



RENTAL

Re: City of Sioux City Lead Hazard Control Grant Program Application

Thank you for your interest in the City of Sioux City Lead Hazard Control Grant Program. To be eligible, the unit (house, apartment, etc.) must have been constructed prior to 1978. The occupant(s) also must qualify under the Income Limits (income guidelines are subject to change), and there must be at least one child living and/or frequenting (over 10 hours per week) at the unit five years old and younger.

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 you drop off the application (Room 305 of City Hall, 405 6th Street). Once a complete application is submitted, City 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: Terah Jorgensen
City of Sioux City
Neighborhood Services Division
405 6th Street
PO Box 447
Sioux City, IA 51102

Property owners of rental units will need to fill out the owner information on the 1st page of the application, along with the mortgage and promissory note on the 3rd page. Property owners must also contribute a percentage of the total cost of the project based on project cost (please see the chart below). This will be due at the time the contracts are signed, prior to the start of construction.

Project Total	Required Match
\$0 - \$20,000	15%
\$20,001 - \$30,000	20%
\$30,001 - \$40,000	25%
\$40,001 - \$50,000	30%
\$50,000 and Above	35%

There may be a waiting list to receive assistance with the City of Sioux City Lead Hazard Control Program. All information provided is confidential and must be retained by the City of Sioux City Lead Hazard Control Program. 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 712-279-6328 or e-mail tjorgensen@sioux-city.org. We look forward to working with you.

Sincerely,

City of Sioux City Neighborhood Services Division



CITY OF SIOUX CITY LEAD HAZARD CONTROL APPLICATION



Address of Property being considered: _____ Year Built: _____

Are there any children 5 and under living at this address? _____

Do any of the children have an Elevated Blood Level (EBL)? If yes, list name, blood level, and date of test.

OWNER INFORMATION

Name: _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Emergency Contact: _____ Emergency Phone: _____

How did you find out about this program? _____

TENANT INFORMATION

Name: _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Emergency Contact: _____ Emergency Phone: _____

Do you speak English? Yes No*

*If no, please provide an English speaking contact (name and phone number): _____. *If you do not have an English speaking contact, one can be provided to you at no cost. An interpreter must be available during any on-site meetings at the home.*

HOUSEHOLD MEMBERS Circle the number of people currently living in your home (including yourself).

1 2 3 4 5 6 7 8 More than 8

Please list yourself and all that live with you below.

NAME (As it appears on Social Security Card)	Relationship to Head of Household	Date of Birth	Sex	Race (Pick Number Below)*	Hispanic Yes or No	Social Security Number	Disabled Yes or No	Filed Tax Return Yes or No	Have Bank Account Yes or No
	Head of Household								

*For statistics only:
 1) White
 2) Black/African American
 3) American Indian/Alaska Native
 4) Asian
 5) Native Hawaiian/Pacific Islander
 6) Black / African American & White
 7) American Indian / Alaska Native & White
 8) American Indian / Alaska Native & Black / African American
 9) Other Multi-Racial

ADDITIONAL HOUSEHOLD MEMBER QUESTIONS

- Yes No Are all household members listed above legal residents of the United States? If no, please explain:

- Yes No Do you anticipate that anyone will move in or out of your household in the coming year, including a newborn child? If yes, please explain and list anticipated dates: _____
- Yes No Have you or anyone in your household committed fraud in connection with any federal programs? If yes, please explain: _____
- Yes No Have you or any adult member of your household ever used any name and / or social security number other than the one used now? If yes, please explain: _____
- Yes No Are there any ADULT members of the household who attend school full time? If yes, please provide the name, school attending, and the anticipated date of graduation: _____

MORTGAGE AND PROMISSORY NOTE REQUIREMENT You are required to sign a promissory note and mortgage as a part of the assistance you are receiving. You must disclose all persons with a financial interest in the property. All spouses and those listed who have a financial interest in the property must sign the promissory note and mortgage. Please list other Persons with a Financial Interest in the Property on the lines below. If a Contract Holder is listed, the City of Sioux City may require written documentation from the Contract Holder stating that they are aware of the mortgage and promissory note signature requirement.

