



Eric Garcetti, Mayor  
Ann Sewill, General Manager

## LEAD HAZARD REMEDIATION PROGRAM CHECKLIST

### TENANT-OCCUPIED

LHC# : \_\_\_\_\_

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

### Information Needed:

Tenant's name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Lead Grant Program Request Form (if applicable) .....

Tenant Income/Occupation Certification Form .....   
(Please include all household members)

Lead and Healthy Homes Program .....   
Confirmation of Receipt of EPA's Lead booklets

Blood Testing Release Form.....

Certification for child occupied facility.....   
(Only if child does not leave in unit)

Tenant's Notice of Non-Displacement.....

Proof of Income (at least one month worth).....



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## Lead Hazard Remediation Grant Request Form

PROJECT (Tenant) NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ALT. TELEPHONE #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER TELEPHONE NO: \_\_\_\_\_ ALT. NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

COUNCIL DISTRICT: \_\_\_\_\_ CENSUS TRACT: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ REFERRED DATE: \_\_\_\_\_

**REFERRAL COMMENTS:**

**PROJECT INFORMATION:**

No. of Units: \_\_\_\_\_ No. of Units Occupied: \_\_\_\_\_

Year Built: \_\_\_\_\_ No. of children under 6 yrs.: \_\_\_\_\_

**INCOME LEVELS: FY 2020-2021**

Family Size	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Income Limits	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

**Please call Silvia Viramontes at (213) 922-9680 or email to [silvia.viramontes@lacity.org](mailto:silvia.viramontes@lacity.org)**



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## LEAD AND HEALTHY HOMES PROGRAM Confirmation of Receipt of EPA’s Lead booklets

I hereby confirm that I have received a copy of the lead information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received the following pamphlets, noted below, before the work began,

1. *Protect Your Family From Lead in Your Home and*
2. *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*

\_\_\_\_\_  
Project Street Address

\_\_\_\_\_  
Printed name of Recipient

\_\_\_\_\_  
Project City & Zip Code

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

### Self-Certification Option (for Rental Units only)

*If the above information was delivered but a tenant signature was not obtainable, you may check the appropriate box below.*

- Refusal to sign – I certify that I have made a good faith effort to deliver the pamphlet, *Protect Your Family From Lead in Your Home and Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools* to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature – I certify that I have made a good faith effort to deliver the pamphlet, *Protect Your Family From Lead in Your Home and Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools* to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

\_\_\_\_\_  
Printed name of person delivering lead booklets

\_\_\_\_\_  
Attempted delivery date and time

\_\_\_\_\_  
Signature of person certifying lead booklet delivery

**Note Regarding Mailing Option** – *As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).*

**LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT**

**LEAD HAZARD REMEDIATION PROGRAM**

1200 W. 7<sup>TH</sup> STREET, 8<sup>TH</sup> FLOOR

LOS ANGELES, CA 90017

TENANT'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**TENANT INCOME CERTIFICATION**

THIS INFORMATION IS NECESSARY FOR THE CITY TO EVALUATE THE OWNER'S REQUEST FOR ASSISTANCE IN REPAIRING THE BUILDING.

DATE:	MONTHLY RENT:
UNIT #:	NUMBER OF BEDROOMS:
DOES TENANT RECEIVE SECTION 8 ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

List Names of ALL Persons who live in this unit	RELATIONSHIP TO HEAD OF HOUSEHOLD	GENDER M / F	AGE	ETHNICITY** see below	HANDICAPPED YES/NO	MONTHLY INCOME	SOURCE OF INCOME	DATE OCCUPANT MOVED IN
1	Head of Household							
2								
3								
4								
5								
6								
7								
8								
9								
10								

\*\* (1) = AMERICAN, (2) = AFRICAN AMERICAN, (3) = AMERICAN INDIAN / ALASKAN, (4) = HISPANIC, (5) = ASIAN / PACIFIC ISLANDER.

(Information required with completed application packet)

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE DECLARED THE TOTAL GROSS INCOME FROM ALL SOURCES FOR MY HOUSEHOLD. I UNDERSTAND THAT MY RENT CAN BE RAISED IF I FURNISH FALSE OR INCOMPLETE INFORMATION CONCERNING MY HOUSEHOLD INCOME.

