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Executive Director

Malden Redevelopment Authority

Main Office

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Healthy Homes/Rehab Office

176 Pearl Street
Malden, MA 02148
Phone: 781-397-1940 • Fax: 781-397-0273

Dear Tenant:

Your landlord is applying for assistance from the City of Malden's Community Development Block Grant (CDBG) Rehab Loan Program administered by the MRA. To determine if the property meets the low to moderate income household national objective of the United States Department of Housing and Urban Development (HUD), we must have the following packet filled out. I realize that some of the information is personal; however, all information will be kept confidential. Please complete ALL information on this form, and return it to our office with required documentation. Thank you.

Please complete the following forms enclosed:

1. Tenant Lead Law Certification
2. Fair Market Rent Certification
3. Occupant & Income Form
4. Income & Assets Questionnaire
5. Occupants Belongings and Worksite Prep form

Please provide the following information:

1. Birth certificates for all children 6 and under
2. PROOF OF INCOME FOR ALL WORKING OCCUPANTS (PAYSTUBS, TAX RETURNS, ETC.)

Your cooperation is greatly appreciated. Please take time to read and understand all of the information provided. If you have any questions or need help with the forms, please contact me at 781-397-1940.

Sincerely,

Malden Redevelopment Authority



Board of Directors

Robert D. Rotondi, *Chairman* | Albert N. Spadafora | Michael Williams | Robert K. Folcy | Amanda M. Linehan

Tenant Lead Law Notification

What lead paint forms must owners of rental units give to tenants?

All tenants who live in units built before 1978 must be given two copies of this Tenant Lead Law Notification and Tenant Certification Form (other side). In addition, property owners or contractors must distribute the following pamphlets: 1) Protect Your Family From Lead In Your Home; 2) The Lead-Safe Certified Guide to Renovate Right. If any of the following documents exist for the unit, tenants must also be given a copy of them: lead inspection or risk assessment report, Letter of Full Compliance, or Letter of Interim Control.

When do owners have to give tenants these forms?

New tenants must be given the forms before entering the rental agreement, beginning September 1, 1995.

Current tenants must be given the forms during the one year period starting December 1, 1995 at the time of lease renewal, or if there is no lease, any time during the year, but no later than December 1, 1996.

What is lead poisoning, and how do children become lead poisoned?

Lead poisoning is a disease. Lead can make children, especially those under six years old, very sick and can cause learning and behavior problems. Lead is often found in paint on the inside and outside of homes. The main way a child can get lead poisoned is from swallowing lead paint dust and chips. A child can also get lead from other sources, such as soil and water, but these rarely cause lead poisoning by themselves. The only way to tell for sure that a child is lead poisoned is to have his or her blood tested. Your doctor, other health care provider or Board of Health can do this. A lead poisoned child will need medical care. A home with lead paint must be delead for a lead poisoned child to get well.

What can you do to prevent lead poisoning?

- Talk to your child's doctor about lead.
- Have your child tested for lead at least once a year until he/she is four years old.
- Ask the owner if your home has been delead or call the state Childhood Lead Poisoning Prevention Program (CLPPP) at 1-800-532-9571, or your local Board of Health.
- Tell the owner if you have a new baby, or if a new child under six years old lives with you.
- If your home was delead, but has peeling paint, tell and write the owner. If he/she does not respond, call CLPPP or your local Board of Health.
- If your home has not been delead, you can do some things to temporarily reduce the chances of your child becoming lead poisoned. You can clean your home regularly to wipe up dust and loose paint chips. Use a cleaner called TSP, or an automatic dishwasher detergent high in phosphate, or other cleaners made just for cleaning lead dust and chips. The areas to clean most often are window wells, sills, and floors. Wash your child's hands often (especially before eating or sleeping) and wash your child's toys. Remember, the only way to permanently lower the risk of your child getting lead poisoned is to have your home delead if it contains lead paint.

What does the Lead Law require the owner of your home to do?

An owner of a home built before 1978 must have the home inspected. If lead hazards are found, it must be delead or brought under interim control if a child under six years old lives in it. A licensed deleader has to do all removal of leaded paint, and all other high-risk work. The owner or someone who works for the owner who is not a licensed deleader can do certain low-risk deleading and interim control work. After the work is done, the lead inspector or risk assessor issues a Letter of Full Compliance or Letter of Interim Control. The owner must make sure there is no peeling paint anytime after getting a Letter of Full Compliance or Letter of Interim Control.

