



# LEAD-BASED PAINT HAZARD REDUCTION PROGRAM

## CITY OF COVINGTON, KENTUCKY

### CITY WIDE

### PROGRAM GUIDELINES

#### I. PROGRAM SUMMARY

The Lead-Based Paint Hazard Reduction Program is funded through a grant from the HUD Office of Lead Hazard Control and Healthy Homes and administered by the City of Covington's Neighborhood Services Department. The purpose of the program is to protect children and families from the hazards of lead-based paint in their homes.

Under this program, eligible homeowners and owners of rental properties can obtain grants to assist with eliminating lead-based paint hazards and creating lead safe housing units. The grants can be used for Lead Inspections/Risk Assessments to identify lead hazards and for the necessary housing rehabilitation to control or eliminate the identified lead hazards.

#### II. APPLICATION PROCEDURES

Property owners can submit a completed application packet with all supporting documentation to the Neighborhood Services Department at 20 West Pike Street, Covington, KY 41011. Applications can also be made in-person by contacting the Department at 859-292-2323 for an appointment. For applicants that have physical disabilities or transportation limitations, the City will also offer in-home applications by appointment. Assistance will also be provided to applicants with limited English, vision or hearing impairment.

The Program will accept applications on a first-come, first-served basis with priority given to the following households:

- households with a child under the age of six years with an Elevated Blood Lead Level (EBLL) greater than 5 µg/dL
- households with a child under the age of six years and/or a pregnant woman
- households where a child under the age of six years that spends a significant amount of time visiting

#### III. HOUSEHOLD ELEGIBILITY

**Owner-Occupied Units:** All owner-occupied units assisted must have household income at or below 80% Area Median Income and be their primary residence. At least 90% of these assisted units must have a child under the age of six years residing or spending a significant amount of time in the home. A pregnant woman shall qualify as having a child occupant. Properties must remain their principal residence for at least three years after the completion of lead hazard control work.



**Rental Units:** At least 50% of all rental units assisted must have household income at or below 50% Area Median Income. The remaining units assisted must have household income at or below 80% Area Median Income. Rental units are not required to have children under the age of six years currently occupying. However, in all cases, the landlord will be required to give priority in renting these units for not less than three years to families with a child under the age of six years.

**Vacant Units:** Vacant units are eligible for funding. Owners/Landlords of vacant rental units will be required to sign a program agreement outlining the requirements to give priority in renting to families with children under six years of age for not less than three years following the completion of lead hazard control work. The program agreement will also mandate that landlords adhere to Fair Market Rents and market units to low-income families with children under the age of six years. These properties will also be added to a Lead Safe Registry of units completed under the Program.

For vacant properties that are to be sold, the purchasing household must be income qualified and agree to reside in the home as their principal residence for at least three years.

U.S. Department of Housing and Urban Development (HUD) income limits adjusted for household size are listed below. These limits are effective until revised by HUD.

2019 HUD Income Guidelines

Persons in Household	50% Area Median Income Maximum Income (used for rental units)	80% Area Median Income Maximum Income (used for owner-occupied and rental units)
1	\$28,500	\$45,550
2	\$32,550	\$52,050
3	\$36,600	\$58,550
4	\$40,650	\$65,050
5	\$43,950	\$70,300
6	\$47,200	\$75,500
7	\$50,450	\$80,700
8	\$53,700	\$85,900

**Housing Choice Voucher (Section 8) Properties:** Housing Choice Voucher properties are automatically eligible for the Program. Property owners will be required to complete applications, but unit eligibility will be verified through the HCV Department.

**Blood Lead Testing:** The City will require that each child under the age of six years who resides in a housing unit under contract to receive lead hazard control work receives blood lead testing, or document that a child has been tested for blood lead levels within the six months preceding the lead hazard control work, unless it is documented that the child's parent or legal guardian chooses not to have the child tested. Any child with an elevated blood lead level will

be referred for appropriate medical follow-up with his or her health care provider or local health department.

**Program Agreements:** Owners of owner-occupied, rental and vacant units will be required to execute a Program Agreement with the City outlining the requirements to participate in the Program including residency requirements, rental affordability requirements, and rental priority requirements.

#### IV. PROPERTY ELIGIBILITY

The Program is available to eligible owner and tenant occupied units, as well as vacant units. All properties enrolled in the Program must meet the following eligibility criteria:

- Be located within the geographic boundaries of the City of Covington, KY
- Built before 1978
- Have 1 or more bedrooms; a zero-bedroom unit is only eligible if a child under the age of six years or a pregnant woman *is in residence*
- Property taxes, insurance, utility bills, and mortgage payments (if applicable) must be current
- Properties located in a floodplain must have adequate flood insurance
- Rental property owners must have required City rental license and occupational license
- Lead based paint hazards must be present upon inspection and assessment

#### V. ELIGIBLE USE OF FUNDS

Program funds are used only to pay contractors directly for construction services contracted by City staff and approved by the applicant under the terms of the Program Agreement. Program funds will be used for conducting Lead Inspections/Risk Assessments to identify lead-based paint hazards that are present in the home. This includes interior and exterior hazards.

