



**DEPARTMENT OF PLANNING, HOUSING
& COMMUNITY DEVELOPMENT**
608 Pleasant St, New Bedford, Massachusetts 02740
Telephone: (508) 979-1500 Fax: (508) 979-1575

Patrick J. Sullivan
Director

HOMEOWNERSHIP REHABILITATION PROGRAM

"LEAD PAINT REIMBURSEMENT PROGRAM"

PROGRAM DESCRIPTION:

This program will provide financial assistance to eligible applicants for the removal of lead based paint in residential structures located within New Bedford.

ELIGIBLE PROPERTIES	Owner occupied single and multi-family dwelling. Investor owned properties. * ALL UNITS BEING DELEADED MUST BE OCCUPIED BY LOW/MODERATE INCOME TENANTS. * VACANT UNITS WILL NOT BE ELIGIBLE UNTIL OCCUPIED BY LOW/MODERATE INCOME TENANTS.
ELIGIBLE ACTIVITIES	This program is limited to lead paint abatement activities. Abatement must be performed by a licensed de-leading contractor. A certificate of compliance must be issued upon completion.
INTEREST RATES	Funding for this program is administered as a direct grant. The reimbursement will represent 50% of the <u>approved cost</u> of deleading.
LOAN AMOUNTS	Direct grant up to a maximum of \$2,500 per unit / maximum of \$7,500 or three (3) grant reimbursements per HUD fiscal year.

*** ELIGIBILITY:**

Tenant's gross annual household income cannot exceed 80% of the median family income for New Bedford as determined by HUD, as follows:

2018	1 PER.	2 PER.	3 PER.	4 PER.	5 PER.	6 PER.	7 PER.	8 PER.
Household Income \$	39,300	44,900	50,500	56,100	60,600	65,100	69,600	74,100

* Property owners not residing in the subject property are not required to meet the program income guidelines. Only occupants of rental units assisted with program funds are subject to program income guidelines.

**CITY OF NEW BEDFORD
DEPARTMENT OF PLANNING, HOUSING
& COMMUNITY DEVELOPMENT
LEAD PAINT REIMBURSEMENT PROGRAM**

The purpose of this program is to provide financial assistance for necessary removal of lead paint/asbestos in residential structures located within the City of New Bedford, benefiting low to moderate income homeowners/tenants. To this end, the following guidelines have been established:

1. Money shall be available to owners of residential property who have children or tenants with children who have tested positively for lead poisoning and whose apartment contains lead paint. For the purposes of reimbursement, priority shall be given to such cases. Money shall also be available to owners of residential property who have unit(s) that have tested positively for lead paint, but do not have children who have tested positively for lead paint poisoning. For the purposes of reimbursement, priority shall be given to units occupied by households that include children six years old or younger. This will be known as a Preventative Lead Paint Reimbursement. Money shall be made available as a reimbursement for approved work that has been reviewed and authorized by the City of New Bedford, DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT, and completed and paid for by the applicant.
2. The amount of the reimbursement will depend upon the total amount of authorized work. **In general, the reimbursement will represent 50% of the approved cost for work carried out by an approved and licensed deleader; however, the reimbursement cannot exceed \$2,500 per unit. Due to restricted funding, applicants will be limited to a maximum of three (3) grant reimbursements during the current HUD fiscal year (July 1 – June 30).** The approved cost will be the acceptable bid by an approved deleading contractor submitted in writing. The bid from the contractor undertaking the project must be accompanied by a non-collusion affidavit. When work is to be undertaken by a licensed deleading contractor who also owns the property being deleaded, the reimbursement shall be 50% of the cost of materials only. **Copies of invoices must be supplied with application documents.** No labor costs can be included.
3. Work eligible shall be limited to the **correction of existing** lead paint conditions within the subject child's residential apartment and common areas and exterior as required by laws of the Commonwealth and documented by inspection by the Lead Paint Prevention Program, City of New Bedford Health Department or other authorized City, State or Federal Agency.
4. **All real estate taxes and all municipal liens (water & sewer) due to the City of New Bedford must be paid to date before receiving any reimbursement.**
5. **The subject residential unit(s) must be occupied by a low/moderate income household as defined by current Federal guidelines for the City of New Bedford. In instances where the assisted units are vacant, reimbursement will not be eligible until units are occupied by a low/moderate income tenant.**

