

# Salt Lake County Lead Safe Housing Program

Lead Hazard Rehabilitation Demonstration Grant (LHRD)

## RENTER APPLICATION

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When completed

By Mail: LSSL  
2001 South State Street S-2100  
PO Box 144575  
Salt Lake City, Utah 84114-4575

By Fax: 385-468-4894  
By Email [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

## Rental Eligibility and Requirements

### Does the following information apply to your rental units?

1. Built prior to 1978.
2. Potential lead based paint hazards (deteriorating lead paint, worn windows, etc.).
3. Ownership of units can be verified.
4. Household incomes for tenants meet the following guidelines:
  - Four or fewer units in complex:
    - 50% of households at or below 50% of the area median, adjusted for family size;
    - Remaining 50% of households have income at or below 80% of median
  - Five or more units in complex:
    - 50% of households at or below 50% of the area median, adjusted for family size
    - 30% of households at or below 80% of median
5. The remaining 20% can have income in excess of 80% of median.
6. To be an eligible rental unit, a child under six years of age needs to live in or frequently visit (at least 6 hours per week or 60 hours per year).

	2024-2025 Household Size and Median Income							
	1	2	3	4	5	6	7	8+
50%	\$42,950	\$49,950	\$55,250	\$61,350	\$66,350	\$71,200	\$76,100	\$81,800
80%	\$68,750	\$78,550	\$88,350	\$98,150	\$106,050	\$113,900	\$121,750	\$129,600

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

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### Required Documents must be provided, completed and signed

1. Lead Safe Salt Lake Rental Property Application Form-LSSL-2.0
  2. For each potentially eligible unit, tenant must provide income verification and the Income Disclosure form LSSL-R-2.3 must be filled out.
    - Include pay stubs of past 2 months income for all employed occupants of unit over the age of 18 and documentation of any other household income (Social Security income, Disability/SSI, etc.).
  3. For each potentially eligible unit, tenant must provide information on children under the age of six living in the unit or visiting often (6 hours a week or 60 hours a year).
  4. For each eligible rental unit, the testing of children form must be filled out LSSL-2.3 or LSSL-2.4 for children living at or visiting.
  5. For each eligible rental unit, a notice of non-displacement must be provided.
  6. Copy of property insurance on the rental property (property owner)
-

Steps:

1. After we receive the 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 the apartment(s), we will do a visual assessment of the apartment for cracked and peeling paint.
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 lead based paint is present, a risk assessment will be prepared to analyze the degree of hazards that exist in the home. A copy of the risk assessment will be provided when completed.
5. If lead based paint hazards are identified, a scope of work will be prepared. Upon your acceptance of the scope of work, a bid packet will be prepared. LSSL will assist in scheduling a walkthrough of qualified contractors and will review the bids received for reasonableness.
6. Your application for funding will be reviewed by a LSSL grant approval committee. If you do not meet the program requirements, you may be turned down.

**Regulatory note about rental properties:**

1. All tenants must receive the brochure "Protect Your Family from Lead in Your Home".
2. In regards to rental units receiving lead hazard control remediation, HUD requires that "... in all cases the landlord shall give priority in renting units assisted under this section, not for less than three years following the completion of lead abatement activities, to families with a child under the age of six years (with income at or below 50% of median income or with incomes at or below 80% of area median), except that buildings with five or more units may have 20 percent of the units occupied by families with incomes above 80 percent of the area median income level..."
3. Landlord must supply a list of children under the age of six residing or visiting on a regular basis. Please supply apartment number, name and contact information for parents or legal guardian.

\*\*To see the process of the Lead Safe Housing Program, click [here](#) or type in this link:

<http://slco.org/lead-safe-housing/how-the-program-works/>

**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 on the basis of race, color, national origin, sex, or religion. No qualified individual with disabilities shall, on the basis of 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 meaningful access to services for Limited English Proficiency (LEP) persons.

