



**City of Somerville**  
**Office of Strategic Planning and Community Development-Housing Division**  
**Lead Paint Safe Somerville Program**

TENANT APPLICATION

The City of Somerville is currently accepting applications to participate in the Lead Paint Program. Additional documentation will be required to complete the application. Your application will not be considered for eligibility unless all questions have been answered (Step 1) and required documents are submitted (Step 2).

**This application is Step 1 of the application process:**

**Step 1:** Complete this form in its entirety.

**Step 2:** Gather additional required documentation. Send additional required documentation to **OSPCD-Housing ATTN: Andres Bueno, 93 Highland Avenue, Somerville, MA 02143**. Please make an appointment to hand-deliver your application by contacting **617-625-6600 ext. 2584**. Leave a message with your name, phone number, and preferred drop off time. A staff member will reply to confirm.

**Step 3:** When we receive the completed application and requested income documentation for all applicable units on the property, we will determine your eligibility and contact you with next steps.

**Please note:**

- All information provided will be treated confidentially.
- Applications are based on the income of the occupants of the property. Tenants may qualify; however, tenants **must** have consent from the property owner to participate. Income limits are available at [www.somervillema.gov/lead](http://www.somervillema.gov/lead).
- If multiple units of a property are applying for the program, one application will need to be completed per unit. All residents of that unit must provide applicable income documentation.
- There are specific restrictions and conditions associated with all of our funding sources. Funding is limited and will be available based on completeness of the application, income eligibility, and City priorities, especially units with children under six (6) years old and expectant mothers.
- Completing this application does not denote acceptance into the program. Any work that begins before acceptance into the program is not eligible for retroactive funding or reimbursement.

**PROGRAM CONTACT: ANDRES BUENO, PROGRAM SPECIALIST**  
**PHONE: 617-625-6600 EXT. 2584 EMAIL: ABUENO@SOMERVILLEMA.GOV**  
**MAILING ADDRESS: OSPCD-HOUSING ATTN: ANDRES BUENO, 93 HIGHLAND AVENUE,**  
**SOMERVILLE, MA 02143.**

## INTAKE INFORMATION

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Tenant Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

How many bedrooms in your apartment? \_\_\_\_\_ How many people in your household? \_\_\_\_\_

Total monthly rent: \$ \_\_\_\_\_ Do you receive a rental subsidy?  Yes  No

If you do receive a rental subsidy is it:  Section 8  MVRP

Which utilities do you pay?  None  Heat  Hot Water  Electricity  Cooking

Landlord's Name: \_\_\_\_\_ Address: \_\_\_\_\_

## HOUSEHOLD INFORMATION

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LIST *ALL* HOUSEHOLD MEMBERS, INCLUDING YOURSELF, ALL ADULTS AND CHILDREN. PLEASE NOTE IF AN INDIVIDUAL HAS “NO INCOME” OR IS “SELF-EMPLOYED.”

NAME	AGE	RELATIONSHIP TO APPLICANT	TYPE OF INCOME

## **PLEASE SUBMIT THE REQUIRED DOCUMENTATION BELOW TO COMPLETE YOUR APPLICATION**

To complete your application, you must submit required documentation, including but not limited to the items listed below. Additional documentation may be requested.

Once this information is received, your initial eligibility will be determined, and you will be contacted with next steps.

**Tenants are required to submit the documents below. Starred (\*) items below will not be applicable to all applicants. Please deliver documentation to: OSPCD-Housing ATTN: Andres Bueno, 93 Highland Avenue, Somerville, MA 02143.**

**If you or any occupant over the age of 18 in your household needs to complete a “No Bank Account Statement,” No Income Statement, or a “Self-employment Statement,” the forms can be accessed online at [www.somervillema.gov/lead](http://www.somervillema.gov/lead) or at our office. Please note these forms must be notarized. The City can provide a notary. Please contact Andres Bueno to schedule an appointment.**

1. A copy of the most recent utility bill
2. Copies of three (3) most recent statements for all assets including savings and checking accounts, certifications of deposit, IRAs, 401Ks, most recent dividend statements, and copies of the title page and current balance page of any passbook accounts for every occupant. If any occupant over 18 does not have a bank account, they must complete a “No Bank Account” statement.
3. Three (3) months or 12 weeks of consecutive pay stubs for each household member earning income.

