



Town of Scituate, Rhode Island

Housing Rehabilitation Program

c/o NeighborWorks® Blackstone River Valley

719 Front Street, Woonsocket, Rhode Island 02895

Tel: (401) 762-0993 Fax: (401) 769-1010

Instructions

- In order to be considered, applications must be complete and required documents attached. Application review will be a 2-step process: 1) preliminary review for basic program eligibility; and 2) final review for project worthiness (positive cost/benefit and achievable timeline).
- The Program is funded by the Town of Scituate with funds received from the State of Rhode Island through the Small Cities Community Development Program.
- In the administration of all Town programs, the Town of Scituate makes every effort to ensure non-discriminatory treatment, outreach and access to program resources. This applies to contracting, as well as to marketing and selection of program participants.
- Please let us know if your program participation requires specific accommodations for a disability, or if you need an interpreter and/or other auxiliary aid for effective communication.
- This application and related documents do not constitute a contract. Before a project is started, the following legal documents will be executed: construction contract, mortgage, loan agreement, and note.
- A limited number of loans are available for low and moderate-income homeowners. The primary objective of this program is to address code violations and to provide a safe living environment for town residents by offering home repair loans (based upon the valuation of the property) (**Excluding the cost of any lead paid rehabilitation work in accordance with Rhode Island Regulations for Lead Poison Prevention (R23-23.6PB & Lead Hazard Mitigation Act, Chapter 42-18.1.5 & Federal Regulation 24 CRF Part 35 et. al).**
 - Households with income below the HUD low income limits shown below are eligible for a 0% interest loan based upon property valuation which is to be repaid to the Town when the property is sold or ownership is otherwise transferred.

| HUD Very Low Income Guidelines for Fiscal Year 2013 | |
|---|---------------|
| Household Size | Income Limits |
| 1 | \$25,200 |
| 2 | \$28,800 |
| 3 | \$32,400 |
| 4 | \$35,950 |
| 5 | \$38,850 |
| 6 | \$41,750 |
| 7 | \$44,600 |
| 8 | \$47,200 |

Households with income below the HUD low income limits shown above by below but below the low-moderate income guidelines shown hereinafter are eligible for a 3% interest loan based upon property valuation and the ability of the owner to repay. Any outstanding amount is to be repaid to the Town when the property is sold or ownership is otherwise transferred

| HUD Low-Moderate Income Guidelines for Fiscal Year 2013 | |
|---|---------------|
| Household Size | Income Limits |
| 1 | \$40,250 |
| 2 | \$46,000 |
| 3 | \$51,700 |
| 4 | \$57,800 |
| 5 | \$62,100 |
| 6 | \$66,700 |
| 7 | \$71,300 |
| 8 | \$75,900 |

Figures are gross income amounts for the twelve (12) month period immediately following the date of your application. Income includes, but is not limited, to:

- The full amount earned or received before any payroll deductions; of wages and salaries, overtime pay, commissions, fees, tips and bonuses, other than compensation for personal services.
- The net income from operation of a business or profession.
- Interest, dividends, and other net income of any kind from real or personal property, savings, checking, stocks, money market funds and other such accounts.
- The full amount of periodic payments 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 payment for the delayed start of a periodic payment.
- Payment in lieu of earnings, such as unemployment and disability compensation, workers' compensation and severance pay.
- Public assistance (except food stamps, housing or utility vouchers).
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling.
- All regular pay, special and allowances as a member of the Armed Forces.
- The income of a paying unrelated boarder living in the house with the owner will not be included, although that boarder's rental payment to the owner will be added to the owner's gross income.

See below for information of type and level of documentation which is required for verification. Once all pertinent information and documentation has been received, the Program staff will evaluate the eligibility and capacity of the property owner to afford, and the property to sustain the necessary the proposed level of work and a discussion regarding capacity and desirability will be held with the property owner(s).

For eligible property owners, a loan equal to the amount of the necessary and approved rehabilitation work will be made with the property as security. If at any time during this period the property is sold or otherwise transferred the remaining balance of the loan, as calculated by the Program will be payable to the Town.