6. Preference will be given to buildings located within Community Development Block Grant eligible neighborhoods.
7. All work must comply with all applicable local, State and Federal laws, regulations, ordinances, codes, etc. The State's Lead Paint Prevention Program or other city or state authorizing agency will provide before and after inspections, certifying the need for the work and approval of the final work as to the lead content and its successful removal from these areas/surfaces required.
8. If a reimbursement is approved, the applicant will be required to sign an agreement with the City of New Bedford Department of Planning, Housing & Community Development in such form as the City of New Bedford and may require.
9. Reimbursement means that **no payment is issued until the project is paid for in full by the applicant and completed tenant survey forms are submitted.** Receipted bills and canceled checks are required as proof of payment for the purpose of reimbursement. Reimbursement will be limited to a term of one (1) year from date of Certificate of Compliance.
10. No application should be considered or have been approved or rejected until notification to that effect is received in writing. Any work included in the application which is undertaken **prior to authorization** in writing may be excluded from an approved list of eligible work items. The deleading costs must be reasonable and not excessive. (ie: exterior paint is peeling and in non compliance), the cost associated to reside or apply vinyl siding may be deemed ineligible by this office, a less costly procedure may be applicable to gain compliance.
11. If the building is located within the Waterfront Historic District, any exterior work **must be reviewed and approved by the New Bedford Historic Commission.** That Commission can be contacted through the Department of Planning, Housing & Community Development.
12. The Department of Planning, Housing & Community Development reserves the right to make the final determination as to appropriateness, suitability and necessity of requested work items. Further, this body reserves the right to make the final determination as to whether work was carried out according to approved specifications.
13. The city of New Bedford, through the Department of Planning, Housing & Community Development, reserves the right to inspect all documentation, specifications and work relevant to the reimbursement project. The Department of Planning, Housing & Community Development also reserves the right to reject any application for reimbursement.

**CITY OF NEW BEDFORD
DEPARTMENT OF PLANNING, HOUSING
& COMMUNITY DEVELOPMENT
LEAD PAINT REIMBURSEMENT PROGRAM APPLICATION**

Property Address: _____

Total # of Apartments: _____ Apartments #'s being dealed _____

Owner's Name: _____
Owner's Address: _____

Owner's Telephone: _____

Deleading Contractor: _____
Address: _____

Deleader's DC#: _____

Deleading Cost: \$ _____

Has a previous request for reimbursement been made for the same
above property: _____yes _____no
If yes, at what date _____

Owner's Signature: _____

Date: _____

DOCUMENTATION REQUIRED FOR
LEAD PAINT REIMBURSEMENT PROGRAM

1. Copy of lead paint inspection report.
2. Copy of certified deleader's contract describing all work performed. **All deleading must be done by a state licensed deleading contractor.**
3. Copy of canceled check(s), (front and back), to contractor. If paying in cash, a statement from the contractor documenting payment.
4. Copy of Certificate of Compliance. (See #9 in program guidelines)
5. Signed Tenant Survey forms from individuals (head of household) who reside in unit(s) being delead. (see #5 in program description)
6. Property owners who are licensed deleading contractors, and perform the deleading themselves can apply for a reimbursement. The reimbursement will be limited to material costs associated with the deleading. No labor costs are eligible. **Copies of all invoices for materials must be submitted plus a detailed description of work performed.**

DEPARTMENT OF PLANNING, HOUSING
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608 PLEASANT STREET, 2ND FLOOR
NEW BEDFORD, MA 02740

TENANT SURVEY FORM
CONFIDENTIAL

Name: _____
Address: _____
City, State: _____
Telephone: _____ Apt.# _____

Please answer all of the following questions:

1. Head of household is: Male _____ Female _____
2. How many Persons in your household? _____
3. What is the **total annual** household income? \$ _____
4. # of Bedrooms: _____
5. How much is your monthly rent? _____
Does this include utilities? Yes _____ No _____
If yes, do you heat by electric or gas? _____
If yes, do you cook by electric or gas? _____
6. Do you receive a Section 8 Certificate or Voucher or any other rent supplement?
Yes__ No__
If yes, what is the amount of assistance? \$ _____
7. **Ethnicity:** (select only one)
 Hispanic or Latino
 Not Hispanic or Latino

Race: (select one or more)
 White
 Black or African American
 Asian
 American Indian/Alaska Native
 Native Hawaiian/other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black African American/White
 American Indian/Alaskan Native
& Black African American
 Other Multi-Racial

THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

I declare under penalty of perjury that the above information regarding my gross annual household income of all employed household members over the age of 18 is true and accurate.

Signature _____ Date _____

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Does this include utilities? Yes _____ No _____
If yes, do you heat by electric or gas? _____
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7. **Ethnicity:** (select only one)
 Hispanic or Latino
 Not Hispanic or Latino

Race: (select one or more)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black African American/White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native
& Black African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> American Indian/Alaska Native | |
| <input type="checkbox"/> Native Hawaiian/other Pacific Islander | |
| <input type="checkbox"/> American Indian/Alaskan Native & White | |
| <input type="checkbox"/> Asian & White | |

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Signature _____ Date _____