

Lead Hazard Reduction Grant Program (Landlord Application)

Program Purpose

Make necessary repairs to the interior and exterior of rental units including:

- Addressing lead-based paint hazards in eligible tenant units and common areas
- Radon mitigation
- Correcting program-covered health and safety issues

Program Eligibility

Please review the following program requirements and verify that your project meets them. If you have questions or concerns about these requirements, please contact nicole.beuc@ecicog.org.

- For rental units, the property must have been built prior to 1978 and be located in Benton, Iowa, Johnson, Jones, Linn, or Washington Counties.
- You must submit a separate application for each complex (building). Housing complexes containing 7 or more units are not eligible to apply.
- You may only apply for program services for units in which a child aged 5 or currently resides or visits on a frequent basis.
- Priority will be given to units with households with incomes at or below 50% AMI. All households served must have a household income at or below 80% AMI. See tables below for income limits. *Households between 50% AMI and 80% AMI may be placed on a waitlist until program benchmarks are met.*
- For all units listed on this application, you must provide the head of household with the program Tenant Application, and the head of household must return a completed application and all relevant supporting documentation.

Participation Requirements

- You agree to provide matching funds under the following structure:
 - If a landlord applies for rehabilitation assistance for four or less rental units, a match of 90/10 will be utilized.
 - If a landlord applies for rehabilitation assistance for more than four units, the first four units would come under the guidelines for four or less units. If a fifth unit or more is assistance, a match of 80/20 will apply.
- An ownership period of 3 years will be enforced by the recording of a forgivable mortgage on the property. **This will recede on a yearly basis and is subject to recapture if the property is sold during the occupancy period.*
- For not less than three years, you agree to give priority in renting units assisted under this program to families at or below 80% of the median income with children aged 5 or under.
- You agree not to raise the rent for units assisted by this program by more than 3% per year for a period of 3 years.

- You agree to offer a one-year lease to the tenant(s) of any assisted unit. The tenant(s) may choose not to accept this offer.
- You agree not to terminate the tenancy of a tenant assisted through this program except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; or for other good cause.
- You must have current property insurance. Your mortgage and property tax payments must be current.
- If the building listed on this application is located in the 100-year flood plain, you must have flood insurance or agree to obtain flood insurance.
- There may be additional eligibility requirements. You agree to follow all rules and regulations of this program. All tenants must agree to follow all rules and regulations of this program.
- You understand that temporary relocation for each unit will be required while any interior lead work is being completed. You agree to make best efforts to relocate tenants to another vacant property in your portfolio while lead work is being performed. You may be required to fund a portion of relocation expenses.

50% AMI LIMITS BY COUNTY								
County	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Benton	\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600	\$70,150	\$74,650
Iowa	\$35,600	\$40,700	\$45,800	\$50,850	\$54,950	\$59,000	\$63,100	\$67,150
Johnson	\$42,500	\$48,600	\$54,650	\$60,700	\$65,600	\$70,450	\$75,300	\$80,150
Jones	\$34,200	\$39,100	\$44,000	\$48,850	\$52,800	\$56,700	\$60,600	\$64,500
Linn	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500
Washington	\$32,950	\$37,650	\$42,350	\$47,050	\$50,850	\$54,600	\$58,350	\$62,150
Income limits effective May 1st, 2026								

80% AMI LIMITS BY COUNTY								
County	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Benton	\$63,350	\$72,400	\$81,450	\$90,500	\$97,750	\$105,000	\$112,250	\$119,500
Iowa	\$56,950	\$65,100	\$73,250	\$81,350	\$87,900	\$94,400	\$100,900	\$107,400
Johnson	\$68,000	\$77,700	\$87,400	\$97,100	\$104,900	\$112,650	\$120,450	\$128,200
Jones	\$54,750	\$62,550	\$70,350	\$78,150	\$84,450	\$90,700	\$96,950	\$103,200
Linn	\$59,000	\$67,400	\$75,850	\$84,250	\$91,000	\$97,750	\$104,500	\$111,250
Washington	\$52,750	\$60,250	\$67,800	\$75,300	\$81,350	\$87,350	\$93,400	\$99,400
Income limits effective May 1st, 2026								

Landlord Contact Information

Provide the following information for the landlord:

Full Name	Date of Birth	Social Security Number
Address		
Phone Number	Email Address	

Property Eligibility

What year was the property built, if known? _____

Is this a single-family or multi-family residence? _____

How many units are you applying for assistance for within the property? _____

Addresses: _____

Has a child aged 5 or younger? _____
Has a child aged 5 or younger? _____
Has a child aged 5 or younger? _____
Has a child aged 5 or younger? _____
Has a child aged 5 or younger? _____
Has a child aged 5 or younger? _____

Have you or do you intend to provide the head of household for each unit listed on this page with a Tenant Application? _____

Do you have a current insurance policy for this property? Yes No

Name of Insurance Company: _____ Policy Number: _____

Are your mortgage payments and property taxes current? Yes No

Name of Mortgage Lender: _____

Do you understand the terms and conditions listed on pages 1 and 2 of this application and understand that additional terms and conditions may apply? _____

Required Documents

Please submit copies of the following documents with your application:

- ☐ Current statement from mortgage lender showing payments and taxes are current
- ☐ Homeowner insurance declaration
- ☐ Copy of all leases with tenants that you are applying for assistance

ACKNOWLEDGEMENT, CONSENT, AND RELEASE

- I acknowledge and certify that the information provided on this application is true and complete to the best of my knowledge.
- I understand that match funds will be held in escrow and that landlord match funds will be expended before LHRG program funds are expended for all work on the intended project site(s).
- I understand that requirements for program eligibility include income and asset requirements for households residing in units assisted by this program. Additional program guidelines will be applied as required by the U.S. Department of Housing and Urban Development.
- I understand that some households at or under 80% AMI may be placed on a waiting list until funds become available.
- I understand there may be additional documents needed to meet eligibility requirements other than the documents listed in the application.
- I authorize ECICOG to verify all information contained in the application and to share information with the Department of Housing and Urban Development and other entities providing assistance. I/we further authorize any entities listed in this application to release information required by ECICOG for the purposes of verifying information provided in this form. I/we agree that photocopies of this form may be used for the purposes stated above.
- I understand that this application does not guarantee program qualification and is not a guarantee of assistance.
- I understand that ECICOG will retain this application and all documentation whether or not it is approved.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

United States Code Title 18, Section 1001, provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

By signing this form, I acknowledge and agree to the above and that this application is true, correct, and complete.

Print Landlord Name

Landlord Signature

Date

Print Co-Landlord Name

Co-Landlord Signature

Date