WHAT KIND OF ITEMS ARE ELIGIBLE FOR IMPROVEMENT?

The main goal of the program is to make improvements that will correct problems that pose an immediate danger to the health, safety or welfare of the inhabitants and/or neighbors, or will substantially increase the energy efficiency of the dwelling unit. Priority projects include the abatement of lead-based paint hazards, onsite wastewater treatment system violations, contaminated and/or inadequate water supply, and inefficient heating facilities. *All onsite wastewater treatment system repairs require a state approved ISDS plan at the time of application.*

In addition, repairs can include, but are not limited to:

- The removal of an architectural barrier from the dwelling of handicapped persons (i.e. installation of a wheelchair ramp).
- The correction of substandard electrical services and/or wiring which presents a hazard of fire, shock or electrocution.
- The correction of inoperable or otherwise grossly inadequate windows and doors which make proper heating of the dwelling unit(s) impossible at reasonable cost to the tenant or owner.
- The improvement of the roof, walls, floors or other structural elements, which are in danger of collapse because of cracking, shifting or age; which leak moisture or air in a manner which affects the health of the occupants.
- The replacement of exterior siding – i.e. shingles, clapboards and in some cases vinyl siding.
- The provision of insulation to a structure that is not now insulated or in inadequately insulated.
- The correction or reconstruction of pipes, water heaters, pumps.
- Interior or exterior painting, if necessary, to correct violations.
- Any other improvements deemed eligible by the Housing Rehabilitation Program.

- Loan funds cannot be used to reimburse the owner for work done prior to approval of their application, to build additions or accessory building, cosmetic remodeling, or making other improvements which are not deemed consistent with the program goals. This determination will be made by the Home Repair Program Manager in cooperation with the construction inspector and if necessary Rhode Island Housing and Mortgage Finance Corporation.

WHAT HAPPENS NEXT

- ~~1. Applicants should read the program brochure and application thoroughly before~~ completing the application. Employers, banks and benefit verification forms for each adult in the household, must be signed by both the applicant(s) and respective officials (i.e. employer, bank official, benefits administrator, etc).
2. The Program office will provide you with necessary verification forms for authorized signatures as necessary. Also, proof of ownership (a property deed) needs to be provided. If more than one (1) name appears on the property deed and that person does not reside in the dwelling, a permission letter with a notarized signature must be submitted to the Housing Rehabilitation Program office before an application can be reviewed for funding.
3. If the application is determined to be preliminarily eligible, the Program's construction supervisor will inspect the property for code violations, lead-based paint problems and other work necessary or desirable. If the construction supervisor determines that the level of potential lead-paint hazard is significant, a professional lead inspection and report will be required.
4. Applications are reviewed on a first-come, first-served basis.
5. Job specifications will be written and bids solicited for the proposed repair from a minimum of two (2) contractors. If you have a contractor in mind, that person or firm may bid on the project so long as their meet the contractor qualification requirements and bid on the same specifications. Onsite water treatment system repairs will require three (3) contractor bids. The Housing Rehabilitation Program will provide a "Qualified Contractor" list to the homeowner.
6. Once the bids have been received, the owner will be asked to select a contractor with the understanding that the Program will pay only the amount of the lowest bid. If the owner prefers to contact with a higher bidding firm, he/she must pay the difference between the two (2) bids.
7. Contracts and/or work agreements between the contractor and property owner are then executed. Additionally, the funding agreements between the Town's property rehabilitation programs regarding the mortgage loans are also executed and the property owner will be asked to authorize the commencement of the work.

8. As the work is in progress, the construction supervisor and the property owner will inspect the construction work. If the work completed is satisfactory as approved by the property owner and the construction supervisor progress payments and a final payment will be made to the contractor subject to a final release of liens.

All policies and procedures are subject to the rules and regulations of the United States Department of Housing & Urban Development and the Rhode Island Department of Administration's Office of Planning, Housing and Community Development and the Town of Scituate.

FREQUENTLY ASKED QUESTIONS

How much is available to repair my home?

HUD requires that all lead-based paint hazards be corrected on the exterior and interior of those dwellings where hazards exist. Due to the high costs of lead abatement, a grant may be awarded for the correction of the lead hazard only.