Upon identification of lead-based paint hazards, Program funds can be used to control or eliminate these hazards. Lead hazard control work may include:

- Repair and painting of deteriorated surfaces (peeling, chipping, flaking paint)
- Replacement of building components such as windows, doors, and trim elements
- Other minor repairs to the home to address issues that may be causing lead-based paint hazards (roof/gutter leaks, window leaks, plumbing leaks)
- Thorough cleaning of the property after completion of lead hazard control work
- Clearance examinations after completion of lead hazard control work to ensure that the property is lead safe

#### VI. GRANT AWARD TERMS

The Program will provide grants with deed restrictions to property owners participating in the Program. Property owners will be required to execute a restrictive covenant and Program Agreements with the City. Grant term will be for three (3) years from the completion of lead hazard control work. Restrictive covenants will be filed on the property deed outlining the Program requirements for the three year period after completion of the lead hazard control work. Grant will be forgiven in its entirety after three (3) year compliance period.

**Owner-Occupant Requirements:** For owner-occupants, the requirements will be that the property not be sold, transferred or vacated, maintained up to local housing codes, and all lead hazard control work remain intact.

**Rental Property Owner Requirements:** For rental property owners, the requirements will include maintenance of the lead hazard control work as well as compliance with fair housing and civil rights requirements, affordability, affirmative marketing, providing priority to renting units to families with a child under six years of age, and listing of units on the City's Lead Safe Housing Registry.

#### VII. Conflict of Interest:

A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected or appointed official to the City of Covington, and if the applicant:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program, or
- Participates in the decision making process related to funds for this program, or
- Is in a position to gain inside information with regard to program activities.

For further information on the Lead-Based Paint Hazard Reduction Program, call or write:

City of Covington  
Neighborhood Services Department  
20 West Pike Street  
Covington, KY 41011  
(859) 292-2323 or (859) 292-2124  
(800) 545-1833 ext. 931 (TDD/TTY)

[www.covingtonky.gov](http://www.covingtonky.gov)



## Attachment 1 - 24 CFR Part 5 Annual Income Inclusions

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. The net income from the operation of a business or profession.
3. Interest, dividends, and other net income of any kind from real or personal property. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for certain exclusions, listed in Attachment 2, number 14).
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except for certain exclusions, as listed in Attachment 2, number 3).
6. Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:
  - Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
  - Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c).If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:
  - the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
  - the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. All regular pay, special pay, and allowances of a member of the Armed Forces (except as provided in number 8 of Income Exclusions).

## Attachment 2 – 24 CFR Part 5 Annual Income Exclusions

1. Income from employment of children (including foster children) under the age of 18 years.
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in Attachment 1, number 5 of Income Inclusions).
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of a live-in aide (as defined in 24 CFR 5.403).
6. Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)).
7. The full amount of student financial assistance paid directly to the student or to the educational institution.
8. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
9.
  - (a) Amounts received under training programs funded by HUD.
  - (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
  - (c) Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
  - (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time.
  - (e) Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
10. Temporary, nonrecurring, or sporadic income (including gifts).
11. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
12. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).

13. Adoption assistance payments in excess of \$480 per adopted child.
14. Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.
17. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to housing owners identifying the benefits that qualify for this exclusion.

Updates will be published and distributed when necessary. The following is a list of income sources that qualify for that exclusion:

- The value of the allotment provided to an eligible household under the Food Stamp Act of 1977;
- Payments to volunteers under the Domestic Volunteer Service Act of 1973 (employment through AmeriCorps, VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);
- Payments received under the Alaskan Native Claims Settlement Act;
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians;
- Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes;
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program;
- Payments received under the Maine Indian Claims Settlement Act of 1980 ( 25 U.S.C. 1721);
- The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands;
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs;
- Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, Older American Community Service Employment Program);
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);

- Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments;
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990;
- Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, state job training programs and career intern programs, AmeriCorps);
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation;
- Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990;
- Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran;
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of crime against the applicant under the Victims of Crime Act; and
- Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998.

Attachment 3

Part 5 Annual Income Net Family Asset Inclusions and Exclusions

Inclusions

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts.
5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

Exclusions

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars, and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.

