



Eric Garcetti, Mayor
Rushmore D. Cervantes, General Manager

LEAD HAZARD REMEDIATION PROGRAM CHECKLIST

Date: _____

OWNER-OCCUPIED

LHC#: _____

Owner's name: _____ Phone number: (____) _____ - _____

Information Needed:

PROPERTY ADDRESS _____

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

Owner Income/Occupancy Certification Form.....

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

Blood Testing Release form.....

Certification of Child Occupied Facility Form.....

Owner's Notice of Non-displacement.....

Proof of Income
(At least one month's worth, including current income tax return for proof of rental income)

Copy of recorded Grant Deed with legal description.....

Copy of property fire liability insurance.....



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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. 7TH STREET, 8TH FLOOR
LOS ANGELES, CA 90017

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

OWNER INCOME CERTIFICATION

THIS INFORMATION IS NECESSARY FOR THE CITY TO EVALUATE YOUR 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

I CERTIFY THAT I HAVE VERIFIED EACH SOURCE AND AMOUNT OF GROSS INCOME THIS OWNER HOUSEHOLD DECLARED. I FIND THE HOUSEHOLD IS ELIGIBLE TO OCCUPY A RESTRICTED UNIT.

Owner's Signature: _____

Owner'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 (HUD) 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 owner</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.

Owner's Signature: _____ Date: _____

Owner 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 – the one which best describes your child/children:

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's Signature Date

Parent/Legal Guardian's Print Name Phone Number



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OWNER'S NOTICE OF NON-DISPLACEMENT

The Los Angeles Housing and Community Investment Department (HCIDLA) is reviewing your request for a Lead Hazard Reduction Program for your 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 in this program. Because participation 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, you **may** be required to relocate *temporarily* to permit the lead-based hazard control program to be carried out.

This letter is not a notice to move. Please do not make moving arrangements until receive official notice from the City of Los Angeles that: (1) temporary relocation is required; (2) the approximate duration of the temporary relocation has been determined; and (3) the date required for your relocation is established. You will be contacted by the HCIDLA. staff to inform you whether or not temporary relocation will be required for your project.

If you have any questions, please contact Priscilla Lopez at (213) 808-8680. 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: _____
Owner

Date: _____