Tenant's Signature: \_\_\_\_\_

Tenant's Phone Number: \_\_\_\_\_



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## Lead Hazard Remediation Program

### Certification for Child Occupied Facility

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

I understand that one of the requirements for my receiving a Lead Hazard Reduction Grant from the Los Angeles Housing and Community Investment Department is that a **child from newborn to age 5**, live or frequently visit my property according to the Department of Housing and Urban Development definition (Title X, 40 CFR Part 745). HUD defines “A child-occupied facility is defined as a building, or portion of a building, constructed prior to 1978, visited by the same child, under 6 years of age, on at least 2 different days within any week, provided that each days visit lasts at least 3 hours, the combined weekly visit lasts at least 6 hours, and the combined annual visits last at least 60 hours. Child-occupied facilities may include, but are not limited to, child care facilities, preschools and kindergarten classrooms.”

<u>Child's Name</u>	<u>Age</u>	<u>Live-in/Visits</u>		<u>Child's relationship with tenant</u>	<u>Purpose of visit</u>	<u>Does child have Medi-cal?</u>	
						Yes	No
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above named child/children visit(s) my property at least 3 hours a day for two different days, combined weekly visits is at least 6 hours, and the combined annual visits last at least 60 hours.

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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### LEAD HAZARD REMEDIATION Occupant's Blood Testing Release Form

I understand that the property located at \_\_\_\_\_ may or may not contain lead based paint and that the Los Angeles Housing and Community Investment Department (HCIDLA) may be providing funds to the owner of this property to remediate the lead-based paint hazard.

As a condition, participation in its lead hazard control program, HCIDLA recommends that children under the age of six (6) years old living in or frequently visiting the property be tested for his/her Blood Lead Level. The Blood Lead Level test measures the amount of lead circulating in the blood stream, often a measure of recent lead exposure. A high level of exposure may cause permanent health problems including brain damage and damage to the central nervous system. Children under the age of six years are at highest risk.

If your child or children have not received a blood test in the past three (3) months, you should contact your child's primary health care provider or the local health department to arrange for a test.

**Please check one of the following:**

\_\_\_\_\_ My child/children under six have had their blood lead levels tested in the past three (3) months.  
(Completed medical evaluation/report will be provided)

\_\_\_\_\_ My child/children under six have not had their blood lead levels tested in the past three (3) months and I agree to have them tested with their primary health care provider or the local health department.

\_\_\_\_\_ Despite HCIDLA's recommendation, I voluntarily elect NOT to have Blood Lead Level tests taken for my child (children) or any other child (children) which resides or often visits my residence.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Parent/ Legal Guardian Print Name Phone Number



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## TENANT'S NOTICE OF NON-DISPLACEMENT

The owner of your housing unit has requested funding from the Los Angeles Housing and Community Investment Department (HCIDLA) to inspect and address lead-based paint and hazards, if any, in the property located at

\_\_\_\_\_.

This notice is to inform you that your participation in the Lead Hazard Reduction Program is voluntary. You may choose not to participate. If the property qualifies for funding, your family may have to temporarily relocate while lead work is conducted.

Because this program is voluntary, you are **not** considered a "displaced" family and are not eligible for relocation benefits under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. However, because you **may** be required to relocate *temporarily* to permit the lead hazard reduction program to be carried out, you may be eligible for reimbursement for all reasonable out-of-pocket expenses incurred in connection with temporary relocation.

**This letter is not a notice to move.** Please do not make moving arrangements until you receive official notice from the City of Los Angeles that (1) the project requires relocation; (2) the approximate duration of the temporary relocation has been determined; and (3) a date required for your relocation is established. If temporary relocation is necessary, you will be contacted by the HCIDLA staff regarding your eligibility for benefits and the temporary relocation process to be followed as your project proceeds.

If you have any questions, please contact Silvia Viramontes at (213) 922-9680. Remember **do not move until we notify you.** This letter is important to you and should be retained for your files.

Thank you for your interest in helping us make your home lead-safe.

Received By: \_\_\_\_\_  
Tenant

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