# Lead-Based Paint Hazard Reduction Program



Thank you for your interest in the City of Covington Lead-Based Paint Hazard Reduction Program. The following forms are required:

## Lead-Based Paint Hazard Reduction Program - Property Information

- Complete, sign, and submit only one (1) of this form per building, whether it is
  - Single-family or multi-family
  - Owner occupied or rental
- Include all required attachments

## Lead-Based Paint Hazard Reduction Program - Occupant Information

*(Required for all occupied units, including owner occupied)*

- Complete, sign, and submit this form for *each and every* occupied unit
- Additional forms may be copied or requested
- Include all required attachments

*Forms required for a complete application based on type of property:*

Building Occupancy	Property Information Form	Occupant Information Form
Rental Property	One form including all required attachments	One form for Each occupied unit including all required attachments
Owner Occupied	One form including all required attachments	One form including all required attachments
Vacant Property	One form including all required attachments	N/A

Submit all required documents to: **LEAD-BASED PAINT HAZARD REDUCTION PROGRAM**  
City of Covington  
20 West Pike Street  
Covington, KY 41011.

An application will not be considered complete until all required forms and attachments are received. Notification will be issued once the application has been reviewed.

For assistance in completing this application or to schedule an appointment, call: 859-292-2124 or email: [aice@covingtonky.gov](mailto:aice@covingtonky.gov).



# Lead-Based Paint Hazard Reduction Program

Property Information – Required for each building.



1. PROPERTY TO BE ADDRESSED	
Street Address:	Zip:
Total # of Units:	# of Occupied Units:
Occupancy (Check all that apply): <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant If Vacant, how long? _____	
Is there a mortgage on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owned By: <input type="checkbox"/> Individual(s) (Complete Section 2 below) <b>-OR-</b> <input type="checkbox"/> Business (Skip to Section 3)	

2. PROPERTY OWNER INFORMATION – INDIVIDUAL(S) *SKIP IF OWNED BY A BUSINESS*		
Last Name:	First Name:	
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Spouse’s Full Name:		
Home Address:	Unit:	
City:	State:	Zip:
Phone:	E-mail:	

3. PROPERTY OWNER INFORMATION – BUSINESS *SKIP IF OWNED BY AN INDIVIDUAL*		
Business Name:	Tax ID #:	
Business Address:	Unit:	
City:	State:	Zip:
Contact Name:	Phone:	
Email:		
If approved, who will sign contract documents?		
Name:	Title:	

4. PROPERTY MANAGER INFORMATION	
Property Manager other than the Owner? <input type="checkbox"/> Yes (Complete this section) <input type="checkbox"/> No (Skip To section 5)	
Property Manager Name:	
Phone:	E-mail:

5. UNIT INFORMATION:				
Unit Number	Unit 1	Unit 2	Unit 3	Unit 4
# Bedrooms/Unit Square Footage	/	/	/	/
Occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**6. DISCLAIMER AND OWNER SIGNATURE(S)**

I certify that all answers are true and complete to the best of my knowledge. I understand that intentionally false or misleading information submitted on this application may result in being permanently banned from the Lead-Based Paint Hazard Reduction Program. Also, Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I understand that participation in this program is voluntary. Submission of this application does not guarantee project funding (neither partial nor complete), nor does it provide exemption from complying with any City of Covington, Commonwealth of Kentucky, Housing Authority of Covington, Northern Kentucky Health Department, or any other official orders. I understand that it is the responsibility of the property owner to remain in compliance with any official orders always and submitting this application does not provide exemption from any possible consequences of non-compliance.

Owner Name (Please print clearly):

Owner Signature:

Date:

Owner Name (Please print clearly):

Owner Signature:

Date:

**\*ITEMS REQUIRED TO BE SUBMITTED WITH PROPERTY INFORMATION\***

*All applications must be fully completed, signed, and submitted with the following to be processed:*

- Recorded Property Deed w/ Legal Description – current
- Current Property Insurance Declarations page (Must have flood insurance if in a flood plain)
- Most recent water bill for each unit (Payments must be up to date)
- Most recent utilities bill for each unit (Payments must be up to date)

*IF there is a MORTGAGE on the property, the following is required:*

- Mortgage Statement, indicating balance, current amount due, and last payment made

*IF the building is owned by a BUSINESS, the following is required:*

- Corporate Resolution or official Articles of Incorporation identifying person eligible to execute contract documents

*IF the building owner lives out of state and cannot appear in person, the owner MUST appoint a local representative to attend project meetings. In this case, the following is required:*

- Notarized statement providing the local individual with authority to sign and approve the project on behalf of the owner

*IF the property is OCCUPIED, the following is required for each occupied unit:*

- Occupant Information – completed and signed by occupant OR owner



# Lead-Based Paint Hazard Reduction Program

**Occupant Information** - One form is required for single-family properties.

A separate Occupant Information is needed for **each** unit in a multi-family building.