Can I sell my property if I get a loan?

Yes, you can sell your home at any time. If the home is sold or transferred under any circumstances, you agree to repay the amount invested by the Housing Rehabilitation Program which is still outstanding. All funds recaptured through property sale are then awarded to another applicant on the Housing Rehabilitation Program waiting list. The Program will not prorate or waive the requirements of lien repayment under any circumstances.

If there anything else I should know?

You should be aware that all information provided to the Housing Rehabilitation Program office is held in strictest confidence. The Housing Rehabilitation Program will be happy to explain the Program to you and answer any questions you may have.

Can I get a home repair loan if I have a reverse mortgage?

No, you cannot get a home repair loan if you have a reverse mortgage on your home because there is no equity remaining in your property.

When must I present my share of the home rehabilitation project, if any?

All monies necessary to fund the home rehabilitation project must be presented at the closing, or, before signing any change order, should any be required during the course of the project.

Can I get monies out of this program for any other purpose than home repair?

No. All funds invested by the Scituate Home Repair Program must be used for home repair.

Who do I contact for more information?

For more information, please contact:
Scituate Home Repair Program
c/o NeighborWorks® Blackstone River Valley
719 Front Street
Woonsocket, Rhode Island 02895
Tel: 401-762-0993 or Fax: (401) 769-1010
ScituateRehab@gmail.com

Application Checklist

Remember to:

- Sign and date your application. Make sure it is properly received and acknowledged by an appropriate town representative.

For Preliminary Review, attach:

- Owner Prequalification Checklist
- Copy of owner's driver's license or state identification

For Final Review, the following items are required:

- Verification of owner's income
- Evidence of site control (Deed with Legal Description)
- Current appraisal (if available)
- Copy of Insurance Certificate (homeowner's & flood)
- Evidence of Paid Taxes, Insurance, Mortgage Balance
- Site location map (town plat map section)
- Environmental Review Record (FEMA, RIHP&HC, etc.)

Project Close-out will require Certification of Lead Safe Status.

Owner Gap Contribution

If project rehabilitation costs exceed the maximum provided by the Program for single-family homes, the owner must be willing and able to finance the financial gap between the amount of the loan and the cost of the rehabilitation work. Proof of willingness and ability may include a restricted escrow account and/or other security device.

Site Control

Applicant must provide a copy of the Deed with the application.

Title Report

A title report, which will be provided by the Program, may be required to validate ownership and determine liens against the property. The Town may elect to conduct an informal title report or a formal title report depending upon the complexity of the ownership of the property. Owners may provide their own title report, but it must be less than thirty (30) days old to be accepted.

Income

Prior to final approval, owners are required to provide valid documentation of their total household income.

Inspections

- Comprehensive Lead Inspections (CLI) by a state-licensed environmental lead inspector required prior to project start date to be requested by the Town upon approval, on properties built before 1978.
- Certification of Lead Safe Clearance (CLSC) required upon project completion.
- Housing Quality Standards and Visual Assessment (HQS-VS). The Town construction supervisor will conduct a Housing Quality Standards Inspection prior to project start and Visual Assessment throughout the project.
- Site Inspections—The Town construction supervisor will conduct periodic site inspections to approve requests for payment.
- Environmental Review—Level of review is based on scope of repair and changes in use or density.

Mandatory Rehab Areas

All Minimum Housing Code Violations and Lead-Based Paint Hazard must be corrected according to state and federal regulations. These regulations control how the work is to be performed and who is allowed to perform the work.

Work Specifications and Contract Management

Work specifications and a preliminary estimate will be prepared by the Town's construction supervisor and reviewed by the owner prior to bid solicitation. A \$500 work specifications writing and contract management fee will be charged if the project moves forward successfully and this amount will be added to the final loan amount. The Program may waive the inspection fee if it chooses when the project is simple and the contract management straightforward.

