



OWNER OCCUPIED

The Lead Paint Hazard Control and Healthy Homes Program of Westmoreland County Application

Thank you for your interest in The Lead Paint Hazard Control and Healthy Homes Program (LHCHH) of Westmoreland County. To be eligible, the unit (house, apartment, etc. must have been constructed prior to 1978. The occupant(s) must qualify under the Income Limits (income guidelines are subject to change), and there must be at least one child under the age of six years living or regularly visiting (over 6 hours per week, 60+ hours per year) the unit.

Attached is the application that will need to be filled out, including all required items on the Application Attachments Checklist (i.e. bank statements, tax return, etc. on page 6. If you do not turn in these items, your application will not be considered and the project will not move forward. We can make copies of your attachments for you when if drop off the application at: 40 N. Pennsylvania Avenue 5th Floor, Suite 520 Greensburg, PA 15601. Once a complete application is submitted, the Lead Safe Westmoreland staff will contact you if additional information is needed. If you prefer to mail the application and attachments, please send it to the following address:

Attn: Londe Dandar, Intake Clerk Interviewer
Lead Safe Westmoreland
40 N. Pennsylvania Avenue
5th Floor, Suite 520
Greensburg, PA 15601

Property owners will need to complete the "Occupant Information" Section on page 1 and pages 2-3 in their entirety. Both property owners and (if applicable) landlords (anyone listed on the deed) must sign and date on page 3.

There may be a waiting list to receive assistance with the Lead Program. All information provided is confidential and must be retained by The Lead Paint Hazard Control and Healthy Homes Program of Westmoreland County. There are preferences on the waiting list for households with children that have an Elevated Blood Level (EBL). If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time. This is not a housing rehabilitation program. All projects focus on the removal of lead paint hazards only.

If you have any questions or concerns, please call 724-830-3366, or e-mail LeadSafe@co.westmoreland.pa.us We look forward to working with you.

Sincerely,

Lead Safe Westmoreland



Lead Safe Westmoreland

Lead-Based Paint Hazard Control and Healthy Homes Program
of Westmoreland County

INTAKE APPLICATION

GET THE
LEAD
OUT!

DO YOU QUALIFY?

- Property must be in Westmoreland County, PA.
- Was your house built before 1978?
- Does your household's annual income fall at or below the maximum income guidelines?
- Does a child under the age of 6 live with you or visit your home at least 6 hours per week?
- Is there a pregnant woman living in the household?
- Are your property taxes and home owners insurance current?

Application for:

☐

Owner Occupied

☐

Landlord

☐

Tenant

Occupant Information:

[Click button to clear form ->](#)

- All occupants (adults and children) must be listed and information complete to be considered.
- This program requires that all children under the age of 6 be tested for blood lead levels before lead hazard reduction work is done on your home. Please contact your child's Physician to arrange for blood tests.
- Homes with children under the age of 6 with an Elevated Blood Level (EBL) will be considered high priority.
- Proof of income should be listed for all those who are over the age of 18 and residing in the household.

Westmoreland County Department of Planning and Community Development does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

Primary Contact Name: _____

Property Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

If you are a renter, how much do you pay per month for your rent? _____

Was the home built before 1978? ☐ YES ☐ NO ☐ I DON'T KNOW

Does this property currently have: ☐ Running Water ☐ Electricity ☐ Heat/Working Heat Source ☐ Roof Leaks

Landlord Information: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Phone#: _____

E-Mail Address: _____

Property Manager/Authorized Representative: _____

Phone #: _____ E-Mail Address: _____

Management Company: _____

Is your unit currently registered with the municipality as a rental unit? ☐ YES ☐ NO ☐ I DON'T KNOW

Do you have other units to be considered? ☐ YES ☐ NO

Household Information

List all persons living in the household and children visiting under the age of 6.

If additional space is needed, please list on a separate sheet of paper and submit with your application.

Full Name (as it appears on your Social Security Card)	Date of Birth	Age	Relationship to Head of Household	Does the child reside (R) visit? (V)	Annual Income (\$) (before taxes)	Race - A: Asian • B: Black • W: White H: Hawaiian/Pacific Islander I: American Indian/Alaskan	Hispanic or Latino Yes or No	Tested for Lead?
TOTAL HOUSEHOLD INCOME						*add all income amounts		

Income Guidelines

To be eligible for the Lead Safe Westmoreland Program, households must meet the income guidelines listed below. All persons living in the household include adults and children. The maximum household income is the total income for all persons living in the household over the age of 18. HUD income levels are from 2021 and are adjusted on a yearly basis.