What is a Letter of Full Compliance?

It is a legal letter that says either that there are no lead paint hazards or that the home has been delead. The letter is signed and dated by a licensed lead inspector.

What is a Letter of Interim Control?

It is a legal letter that says work necessary to make the home temporarily safe from lead hazards has been done. The letter is signed and dated by a licensed risk assessor. It is good for one year, but can be renewed for one more year. The owner must fully delead the home and get a Letter of Full Compliance before the end of the second year.

Tenant Certification Form

I (tenant) certify that I have received the following: (check all that you received)

Tenant Lead Law Notification Lead Inspection Report Risk Assessment Report

Letter of Interim Control Letter of Full Compliance

Tenant Information (Please Print):

Name _____

Street _____ Apt. _____

City/Town _____ Zip _____

Tenant's Signature _____ Date _____

Owner/Managing Agent Information (Please Print):

Name _____

Street _____ Apt. _____

City/Town _____ State _____ Zip _____

Telephone # _____

Owner's/Managing Agent's Signature _____ Date _____

I (owner/managing agent) certify that I provided the Tenant Lead Law Notification/ Tenant Certification form and any existing lead law documents to the tenant, but the tenant refused to sign this certification. The tenant gave the following reason:

The Massachusetts Lead Law prohibits rental discrimination, including refusing to rent to families with children or evicting families with children because of lead paint.

This form is also available from the Childhood Lead Poisoning Prevention Program in the following languages: Cambodian, Chinese, Haitian Creole, Laotian, Portuguese, Spanish, and Vietnamese.

The Massachusetts Department of Public Health's Childhood Lead Poisoning Prevention Program (CLPPP) has additional information on a full range of topics related to lead poisoning prevention, tenants' and owners' rights and responsibilities under the Lead Law and Regulations, financial assistance for owner, and safe deleading and renovation work. CLPPP can be reached at 1-800-532-9571. More information is also available from your local lead poisoning prevention program, or your local Board of Health.

Tenant and owner must each keep a completed and signed copy of this form.

Fair Market Rent Certification

I/We hereby acknowledge receipt of the information concerning the rental restrictions required when using Community Development Block Grant Funds for rehabilitation of the property in which I am a tenant located at:

My current rent for my unit is \$ _____ /month # of Bedrooms _____

Tenant

Date

Witnessed by

Date

Fiscal Year 2017 FAIR MARKET RENT LIMITS

City of Malden, FY 2017 Fair Market Rent By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2017 FMR	\$1,194	\$1,372	\$1,691	\$2,116	\$2,331

Effective 4/14/17. Malden, Massachusetts is part of the Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area

OCCUPANT & INCOME FORM

Please list every person living in your unit (include yourself). The information below will be used to determine if households qualify for this program. This information will be kept confidential. If you do not provide this information, we will not be able to determine your eligibility for this program.

Proof of income for each working adult 18 years of age and older is required. Examples include, but are not limited to, most recent tax returns, 3 months of most recent pay stubs, wage records, employer verification (directly from employer, not the employee). Please indicate if a full-time student (Copy of Student ID Required).

ADDRESS: _____

UNIT # _____

NAME: _____

(Head of Household)

Full Name	Disabled? (Evidence required)	Full Time Student?	DOB	Age	Race*	Ethnicity (Hispanic?)	Gross Income (Annual, before any deductions)
	<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	<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				<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	

*Race: W=White, B=Black, N=Native American or Alaskan Native, A=Asian or Pacific Islander, NH=Native Hawaiian/ other Pacific Islander, AW= Asian & White, AA=American Indian/Alaskan Native & White, BW= Black/African American & White, AAB= American Indian/ Alaskan Native & Black/African American, O=Other.