Contractor Selection

- After the procurement and assessment of sealed bids, the lowest qualified bidder will be selected by the Program officials to perform the work.
- Federal procurement standards must be applied in the selection of contractors. Bids must be comparable. Contract provisions must meet federal requirements (24 CFR 85.36). The town will prepare all legal documents.
- All contractors must be qualified by the town, licensed and registered by the State of Rhode Island. All contractors must provide evidence of liability insurance coverage and workers' compensation coverage (if required by Rhode Island state Law) in order to be allowed to participate in the Program.
- Building Permits for all permitted works must be obtained by the contractor prior to the commencement of any work.
- Additional licenses and certifications may be required by the Town in accordance with Rhode Island General Laws, Rhode Island Contractors' Regulations Board Regulations, HUD's Regulations on Controlling Lead-

**Change Orders (COs) &
Contingency Items**

Based Paint Hazards, and the Town of Scituate's Building Inspection Department.

No contingency line item is permitted in the scope of work. If a necessary item was not identified prior to contract, and/or a change of scope of work is necessary to complete the job, such changes will be considered on a case-by-case basis.

If a financial gap exists between the total cost and the maximum allowable grant/loan exists, for whatever reason, it will be the owner's responsibility to finance such costs.

Relocation

The Certified Lead Contractor will determine and certify, with the owner, the need for relocation. For more information please visit <http://www.hud.gov/offices/hudlips/handbook/cpdh/1378.0index.cfm>

Applicant Release and Authorization Form

I hereby authorize the Town of Scituate, Rhode Island, to use any and all application information to make inquiry and request information from any individuals, banks; present and former employers, creditors, landlords, credit bureau, and any other entities that may possess information concerning me and that may be a custodian of records, relating to me, in connection with my application. I also authorize the above-described sources to release all information requested, including salary data and I hereby release those sources, individuals or agents from any liability whatsoever for doing so.

Applicant's Name:

Please Print

Co-Applicant's Name:

Please Print

Current Address:

City:

State:

Zip Code:

Applicant's Signature:

Date:

Co-Applicant's Address

Date:

[This form is to be completed, executed and returned to the Scituate Home Repair Program as part of the Application.]

Owner Prequalification Worksheet

Information is needed to determine if you meet the preliminary criteria for the Town's Housing Rehabilitation Program. If you have questions call (401) 762-0993, Fax: (401) 769-1010, or email: WRIHRProgram@gmail.com.
All information will be held in strict confidentiality and shared only as necessary to the administration of the program and/or with the permission of the applicants.

*Funding is provided by the United States Department of Housing & Urban Development
 Through the Rhode Island Department of Administration's Office of Housing & Community Development*

| | | | |
|---|----------|--|---|
| Name of All Property Owners as identified on Deed | | | |
| Owner's Mailing Address | | ♦ Home Phone Number | |
| | | ♦ Office Phone Number | |
| | | ♦ Email Address | |
| Subject Property | | ♦ Do you reside at the subject property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | ♦ Tax or Appraised Value | \$ |
| ♦ Built before 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No | | ♦ Mortgage Balance | \$ |
| ♦ Town Assessor's Plat _____ Lot _____ | | | |
| If you reside in the subject Property, How many people live in the household | | Is the <u>TOTAL</u> Gross Annual income HIGHER than the amount listed next to the household size? | |
| <input type="checkbox"/> 1 Person | \$41,750 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 2 | \$47,700 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 3 | \$53,650 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 4 | \$59,600 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 5 | \$64,400 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 6 | \$69,150 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 7 | \$73,950 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| <input type="checkbox"/> 8 | \$78,700 | <input type="checkbox"/> YES, income is higher | <input type="checkbox"/> NO, income is not higher |
| ♦ What Home Repairs do you think are needed? _____ _____ _____ _____ _____ | | | |
| CERTIFICATION: I hereby certify that the information on this form is correct and I authorize the examination of source documentation and other resources to validate this claim. | | | |
| ♦ Signature | | ♦ Date | |
| ♦ Signature | | ♦ Date | |
| Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government. | | | |

[This form is to be completed, executed and returned to the Scituate Home Repair Program as part of the Application.]