# Salt Lake County Lead Safe Housing Program

LSSL-R-2.3

To be filled out by tenant(s)

## Tenant Information – Income Disclosure

Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

The owner of your rental unit has applied for funding from the Lead Safe Salt Lake ("LSSL") Program. The goal of the program is to provide grants to property owners to reduce lead poisoning by controlling lead based paint hazards that may exist. With a grant from LSSL, your apartment building/house may qualify for new windows and repair of chipped and peeling paint.

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.

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Total number of people living in home: \_\_\_\_\_

Does a pregnant woman live in the home?  Yes  No

Do you or anyone in your home have asthma?  Yes  No Who? (name, age, relationship) \_\_\_\_\_

Do you have a household member with an ongoing health condition?  Yes  No Who? \_\_\_\_\_

Please describe the condition: \_\_\_\_\_

What language do you speak? \_\_\_\_\_ Do you have a translator?  Yes  No What is their name? \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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### INSTRUCTIONS

This form must be completed by the occupants of any apartment/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 month's income for all employed occupants of home over the age of 18.
2. documentation of any other household income (Social Security income, Disability/SSI, etc.).
3. name & phone number of contact / supervisors to verify employment

### List all occupants living in the household over the age of 18 years:

Name \_\_\_\_\_ Annual Income:\$\_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name \_\_\_\_\_ Annual Income:\$\_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name \_\_\_\_\_ Annual Income:\$\_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name \_\_\_\_\_ Annual Income:\$\_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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.

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

# Salt Lake County Lead Safe Housing Program

LSSL-2.4

**Rest of application filled out by tenant(s)**

## Blood Lead 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	Sex	Age	Phone No.
1.					
2.					
3.					
4.					
5.					
6.					

## AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD POISONING 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 10 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:

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 POISONING 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 and 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: \_\_\_\_\_

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

# Salt Lake County Lead Safe Housing Program

LSSL-NR-2.5

Rest of application filled out by tenant(s)

## Blood Lead Testing Information

### Non- Resident Parent Consent

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

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Address: \_\_\_\_\_

Parent / Guardian's Phone Number: \_\_\_\_\_

## 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 of time. 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	Sex	Age	Phone No.
1.					
2.					
3.					
4.					
5.					
6.					

## **AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND BLOOD LEAD POISONING RESULTS**

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 10 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/sanitariums. 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:**

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 POISONING TESTING (CHECK ONE):**

- I WOULD like to have my child or children under 6 (six) years of age tested for lead.
- 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 and 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: \_\_\_\_\_

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



# Salt Lake County Lead Safe Housing Program

LSSL-R-2.6

## Notice of non-displacement and temporary relocation

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

Apartment No. \_\_\_\_\_

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

LSSL Representative: \_\_\_\_\_

This is to inform you that, if assistance is provided to yourself or your landlord and the property in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970 as amended, protects you from displacement. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance.

Why would you need to be relocated?

It is possible that you will need to be temporarily relocated from your house or rental unit while the lead paint hazard control work is being completed. Relocation may be necessary if the construction work, generally speaking, interferes with your use of the kitchen, bathroom, or access to the front door. There may be additional reasons for relocation.

Someone from Lead Safe Salt Lake Program will be in touch with you to discuss the need and timing of temporary relocation. If you have to temporarily relocate, assistance will be provided to help cover reasonable living costs. This can include food vouchers and temporary housing.

# Salt Lake County Lead Safe Housing Program

LSSL-2.7

## Race and Ethnic Disclosure Information

Please provide the following information for the people in your household.

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Unit # \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_\_ Hispanic? Y\_\_N\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Race	
1 - White	6 - American Indian/Alaskan Native & White
2 - Black/African American	7 - Asian & White
3 - Asian	8 - Black/African American & White
4 - American Indian/Alaskan Native	9 - American Indian/Alaskan Native & Black/African American
5 - Native Hawaiian/Other Pacific Islander	10 - Other Multi-Racial

Do you, or anyone in your home, have asthma?  
Do you have children under the age of six (6) who live in your home?  
Do you have children under the age of six (6) that visit your home?

**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 \_\_\_\_\_