The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. This information is provided in compliance with federal requirements and is subject to verification. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

SIGNATURE of Head of Household

DATE

Income and Assets Questionnaire

ADDRESS: _____ UNIT # _____

Household Member: _____

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. **(ONE QUESTIONNAIRE MUST BE FILLED OUT BY EACH WORKING ADULT 18 YEARS OF AGE AND OLDER)**

INCOME SOURCES:

	Annual Amount:
<input type="checkbox"/> Employment; including wages, salary, overtime, commission, fees, tips, bonuses, and/or other compensation, even if self-employment.	_____
<input type="checkbox"/> Cash Contributions of gifts including rent or utility payments from persons not living in home.	_____
<input type="checkbox"/> Social Security, SSI, Unemployment, Disability Benefits, housing subsidy, i.e. Sec.8, or other Public Assistance;	_____
Identify: _____	_____
<input type="checkbox"/> Income from personal property i.e. interest, dividends,	_____
<input type="checkbox"/> Alimony/Child Support	_____

ASSET SOURCES: (PLEASE ATTACH COPIES OF BANK STATEMENTS)

<p><u><i>Savings Account</i></u></p> <p>Name & Address of Bank</p> <hr/> <p>Account Number</p>	<p><u>Approximate Balance</u></p>
<p><u><i>Checking Account</i></u></p> <p>Name & Address of Bank</p> <hr/> <p>Account Number</p>	<p><u>Approximate Balance</u></p>
<p><i>Other Property Income (List addresses and rental income)</i></p> <hr/> <hr/>	<p><u>Approximate Balance</u></p>
<p><i>Other Assets (i.e. safe deposit box, investments, stocks, and bonds)</i></p> <hr/>	<p><u>Approximate Balance</u></p>

***If you have no income or assets, please complete attached 'zero income affidavit' (MUST ATTACH TAX RETURNS)**

"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."

Signature _____ Date _____

Protection of Occupants' Belongings and Worksite Preparation for Projects with Lead Hazard Reduction Activities

Instructions: Check all activities to be performed to protect occupants' belongings and prepare the worksite. This document will be issued to all occupants and followed up during rehab process by MRA staff in order to maintain occupant protection and safe work practices.

Whether or not temporary relocation of occupants is required before and during lead hazard reduction activities, the worksite must be carefully prepared and occupants' belongings protected. Check all that apply.

- Occupants were appropriately notified that their belongings would be protected during the work and what, if anything, they would need to do to prepare for the project.
- Occupants' belongings in the containment area are to be relocated to a safe and secure area outside the containment area.
- Occupant's belongings are to be covered with an impermeable covering with all seams and edges taped or otherwise sealed.
- Worksite is to be prepared to prevent the release of leaded dust, and contain lead-based paint chips and other debris from hazard reduction activities until they are safely removed.

Practices that minimize the spread of leaded dust, paint chips, soil and debris are to be used during worksite preparation.

*A warning sign is to be posted at the following (check all that apply):

- At each entry to a room where hazard reduction activities were conducted when occupants were present.
- At each main and secondary entryway to a building from which the occupants had been relocated
- For an exterior hazard reduction work, where it was easily read 20 feet from the edge of the worksite. The warning sign was in: the occupants' primary language, another language (specify which language, and why occupants' primary language was not used).

Final clearance will be achieved before occupants' belongings are to be uncovered or returned to the unit.

Have you been provided the pamphlet, *Protect Your Family from Lead in Your Home*?

YES

NO

Occupant Signature

Date

ZERO INCOME AFFIDAVIT

(To be completed by each household member 18 years of age and older who are claiming zero income from any source, if appropriate.)

Household Member Name: _____ Unit No. _____

Address: _____

I hereby certify that I do not individually receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.)
2. Income from operation of a business
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
6. Unemployment or disability payments
7. Public assistance payments
8. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
9. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
10. Any other source not named above

“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.”

Signature _____ Date _____

MRA CHECKLIST FOR TENANTS

FOR OFFICE USE ONLY

Staff Member Name _____

Family Size: _____; # of Children Under 6 years: _____

Income: _____; % of Median _____

Application filled out completely? Staff Initials: _____

Proof of income documentation for occupants? Staff Initials: _____

Does current rent meet HUD guidelines? Staff Initials: _____

Birth Certificates for children under 6 years of age? Staff Initials: _____

CDBG Director approval _____

Fiscal Year 2017 80% Median Income Limits								
No. of Persons in household	1	2	3	4	5	6	7	8
Income Limit	54,750	62,550	70,350	78,150	84,450	90,700	96,950	103,200