Town of Scituate Housing Rehabilitation Program

The intent of the Town of Scituate's Housing Rehabilitation Program is to provide decent affordable housing for low-income households. Please complete this form and return it to the Scituate Home Repair Program c/o NeighborWorks® Blackstone River Valley, 719 Front Street, Woonsocket, Rhode Island 02895. If you have any questions please call the program manger at 401-762-0993 or email WRIHRProgram@gmail.com.

| | | | | | | | | |
|---|--|--|---|--|--|--|--|----------------------------|
| Name of Property Owner on Deed | | Home Phone # | | Work Phone # | | Email address | | |
| Name of Property Co-owner on Deed | | Home Phone # | | Work Phone # | | Email address | | |
| Subject Property Address | | Owner Mailing Address | | Assessor's Plat # | | Assessor's Lot # | | |
| | | | | Single Family <input type="checkbox"/> Yes <input type="checkbox"/> No | | # of Bedrooms | | |
| Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Commercial Use? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Built prior to 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name of Insured | | Agent Name | | Agent Address | | Insured Value | | |
| | | | | | | \$ | | |
| 1 st Mortgage Holder | | Current Balance | | 2 nd Mortgage Holder | | Current Balance | | |
| | | \$ | | | | \$ | | |
| Are there other equity liens on The property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list the current balance | | Water/Sewer & Property Tax Bills Current? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are taxes or insurance escrowed? | | |
| | | \$ | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| When completing the section below, use the codes on the right for race. Be sure to include each household's member's Race AND indicate if that person is Hispanic. Hispanic is not a race, but an ethnicity. Please note: the information on ethnicity, race and age is collected for statistical purposes only and has no bearing whatsoever on eligibility | | | W=White | | AW=Asian & White | | AS=Asian/Pacific Islander | |
| | | | B=Black/African American | | BW=Black/African American & White | | AI=American Indian/Alaskan Native | |
| | | | I-AW=American Indian/Alaskan Native & White | | N=Native Hawaiian/Other Pacific Islander | | I-AB= American Indian/Alaskan Native; & Black/African American | |
| Provide information on all household members | | Race | Hispanic? Yes or No | | Date of Birth | Social Security Number | Employer Name | Employer Address & Phone # |
| Last name, first name | | | | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| <p>To verify income, please ATTACH the following documents; copies of current saving account statements or passbooks; plus, if employed, 2 current pay stubs; if unemployed, copies of tax returns (form 1040) for last 3 years and/or benefit letters; if self-employed, copies of tax returns for last 2 years and a year-to-date profit and loss statement.</p> | | | | | | | | |
| <p>Certification and Authorization: The undersigned certify that the statements on this application are true, correct and complete. The Town of Scituate, through the Scituate Home Repair Program, is authorized to make inquiries and gather information that the Program feels is necessary and reasonable concerning statements made on this application. It I understood that a false statement may result in the change of eligibility status. Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p> | | | | | | | | |
| Signature: | | | | | | | Date | |
| Signature: | | | | | | | Date | |

Town of Scituate, Rhode Island Housing Rehabilitation Program

***** PLEASE READ THIS SECTION BEFORE COMPLETING THIS FORM *****

Indicate WHAR your household expects to make over the next 12 months that is currently verifiable in writing & attach

INCOME DOCUMENTATION CANNOT BE MORE THAN 6 MONTHS OLD (Attach 4 paystubs, 1040 long form or benefit award letter.) ALL HOUSEHOLD MEMBERS

