lead poisoning. **I DO NOT WISH** to disclose the test results
- I am aware that the above property may contain lead based paint hazards. **I DO NOT WISH** to have any child or children under 6 (six) years of age tested for lead poisoning
- My child (children) is under one year of age and **IS NOT** eligible for testing for lead poisoning

Waiver

Parent/Guardian agrees to release and hold County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the blood tests, and releases County and its officials, agents, servants and employees and any of their successors from any such claims. Parent/Guardian understands and agrees that County is an intended beneficiary of Parent/Guardian's agreement to waive and release claims as set forth herein and that Parent/Guardian's agreement is a condition precedent to the use of funding provided by County.

I certify that the above information on residency is accurate as of the signing date of this document:

**Printed Name of Parent/ Guardian/Homeowner:** \_\_\_\_\_

**Parent/ Guardian/Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

|                    |   |                                  |                             |   |
|--------------------|---|----------------------------------|-----------------------------|---|
| Live in Children   | <input type="checkbox"/> Accept                 | <input type="checkbox"/> Decline | <input type="checkbox"/> NK | <input type="checkbox"/> NK Living in or visiting |
| Visiting Children  | <input type="checkbox"/> Accept                 | <input type="checkbox"/> Decline | <input type="checkbox"/> NK | <input type="checkbox"/> NK Living in or visiting |
| Child Prior Tested | <input type="checkbox"/> Yes → Results Provided |                                  |                             | <input type="checkbox"/> EBLL > 5                 |

## Salt Lake County Lead Housing Program

LH-1.6

### Race and Ethnic Disclosure Information

Please provide the following information for the people in your household. (Relationship to applicant)

| Name | Relationship | Age | Gender | Race | Hispanic   |
|------|--------------|-----|--------|------|--|
| 1.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.   |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10.  |              |     |        |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Race

|   |   |
|---|---|
| 1. <b>White</b>   | 2. <b>Indian American/ Alaskan Native &amp; White</b>                   |
| 3. <b>Black/African American</b>                              | 4. <b>Asian &amp; White</b>   |
| 5. <b>Asian</b>   | 6. <b>Black/ African American &amp; White</b>                           |
| 7. <b>American Indian/ Alaskan Native</b>                     | 8. <b>American Indian/ Alaskan Native &amp; Black/ African American</b> |
| 9. <b>Native Hawaiian/ Hawaiian/ another Pacific Islander</b> | 10. <b>Other Multin-Racial</b>  |

Salt Lake County does not discriminate on the basis of race, color, national origin, sex, or religion. No qualified individual with any disability should, on the basis of disability, be excluded from participation, be denied the benefits of, or otherwise be subject to discrimination under any program or activity conducted by this agency. The County will also provide access to services to individuals who have limited knowledge of the English language.

# Radon Gas Testing Release Form

LH-1.5

## What is Radon?

Radon is a radioactive gas that causes cancer. The US Surgeon General has warned that radon is the second leading cause of lung cancer, after smoking. Each year radon causes an estimated 20,000 deaths in the US. Radon cannot be smelled, tasted, or seen. The only way to know if you have high levels is to get a radon test. **If you smoke and your home has high levels of radon, your risk of lung cancer is much higher.**

## Where is radon found?

Radon Can Be Found All Over the U.S. Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water and gets into the air you breathe. Radon can be found all over the U.S. It can get into any type of building - homes, offices, and schools - and result in a high indoor radon level. But you and your family are most likely to get your greatest exposure at home, where you spend most of your time.

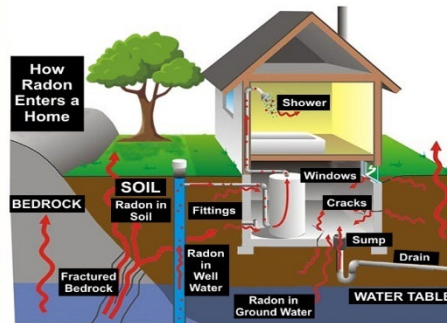
## How Does Radon Get into Your Home?

Radon is a radioactive gas. It comes from the natural decay of uranium that is found in nearly all soils. It typically moves up through the ground to the air above and into your home through cracks and other holes in the foundation. Your home traps radon inside, where it can build up. Any home may have a radon problem. This means new and old homes, well-sealed and drafty homes, and homes with or without basements.

Radon from soil gas is the main cause of radon problems. Sometimes radon enters the home through well water. In a small number of homes, the building materials can give off radon, too. However, building materials rarely cause radon problems by themselves.

Because radon is a gas, it can get in where solids can't. Common problems letting radon into homes include:

1. Cracks in solid floors
2. Construction joints
3. Cracks in walls
4. Gaps in suspended floors
5. Gaps around service pipes
6. Cavities inside walls
7. The water supplies



**A test for radon gas can be obtained by participating in the Salt Lake County Lead-Free Housing Program with part of the testing in your home.**

## Should You Test for Radon?

Testing is the only way to know if you and your family are at risk from radon. The EPA and the Surgeon General recommend testing all homes below the third floor for radon. The EPA also recommends testing schools. The test is inexpensive and easy; it should only take a few minutes of your time. Millions of Americans have already tested their homes for radon (see How to Test Your Home). For more information about radon gas, you can go to the Utah State Radon Gas website. [Radon.Utah.Gov](http://Radon.Utah.Gov) A radon gas test can be performed as part of the Salt Lake County Lead Safe and Housing program evaluation

**ACKNOWLEDGEMENT:** Homeowner understands that the LSSL Program's control of test conditions is limited to the actual placement of a testing device. Changes in heating and ventilation may raise or lower radon levels. Inclement weather such as storms or high winds can contribute to unreliable test results. Since radon level can vary greatly from season to season as well as from room to room, this screening measurement only serves to indicate the potential for a radon problem. Changing soil conditions can also affect results from year to year. The test results are only an average of radon concentrations in the area tested during the period the measurement device was exposed. Due to the above variables, together with the fact that the LSSL Program is conducting radon testing as a service and without compensation, Homeowner agrees that the LSSL Program, its agents, employees and inspectors, shall not be liable in any way connected with the radon testing, nor shall they be liable if Homeowner chooses not to have the LSSL Program conduct radon testing, or if Homeowner chooses not to remediate radon gas after the LSSL Program conducts radon testing.

The owner can choose if they want their home tested for radon gas: (Please answer) Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CERTIFICATE OF INCOME INCLUDING ZERO INCOME**  
**1.7 -1.8**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

I certify that my income is now \_\_\_\_\_ per month.

I receive:

- Wages from employment (including commissions, tips, bonuses, fee, etc.);
- Income from operation of business;
- Rental income from real or personal property;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Social Security payment, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Veteran's benefits;
- Supplemental Security Income; and
- Any other source not named above.

Please check all that apply:

- I am a stay-at- home parent.
- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployment since \_\_\_\_\_.
- I filed for unemployment compensation on \_\_\_\_\_ and am awaiting a response.  
(Benefit statement required to finalize income eligibility)
- I am currently a student. My expected graduation date is \_\_\_\_\_.
- I currently have an offer of employment. My start date is \_\_\_\_\_ and my pay rate is  
\$ \_\_\_\_\_ per \_\_\_\_\_. (Please attach supporting offer letter/correspondence.)
- I am currently in an unpaid apprentice program. My expected completion date is \_\_\_\_\_.
- I am \_\_\_\_\_

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through Salt Lake County Housing programs and that I will fully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_