



Application for Services

PART 1: PROPERTY INFORMATION

APPLICATION FOR: NAME: _____ DATE: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: Delaware

TELEPHONE NUMBER: _____ ALTERNATE TELEPHONE: _____

EMAIL: _____

Exterior paint/siding Brick repair

Porch repair/paint Wheelchair ramp

Gutters/downspouts Windows/doors

PART 2: OCCUPANT INFORMATION: All OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach an additional page, if necessary.

The Union Gardens ESP/LEDC does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

Name	Receiving Medicaid (YES OR NO)	Date of Birth	Age	Relationship to Primary Resident	Gross Income (see below)***
				Applicant/self	

Total household income: \$_____

*****(Gross Income= before taxes/deductions)** Income includes but is not limited to wages, salary, tips, disability, social security, pension, unemployment, alimony, interest, dividends, child support and welfare assistance. It should be listed for all those who are over 18 years of age within the household.



PART 3: ELIGIBILITY FOR LEAD PAINT HAZARD REDUCTION ****If you meet these guidelines, you may be eligible for up to \$10,000 in additional funds**

<i>Please answer ALL of the following questions by checking "Yes" or "No."</i>		Yes	No
1. Was the house at the above address built before 1978? Approximate Year Built: _____		<input type="checkbox"/>	<input type="checkbox"/>
2. Were property taxes for this home, for the previous year, paid to date?	UG ESP Use Only: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Verified by: _____ Date: _____ Source: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the house owned by a federal, state, or local government agency?		<input type="checkbox"/>	<input type="checkbox"/>
4. Does the house have at least one bedroom?		<input type="checkbox"/>	<input type="checkbox"/>
5. If you have a child under age 6, are you willing to have him/her tested for lead poisoning 6 months after reduction activities? (not required)		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____		<input type="checkbox"/>	<input type="checkbox"/>
7. Approximately how long have you resided at this home: _____ months _____ years			

<i>Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know."</i>	Yes	No	Don't Know
1. Is there a child under age 6 living in the house full time? If yes, how many? _____ * ATTACH BIRTH CERTIFICATE(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you do NOT have a child under the age of 6 living with you, is there a child under the age of 6 who is a regular visitor but does not live at this address (for at least 2 hours a day, minimum 3 days per week, per year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 10ug/dL or higher? If child/ren have never been tested, check "Don't Know."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(see next page)

Phone: 610-745-4013
Web: LansdowneYeadon.org



23 S. Lansdowne Avenue
Lansdowne, PA 19050

I hereby certify that to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances immediately to this service provider. I understand that my signature on this application indicates that family income does not exceed LMI for my county.

'I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.'

Owner Name: _____ Signature _____ Date _____

Owner Name: _____ Signature _____ Date _____

In order to speed processing of your application, you must include copies of the following items with your application:

- **All recent pay-stubs for all household members (who are 18 and older) or evidence of unemployment income for last 3 months.**
- **Proof of Other Income (if applicable): 3 months proof of DPA Statement of Income from Caseworker, Current Annual Statements for Social Security, Pension, SSI, SSDI, etc.**
- **Driver's License(s) or other photo ID for all members age 18 or over**
- **Proof of current homeowners insurance (Declaration page from your policy)**
- **Copy of the deed to your home, if you have it.**

++Please note: we can copy these items for you at the Elm Street office. If you need us to make the copies, please call first to be sure someone will be there to help you. Jeanne: 610.745.4013