MUST BE REPRESENTED. IF NO INCOME, INDICATE 0 IN COLUMN FIELDS & SIGN CERTIFICATION OF NO INCOME

| COMPUTING IRS 1040 SERIES ADJUSTED GROSS INCOME | Each household member completes a column. If no income, please indicate a 0 in the appropriate field(s) | | | | Subtotal (add a-d) |
|---|---|----|----|----|--------------------|
| CLIENT NAME: | a. | b. | c. | d. | e. |
| 1. Wages, salaries, tips | | | | | |
| 2. Taxable interest | | | | | |
| 3. Dividend income | | | | | |
| 4. Taxable refund/offset of state/local tax | | | | | |
| 5. Alimony received | | | | | |
| 6. Business income (or loss) | | | | | |
| 7. Capital gain (or loss) | | | | | |
| 8. Other gains (or losses) | | | | | |
| 9. Taxable amount of IRA distributions | | | | | |
| 10. Taxable amount of pensions/annuities | | | | | |
| 11. Rental real estate, royalties, partnerships, Trusts, etc. | | | | | |
| 12. Farm income (or loss) | | | | | |
| 13. Unemployment compensation | | | | | |
| 14. Taxable amount of Social Security benefits | | | | | |
| 15. Other income | | | | | |
| 16. Subtotal (lines 1-15) | | | | | |
| 17. IRA deduction | | | | | |
| 18. Medical savings account deduction | | | | | |
| 19. Moving expenses | | | | | |
| 20. One-half of self-employment tax | | | | | |
| 21. Self-employment health insurance deduct. | | | | | |
| 22. Keough and self-employed SEP & SIMPLE | | | | | |
| 23. Penalty on early withdrawal of savings | | | | | |
| 24. Paid alimony | | | | | |
| 25. Subtotal (lines 17-24) | | | | | |
| 26. Subtract line 25 from 16. <i>This is Adjusted Gross Income</i> | | | | | |

Your signature on this Town of Scituate Housing Rehabilitation Program form, and the signatures of each member of your household who is 18 years of age or older, certifies that all information presented above is complete and accurate. Signatures also authorize the Town of Scituate to obtain information from a third party relative to your eligibility and continued participation in the Rehabilitation Program.

| | | |
|---|---|------|
| Head of Household (print name) a. | Head of Household Signature | Date |
| Other Adult Member of Household (print name) b. | Other Adult Member of Household Signature | Date |
| Other Adult Member of Household (print name) c. | Other Adult Member of Household Signature | Date |
| Other Adult Member of Household (print name) d. | Other Adult Member of Household Signature | Date |

Privacy Act Notice Statement: The Department of Housing & Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a Housing Rehabilitation Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It must be released to appropriate Federal, state and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990. **WARNING; Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Office of Community Planning & Development
WATCH OUT FOR LEAD BASED PAINT POISONING
NOTIFICATION

TO: OWNERS AND TENANTS OF HOUSING CONSTRUCTED BEFORE 1978.

If a property was constructed before 1978, there is a possibility it contains lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING

Source of Lead-Based Paint.

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat chips or chew on painted railings, windowsills, or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands in their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the tests shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping or powdering? If you, there are some things you can do immediately to protect your child.

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM.
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repaint with two (2) coats of non-lead-based paint. Instead of scraping and repainting, the surface may be covered with other materials such as wallboard, gypsum or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body wither by breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. SIMPLY PAINTING OVER DEFECTIVE LEAD-BASED PAINT SURFACES DOES NOT ELIMINATE THE HAZARD. REMEMBER THAT YOU CAN AS AN ADULT PLAY A MAJOR ROLE IN THE PREVENTION OF LEAD POISONING. YOUR ACTIONS AND AWARENESS ABOUT THE LEAD PROBLEM CAN MAKE A BIG DIFFERENCE.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit. I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning."

Owner's Declaration of Intended Compliance

As the owner of the property at _____, Scituate, Rhode Island, I acknowledge that the intent of the Scituate Home Repair Assistance Program is to provide for decent, safe and sanitary housing, and that a minimum standard of housing conditions exists under appropriate Rhode Island Laws and policies and procedures of the United States Department of Housing & Urban Development.

As such I realize that the Program may uncover housing conditions which must be addressed, especially lead paint hazards, which may require a total project expenditure above and beyond the funding provided by the Scituate Home Repair Program. As such it shall be my/our responsibility to provide independent funding which may be necessary to bring the subject property to code standards as noted above.

If I am unable or unwilling to provide any additional funding which is determined necessary to properly address the code and safety issues present, the Scituate Home Repair Program shall have the option of declining to participate in this project and my application shall be considered null and void.

Print full name:

Date:

Signature:

Application Acknowledgement

Received:

Date: ____ / ____ / ____

Application #: ____/SRP/____

By: _____