Household Income Level:								
Persons living in household	1	2	3	4	5	6	7	8
Maximum total income per household	\$ 47,500	\$ 54,300	\$ 61,100	\$ 67,850	\$ 73,300	\$ 78,750	\$ 84,150	\$ 89,600

Household Questionnaire

Is there a pregnant woman living in the household? ☐ YES ☐ NO

What is their name: _____ Due Date: _____

Are you a caregiver? ☐ YES ☐ NO Do you operate a daycare in your home? ☐ YES ☐ NO

Do you babysit children in your home under the age of 6? ☐ YES ☐ NO

of children visiting the home: _____ *Only include children that visit the home at least 6 hours per week or 60 hours per year.

of children with asthma: _____ # of adults with asthma: _____

Any special needs? _____

Income Checklist

This portion must be filled out by the occupant of the property and income documentation must be attached to the application for all persons living in the household over the age of 18. Check all boxes below that apply. If you need assistance, please call Londe Dandar at 724.830.3366.

- | | |
|---|--|
| <input type="checkbox"/> IRS tax forms from most recent year available – Form 1040 | <input type="checkbox"/> Unemployment Statement |
| <input type="checkbox"/> Copies of 3 most current payroll stubs | <input type="checkbox"/> Disability Compensation |
| <input type="checkbox"/> Income from the Railroad | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Aid from Department of Human Services (Cash Assistance Only) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Copies of Social Security earnings statements | <input type="checkbox"/> Severance Pay |
| <input type="checkbox"/> Other annuity or retirement income statements | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Investment income, rental properties or stock and bonds that pay dividends | |

****Additional documentation may be requested.***

Please provide copies of the following documentation, if applicable, along with your application to be considered for the program:

- | | |
|---|--|
| <input type="checkbox"/> Child's birth certificate(s) | <input type="checkbox"/> Copy of Deed to Property |
| <input type="checkbox"/> Driver's License / Identification Card | <input type="checkbox"/> Home Owner Insurance declaration page |
| <input type="checkbox"/> Utility bills for current month (Water/Electric/Gas) | <input type="checkbox"/> Copy of Lease Agreement |
| | <input type="checkbox"/> (2) Consecutive Bank Statements |

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Lead Safe Westmoreland Program. Anyone who knowingly or willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry may be criminally prosecuted and may incur civil administrative liability punishable by fine or imprisonment or both. ***WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

All individuals listed on the property deed must sign below. By signing below, all parties acknowledge that this form has been completed truthfully and to the best of his/her knowledge. If you have any questions, call Londe Dandar: 724.830.3366

Signature of Occupant

Date

Signature of Landlord

Date

Signature of County Staff

Date

Return form by mail or email: Westmoreland County Department of Planning and Community Development
Lead Safe Westmoreland Program
40 N. Pennsylvania Avenue, 5th Floor, Suite 520
Greensburg, PA 15601

Phone: Londe Dandar: 724.830.3366
Email: LDandar@co.westmoreland.pa.us
www.co.westmoreland.pa.us/leadsafe



***THE FOLLOWING PAGES ARE ONLY REQUIRED IF
THE CHILD UNDER SIX YEARS IS A VISITING
CHILD AND DOES NOT LIVE IN THE HOME.***

**THE LEAD PAINT HAZARD CONTROL AND HEALTHLY HOMES PROGRAM
OF WESTMORELAND COUNTY
PARENT / GUARDIAN VERIFICATION OF CHILD CARE
INSTRUCTIONS**

Dear Parent / Guardian,

You are receiving this verification because your child's caregiver is applying for assistance from The Lead Paint Hazard Control and Healthy Homes Program (LHCHH) of Westmoreland County. The program identifies lead-based paint hazards throughout the home. The goal of the program is to make the property safe from lead paint hazards.

This verification allows the caregiver to meet eligibility requirements by verifying that a child or children under six years visits the property a significant amount of time defined as at least six hours per week and 60 hours per year. Please note, as part of the program, each child under six years is required to be tested for lead poisoning before construction begins. It is also necessary to provide a birth certificate for each child under six years.

Thank you for your cooperation in helping your child's caregiver provide a lead safe environment. You may also be interested in applying for assistance for your own home. Please contact us at 724-830-3366 if you have any questions or need further information.

Sincerely,

Lead Safe Westmoreland



**The LEAD PAINT HAZARD CONTROL AND HEALTHY
HOMES PROGRAM OF WESTMORELAND COUNTY
PARENT / GUARDIAN VERIFICATION OF CHILD CARE**

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful and/or false statements of misrepresentation to any department of any agency of the United States and to any other matter within its jurisdiction.

Name of Applicant: _____

Applicant Address: _____

My child / children spend(s) a minimum of 10 hours per week at the residence listed above.

NO _____ YES _____ If Yes, how many hours are spent per: _____ Day _____ Week

Child's Name	Birth Date	Birth Certificate Provided (Y/N)

Release of Blood Lead Level Test Results

I understand that blood tests will be taken of my children under six years old before work begins. These tests will be taken at the child's healthcare provider at no cost. I authorize my child's healthcare provider to release blood test results to the Lead Safe Program of Westmoreland County. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level is my responsibility.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself or my children may be needed. Verifications and inquiries that may be requested include but are not limited to: my child's birth certificate, identity, residence, employment, income, etc.

Parent / Guardian Signature: _____ Date: _____

Printed Name: _____

Parent / Guardian Address: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.