### **Other forms that may be required by tenants:**

- \*Occupants claiming no income must complete a “No Income Statement.”
- \*Occupants claiming self-employment must complete a “Self-employment Statement.”
- \*Current statement from your pension holder indicating your gross monthly pension.
- \*Current statement of benefits from social security (NOTE: You will not have this information on-hand Please call 1-800-772-1213 for this information.)
- \*Documentation from school describing enrollment status of all full-time students over 18 years of age occupying the unit.
- \*If you receive public assistance, a signed letter from your social worker describing your monthly award. (Note: This form can be obtained from our office. Contact Andres Bueno to schedule an appointment.
- \*Monthly letter from Veterans Affairs.
- \*Proof of any child support received, which could include a copy of the custody agreement, letter from the Department of Revenue, or other official documentation.

**ADDITIONAL DOCUMENTATION MAY BE REQUESTED AFTER YOUR APPLICATION HAS BEEN REVIEWED. YOUR APPLICATION WILL NOT BE CONSIDERED FOR ELIGIBILITY UNLESS ALL QUESTIONS ARE ANSWERED AND ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED.**

## STATISTICAL INFORMATION

THE FOLLOWING INFORMATION IS USED TO ASSIST THIS OFFICE IN REPORTING TO OUR FUNDING SOURCES. INFORMATION WILL BE KEPT COMPLETELY CONFIDENTIAL.

Number of apartment units on property: \_\_\_\_\_

FILL IN THE APPROPRIATE NUMBER FOR EACH QUESTION.	
# of persons living in unit	
# of children under six (6) years old	
# of children under six (6) who spend more than six (6) hours a week, or 60 a year, in the unit (not including those listed above)	
Are any household members pregnant with a child that is anticipated to live in the current residence?	
# of elderly (over 62)	
# handicapped (non-elderly)	
# elderly handicapped	
Is the head of household female? (Yes/No)	

**Ethnicity** (select one)

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

**Race** (select all that apply)

AMERICAN INDIAN / ALASKA NATIVE

ASIAN

WHITE

OTHER MULTI-RACIAL

BLACK / AFRICAN AMERICAN

NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

**If children under six (6) live in your unit, or spend more than six (6) hours a week or 60 hours a year, have those children's lead levels been tested?** (circle one)                      YES                      NO

**If yes, circle the choice below that indicates the results of the blood lead level test:**

NORMAL

ELEVATED

POISONED

## CERTIFICATION

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I certify that, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

### **Lead paint hazards in accordance with 24 CFR 35.**

I/We, tenants of the property listed above certify that OHCD has provided the **DISCLOSURE NOTIFICATION** pamphlet; *Protect Your Family from Lead in Your Home*. I/We have been made aware of the hazards of lead that may affect the occupants of the property for which we reside. I/We understand that **Lead Hazard Reduction Activities** that employ **Safe Work Practices** may be required as part of the total rehabilitation project which the owner of this same property is seeking assistance. Further, I/we have been made aware of my/our disclosure, protection and re-location rights and responsibilities.

### **Penalty for False or Fraudulent Statement, U.S.C.**

"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 representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5 years) or both."

### **TENANT(S) MUST SIGN AND DATE APPLICATION**

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**Tenant Signature**

**Date**

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**Tenant Signature**

**Date**

**COMPLETE THIS FORM ONLY IF YOU RECEIVE A RENTAL SUBSIDY**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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Name: \_\_\_\_\_

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

I, the above named individual, have authorized the City of Somerville – Office of Strategic Planning and Community Development (OSPCD) to verify the accuracy of the information which I have provided OSPCD from the following sources (specify):

**SOMERVILLE HOUSING AUTHORITY**

**OR**

\_\_\_\_\_

(name of other entity)

I hereby give you permission to release this information to the Office of Strategic Planning and Community Development (OSPCD). I would appreciate your prompt attention in supplying the information requested to OSPCD within five (5) days of the receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_

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

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE (1) YEAR FROM THIS DATE.**