



LEAD HAZARD REMEDIATION PROGRAM APPLICATION

OWNER APPLICATION
(Owner not living in property)

Date: _____

Owner's name: _____ Phone number: _____

Email: _____

Alternate Phone: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____



LEAD APPLICATION CHECK LIST

(Owner not living in property)

Lead Grant Program Request Form.....

Owner not Living in Property Notice of Non-Displacement.....

Owner not Living in Property Confirmation of Receipt
of EPAs Lead Booklets Form & Lead Application Checklist.....

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

(For Owners only)

Copy of Property Fire Liability Insurance.....

(For Owners only)

Tenant Habitability Plan.....

(For Owners only. It will be provided by a Housing Staff)

After completion please call Silvia Viramontes at: (213) 922-9680 or Email: silvia.viramontes@lacity.org

***OWNER: Please note: Property must not be sold for three (3) years**



Lead Hazard Remediation Program (LHRP) 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 2021-2022

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	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900

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



Notice of Non-Displacement Form

Owner Not Living in Property

The Los Angeles Housing Department (LAHD) 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 LAHD staff to inform you whether or not temporary relocation will be required for your project.

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.

Print: _____ Sign: _____

Received: Owner not living in property
(please print your name first and sign it)

Date: _____



**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