A. HOME ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		Information Provided by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	

B. PRIMARY OCCUPANT INFORMATION	
Last Name:	First Name:
Primary Phone:	E-mail:
Date of Birth:	How long have you lived here?
Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No My primary language is: _____	

C. OCCUPANT FAMILY INFORMATION	
How many people live in the home?	Do you receive a Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number living in the home who are:	
0 to 5 years old? <input type="text"/>	6 to 17 years old? <input type="text"/> Older than 17 years? <input type="text"/> Pregnant? <input type="text"/>
Number of children 0 to 5 years old visiting the home more than 6 hours per week? <input type="text"/>	
Is your home used to care for children under 6 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. RESIDENT/VISITING CHILD INFORMATION						
ALL occupants living in home AND children <i>less than 6 years old</i> visiting more than 6 hours a week:						
Occupant/Child Visitor First & Last Name	Birthdate	Resident	Visitor	Had blood lead test?	Hispanic/Latino	Race*
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* Please specify your race or races from: American Indian/Alaskan Native; Asian; Black/African American; Native Hawaiian/Other Pacific Islander; White; Other

### E. OCCUPANT INCOME INFORMATION

Provide the following information for any household members receiving monthly income *of any kind* (see examples below). Additional members continued on page 5.

	<ul style="list-style-type: none"> <li>• Wages/Tips</li> <li>• SSI</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• Work Comp</li> <li>• Child Support</li> <li>• Pension</li> </ul>	<ul style="list-style-type: none"> <li>• Public Assistance</li> <li>• Foster care</li> <li>• Child care income</li> </ul>	<ul style="list-style-type: none"> <li>• Home business</li> <li>• Side work</li> </ul>
Household Member Name	1.	2.	3.	4.
Occupation				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income (see above)	\$	\$	\$	\$
Source(s) of Monthly Income				
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

If **no one** in your household is receiving any income, please indicate how the household is currently supporting itself financially:

### F. INCOME SIGNATURE

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I agree to provide, upon request, documentation on all income sources. The information provided herein is subject to verification by the United States Department of Housing and Urban Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Print Name		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Signature		Date	

**Submit completed forms directly to:**

**LEAD-BASED PAINT HAZARD REDUCTION PROGRAM**  
 City of Covington  
 20 West Pike Street  
 Covington, KY 41011



For assistance in completing this application:  
 Call: 859-292-2124 or email: [aice@covingtonky.gov](mailto:aice@covingtonky.gov)



**HOW DID YOU HEAR ABOUT THE LEAD-BASED PAINT HAZARD REDUCTION PROGRAM?**

Please answer all that apply:

In-person:		At Event:	
On-line:		On-air:	
Other:			

**\*RESIDENT/VISITING CHILD INFORMATION (CONTINUED)\***

ALL occupants living in this home AND children *less than 6 years old* visiting more than 6 hours a week:

Occupant/Child Visitor First & Last Name	Birthdate	Resident	Visitor	Had blood lead test?	Hispanic/Latino	Race
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*OCCUPANT INCOME INFORMATION (CONTINUED)\***

Provide the following information for any household members receiving monthly income *of any kind* (see examples below).

<ul style="list-style-type: none"> <li>• Wages/Tips</li> <li>• SSI</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• Work Comp</li> <li>• Child Support</li> <li>• Pension</li> </ul>	<ul style="list-style-type: none"> <li>• Public Assistance</li> <li>• Foster care</li> <li>• Child care income</li> </ul>	<ul style="list-style-type: none"> <li>• Home business</li> <li>• Side work</li> </ul>	
Household Member Name	5.	6.	7.	8.
Occupation				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income (see above)	\$	\$	\$	\$
Source(s) of Monthly Income				
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

**\*ITEMS REQUIRED TO BE SUBMITTED WITH OCCUPANT INFORMATION\***

*Provide originals for all household members 18 years and older:*

<input type="checkbox"/>	State or Federal identification
<input type="checkbox"/>	2018 Federal income tax return
<input type="checkbox"/>	Two (2) most current months of paystubs from employer
<input type="checkbox"/>	If self-employed, most current Profit & Loss/Schedule C
<input type="checkbox"/>	Current letter of monthly benefit from Social Security, Disability, Pension, Annuity, Unemployment, Retirement, etc
<input type="checkbox"/>	Six (6) most current months of bank statements (checking)
<input type="checkbox"/>	One (1) most current month of bank statement (savings)
<input type="checkbox"/>	Documentation of any other cash assets, equity, inheritances, etc