



# Lead Hazard Reduction Grant Program (Owner-Occupied Application)

## Program Purpose

Make necessary repairs to the interior and exterior of the home including:

- Addressing lead-based paint hazards
- 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](mailto:nicole.beuc@ecicog.org).

- For owner-occupied homes, your home must be built prior to 1978 and be your primary residence.
- There must be a child five (5) years old and younger or either resides in the home or visits on a frequent basis.
- Homes must be located in Benton, Iowa, Johnson, Jones, Linn, or Washington Counties.
- An occupancy 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 home is sold during the occupancy period.*
- You must have current homeowner’s insurance and your mortgage and property tax payments must be current.
- If your home is located in the 100-year flood plain, you must have flood insurance or agree to obtain flood insurance.
- You understand that temporary relocation will be required while any interior lead work is being completed. Relocation is funded by the grant program under the terms and conditions of the program policies.
- There may be additional eligibility requirements. You agree to follow all rules and regulations of this program.
- For owner-occupied homes, your total household gross (pre-tax) income must be at or below the following:

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

Effective May 2026

*Maximum program income limit is 80% Area Median Income (AMI) based on household size, as shown above.*

**Renters are subject to different eligibility requirements for this program, including different income limits. Supplementary information will be provided for rental households. Landlord participation is required.**

## Household Information

Complete the tables below for all household members

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

<b>*Race – please circle all that apply</b> American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other	<b>*Ethnicity – please circle one</b> Hispanic/Latino Other (Non-Hispanic/Latino)	<b>*Is the Head of Household a student?</b> Yes or No	<b>*Head of Household with a Disability?</b> Yes or No <i>Physical or mental impairment</i>
	<b>*Marital Status – please circle one</b> Single Married Divorced Widowed	<b>If Yes, name of school:</b> _____	<b>*Head of Household with a special need?</b> Yes or No <i>Elderly, disabled, persons with HIV/AIDS, and persons with alcohol or drug addictions</i>

Chose not to respond: \_\_\_\_\_

\*Information is for statistical use only, as required by U.S. Department of Housing and Urban Development.

Name										
Relationship to Head of Household										
Date of Birth										
Social Security #										
Marital Status										
Student?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If yes, name of school										

\*If you need additional lines, attach a separate piece of paper

## Additional Household Information

Has any child five (5) years and younger in your household tested positive for lead? Yes No  
 If yes, when/where was testing completed?

Do you anticipate any changes in household size in the next 12 months? Yes No  
 If yes, explain.

Are there any temporarily absent household members who will be returning in the next 12 months? Yes No  
 If yes, explain.





## Required Documents

Please submit copies of the following documents with your application:

- 1 Year of federal tax returns for anyone over the age of 18
- Social Security Cards for all household members
- Copy of driver's license or other form of photo identification for anyone over the age of 18 (If the applicant(s) do not have Real IDs, a US Passport or US Birth Certificate must also be submitted)
- Birth certificate for any children five (5) years and younger
- Notarized statement verifying a child five (5) years and younger visits the home 6 hours or more a week and/or 24 hours or more a month (if applicable)
- Current statement from mortgage lender showing payments and taxes are current
- Homeowner insurance declaration
- If divorced, divorce decree is required to verify if alimony is received (if applicable)
- All pages of application, filled out and signed by anyone over the age of 18

### Asset and Income Required Source Documents (if answered "yes" on previous pages)

Type of Asset	Documents Required
Checking Accounts AND Savings Accounts (includes online bank cards or check cards)	<u>Two months</u> of consecutive checking and savings account statements – must show bank name, account number, and account owner.
Retirement Accounts (includes Pension, IRA, 401(k), 403(b) Accounts, etc.)	Current statement showing account balance
CD's, Stocks, Bonds, Securities, Capital Investments, & Trusts	Current Statement showing account balance
Treasury Bills (savings bonds, etc.)	Calculator print out from Treasury Direct.Com showing current value of treasury bills
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	Current appraisal showing value
Have you sold or disposed of any asset for less than fair market value in the last two years?	Documentation showing estimated value and amount received
Type of Income	Documents Required
Employment Wages, Salaries (includes overtime, tips, bonuses, commissions)	Two months of consecutive pay stubs showing gross year to date pay received
Self-Employment (includes home-based businesses, contract work, work for cash)	Last two years of federal income tax returns. If recently received income, current year-to-date Profit or Loss statement, showing gross income and expenses to show net income/loss.
Child Support	Documentation such as a divorce decree, Child Support Recovery Unit statement, or other verification of payments.
Social Security Payments, including SSI or SSDI	Current award letter
FIP/TANF or other program payments	Current award letter
Does any member receive regular cash contributions or gifts from individuals not living in the household?	Signed statement from person paying stating how much is paid and how often
Worker's Compensation, Pensions, Retirement Benefits, Death Benefits, Lump Sum Payments	Current award letter
Unemployment Benefits or Severance Pay	Current printout from Iowa Workforce Development for unemployment or severance pay award letter
Alimony	Copy of legal award, divorce decree, or a signed statement from person paying stating how much is paid and how often
Annuities or Life Insurance Dividends	Current statement showing amount received year to date
Net Income from Rental Property	Copy of lease showing current rent amount

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**Property Eligibility**

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What year was your home built, if known? \_\_\_\_\_

Is your home your primary place of residence?    Yes        No

Do you have a current homeowner's insurance policy?    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 that there is a 3-year occupancy requirement and that a 3-year property lien will be placed if you participate in the program?    Yes        No

What name is listed on the property deed, if different from applicant name? Please explain.

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Please describe any safety concerns other than lead:

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# ACKNOWLEDGEMENT, CONSENT, AND RELEASE

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To be completed by everyone age 18 and older.

- I acknowledge and certify that this application includes complete information for every person who will live in the property, regardless of who will be shown on the deed or on the mortgage. All income, asset, and debt information listed, and documents provided are true and accurate representations.
- I understand that requirements for program eligibility include income and property requirements. Additional program guidelines will be applied as required by the U.S. Department of Housing and Urban Development.
- 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 Applicant Name	_____ Applicant Signature	_____ Date
_____ Print Co-Applicant Name	_____ Co-Applicant Signature	_____ Date
_____ Print Other Household Adult Name	_____ Other Household Adult Signature	_____ Date
_____ Print Other Household Adult Name	_____ Other Household Adult Signature	_____ Date
_____ Print Other Household Adult Name	_____ Other Household Adult Signature	_____ Date