NAME (As it appears on Social Security Card)	Relationship to Head of Household	Sex
	Head of Household	

HOUSEHOLD INCOME List all persons of your family who is 18 years of age and older below. Include if they receive any income such as wages, welfare payments, alimony, social security, pension, etc.; any money you receive on behalf of your children such as child support, social security of children, etc.; part-time or full-time earnings from a second job or part-time job; an anticipated income such as a bonus or pay raise you expect to receive.

NAME	Is this person employed?	Type of Income (wages, social security, etc.)	Amount Received	How Often Received (Weekly, Biweekly, etc.)	Name and Address of Employer (If Applicable)

ADDITIONAL HOUSEHOLD INCOME QUESTIONS FOR ALL HOUSEHOLD MEMBERS For each yes, please provide a written explanation on the lines provided below (including which family member). Does anyone in your household (yourself included):

- Yes No Work for someone who pays cash? _____
- Yes No Expect a leave of absence from work due to a lay-off, medical, maternity, or military leave? _____
- Yes No Now receive or expect to receive unemployment benefits? _____
- Yes No Now receive or expect to receive child support or alimony? _____
- Yes No Have an entitlement to receive child support or alimony that is not currently being received? _____
- Yes No Receive income from a "side job" (i.e. the selling of Scentsy, Tupperware, etc.)? _____
- Yes No Now receive or expect to receive social security benefits? _____
- Yes No Now receive or expect to receive public assistance (welfare)? _____
- Yes No Now receive or expect to receive income from a pension or annuity? _____
- Yes No Receive income from assets including interest on checking or savings accounts, interest or dividends from certificates of deposit, stocks or bonds, or income from rental property? _____
- Yes No Now receive or expect to receive money on a regular basis from organizations or from people not living in the Home? _____
- Yes No Own real estate (other than your current place of residence)? _____
- Yes No Sold or given away real property or other assets (including cash) in the past two years? _____
- Yes No Receive or expect to receive any income from the proceeds of a Tribal or Indian gambling establishment? _____
- Yes No Have you received any money in the last 12 months not listed under Household Income? _____

APPLICATION ATTACHMENTS - CHECKLIST

You **MUST** turn in the following items along with your application to be considered for the program. We understand that there are several items requested. However, these items are required to ensure that we are able to accurately calculate your income. We can make copies for you in our office (Room 305 of City Hall).

- Application completed in full and signed by owner(s).
 - (This includes consent for photos, release of information & possible relocation during construction)
- Proof of owner's property insurance (Declarations Page)
- Copy of a Warranty Deed for the property from Woodbury County Recorder's Office (If the home was bought after 2003 we can provide the Warranty Deed for you.)
- Birth Certificate for any child 5 and under, or an official form of birth verification
- Verification of Social Security, Disability, or other Pension income, if applicable.
- Copy of the most recent **2 months** of paystubs for anyone employed in the household 18 years and older
 - If owner or occupant 18 years and older are self-employed, a self-certification affidavit form must be submitted. This form is available in the Neighborhood Services office.
- Most recent **2 months** of bank statements for everyone 18 years and older (savings and checking). **Please explain all deposits**
- Copy of most recent Income Tax Return for everyone 18 years and older. The full return must be provided.
- DHS printout if anyone is receiving FIP, Food stamps, or Title 19, if applicable
- Photo ID of the Head of Household
- Completed W-9 Form in order to release relocation checks, if applicable. (Attached). The W-9 and the Photo ID must be of the same person.)
- If childcare in home, a parent verification form needs to be filled out and notarized by a notary public (Attached)

Consent of the following:

- I hereby give my permission and consent for a representative of the City of Sioux City Lead Hazard Control Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the City of Sioux City Lead Hazard Control Program. I hold the City of Sioux City and partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.
- I understand that I am a voluntary participant in this program, and if I am approved for the City of Sioux City Lead Hazard Control Program, I may need to vacate my residence for a period of time while lead removal activities occur. The extent of the lead remediation and the possibility of relocation will be based on the initial lead test performed by the City of Sioux City's consultant and Neighborhood Services Division staff.
- I authorize and direct any federal, state, of local agency, organization, business, or individual to release to the City of Sioux City Neighborhood Services Division any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Lead Hazard Control Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.
- I understand that blood tests will be taken of resident children five years and under before work begins. The test will be taken at the Siouxland District Health Department (SDHD) laboratory at no cost to program participants. I authorize the SDHD laboratory to release blood test results to the City of Sioux City Lead Hazard Control Program. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level will be my responsibility.
- I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity, employment, income, assets, residence, rental activity, ownership, property taxes, etc.
- The groups or individuals that may be asked to release information related to me or my household include, but are not limited to: Courts and post offices, schools and colleges, law enforcement agencies, support and alimony providers, Veteran's Administration, retirements systems, utility companies, banks and other financial institutions, previous landlords, past and present employers, welfare agencies, state unemployment agencies, Social Security Administration, medical and childcare providers, credit providers and credit bureaus.
- I understand that a mortgage and promissory note will be recorded against my property and that all with a financial interest in the property (i.e. contract holder, spouse, etc.) must sign the mortgage and promissory note. A mortgage and promissory note will be filed with Woodbury County in the amount of the construction contract. The mortgage and promissory note remains on file for 3 years after the project is complete and the property passes a lead clearance test. No payments are collected and no interest accrues on the note during this time. On the anniversary of the third year, the mortgage and promissory note is released.

If you sell the subject house, transfer the deed to another party, or move out of the home within three (3) years of the mortgage and promissory note being filed with the Woodbury County Recorder's office, a portion of the mortgage and promissory note filed will be due upon the sale of the house. (For example, if the property is sold one year into the three-year period, 2/3 of the mortgage and promissory note amount would be due upon the sale/transfer of the home.)

- I understand that if I am buying the property on contract I must ensure that the Contract Holder is able and willing to sign any mortgage and promissory notes required per funding sources utilized. If a Contract Holder is listed in the Mortgage and Promissory Note Requirement section on page three of this application, the City of Sioux City may require written documentation from the Contract Holder stating that they are aware of the mortgage and promissory note signature requirement.
- I have been given the opportunity to ask questions about any of the information provided in this application.
- I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.
- I understand that all residents and pets living at the subject property *may* be relocated during the period of construction for health and safety reasons. Living arrangements for people and pets during the time of construction is the responsibility of the owner.
- All remodeling/repair projects should be completed prior to accepting an appointment for the lead inspection, and no remodeling/repair projects should be commenced between the lead-inspection and the completion of the remediation project.

Final Acknowledgement

I certify under penalty of law that the information contained in this declaration and in any attached supporting documentation 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. I understand that any false information provided on or attached to this application will cause me to be disqualified for the City of Sioux City Lead Hazard Control Grant Program.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Adult Household Member	_____ Print Name	_____ Date
_____ Signature of Adult Household Member	_____ Print Name	_____ Date
_____ Signature of Adult Household Member	_____ Print Name	_____ Date

TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

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 ▶

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*.



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

**CITY OF SIOUX CITY
LEAD HAZARD CONTROL GRANT PROGRAM**

**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 City of Sioux City's Lead Hazard Control Grant program. 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 five years and under visits the property a significant amount of time defined as at least ten hours a week. Please note, as part of the program, each child five years and under is required to be tested for lead poisoning before construction begins. It is also necessary to provide a birth certificate for each child five years of age and younger.

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 712-279-6328 if you have any questions or need further information.

Sincerely,

City of Sioux City Neighborhood Services Division



**CITY OF SIOUX CITY
LEAD HAZARD CONTROL PROGRAM
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 the age of six before work begins on the Applicant's resident and immediately after work is completed, and 6-12 months after the work is completed. These tests will be taken at the Siouxland District Health Department (SDHD) laboratory at no cost. I authorize the SDHD laboratory to release blood test results to the City of Sioux City Lead Hazard Control Program. 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 my children or me 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: _____

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the County of Woodbury, State of Iowa, personally appeared _____, to me known to be the person(s) named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

My Commission Expires:

Notary Public in and for Woodbury County, Iowa