

Section 6 – Homeownership and Mortgage Information: Please complete this section for HRLP and Holly

If a homeowner:

Purchase Price \$ _____ Year House was Purchased _____ Estimated Property Value \$ _____
 Do you have a Mortgage on this property? Yes No
 Mortgage Company _____
 Current Loan Balance \$ _____ Mortgage Payment \$ _____ Do you have property insurance? Yes No
 Are Taxes and Insurance included in your monthly mortgage payment? Yes No
 Do you have a Second Mortgage on this property? Yes No
 Current Second Mortgage Loan Balance \$ _____ Second Mortgage Payment \$ _____
 Mortgage Company _____

Section 7 – Landlord or Manager: Please complete this section for ABR and LeadSmart

If a renter:

Amount of monthly rent you pay \$ _____ Landlord or manager's name: _____
 Landlord or manager's phone number: _____ Fax Number _____

Section 8 – Children Information: Please complete this section for LeadSmart

You are applying with the City of Austin/NHCD's 'Lead Smart – Remove the Danger' Program for lead remediation work to be done on the home listed as the Property Address in Section 1

Name of Child	Date of Birth/Age	Your Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing in section 9:

- You certify that the children listed above live in or frequently visit the Property described in Section 1 for six (6) hours or more each week.
- You agree to have each child's blood drawn and tested for lead poisoning by either their health care provider or by a lab approved by NHCD/AHFC. All blood test results must be submitted to and approved by LeadSmart program staff before work can begin on the property.
- You give permission to the City of Austin, Texas 'Lead Program- Remove the Danger' Program supervisors, inspectors, employees and contractors to enter the Property Address, listed in Section 1, to perform lead remediation work under the 'Lead Smart – Remove the Danger Program'.
- You hold the City of Austin, Texas harmless for any legal or financial claims arising from the performance of such work.

Section 9– Applicant(s) Signatures: Please complete Section 9 and 10 for all Programs

By signing this application you swear under penalty of perjury that the information provided is true and correct to the best of your knowledge and belief. You understand that any omissions or discrepancies found at any time may disqualify you from the program(s) and also may require your immediate repayment of any funds spent. You authorize NHCD or AHFC and/or its designated agents to contact any source to solicit and/or verify what is necessary for an eligibility or creditworthiness determination.

Signature of Applicant/Guardian	Date
Signature of Co-Applicant	Date

The City of Austin is committed to comply with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call (512)974-3863 (voice) or (512) 974-3102 (TDD) for assistance. The City of Austin does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs and activities. If you have any questions or complaints regarding your ADA/Section 504 rights, please call the ADA/Section 504 Coordinator at (512) 974-3256 (voice) or (512)974-2445 (TTY).

Funding Sources:

- Funding for the Architectural Barrier Removal Program, Homeowner Rehabilitation Loan Program and LeadSmart Program is provided by the U.S. Department of Housing and Urban Development (HUD) and City of Austin.
- Funding for the Holly Good Neighbor Program is provided by the City of Austin's Austin Energy Department.
- Funding for the Private Lateral Program is provided by the City of Austin's Water Utility Department.

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Section 10 – Information for Government Monitoring Purposes

OPTIONAL INFORMATION PROVIDED BY APPLICANT
Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other
OPTIONAL INFORMATION PROVIDED BY CO-APPLICANT
Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other



Application Received By NHCD/AHFC Employee: _____

Date Application Received: _____