



Leading in Lead Prevention Program Owner Application

Office of Community Development – Department of Health

Please complete the below form in its entirety and submit to RCOCD at RCOCD_Lead@co.rockland.ny.us with all supporting documentation. If you have questions about this form, you can reach out to RCOCD_Lead@co.rockland.ny.us or 845-364-3939.

The below forms must be submitted with this application to prevent delays in review.

| Yes | No | Form |
|-----|----|---|
| | | Owner Application |
| | | Proof of Ownership of the Building |
| | | Documentation that your mortgage is current (can be most recent mortgage statement) |
| | | Documentation of current homeowners' insurance |
| | | A copy of the current lease for each unit |
| | | Photography Release |



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Part 1: Property Information

| | |
|--------------------------------|--|
| Property Address Line 1 | |
| Property Address Line 2 | |
| City, State, Zip Code | |
| Year Built | |
| Total Number of Dwelling Units | |

Part 2: Applicant Information

| | |
|--|--|
| Name of Owner/Business | |
| SSN/EIN | |
| What kind of entity? (Individual, Corporation, Etc.) | |
| Applicant Address Line 1 | |
| Applicant Address Line 2 | |
| City, State, Zip Code | |
| Business Phone | |
| Email | |
| Contact Person Name | |

Part 3: Financial Information

| | |
|---------------------------------|--|
| Name of Mortgage Company | |
| Mortgage Company Address Line 1 | |
| Mortgage Company Address Line 2 | |
| City, State, ZIP | |

| Question | Yes | No |
|--|-----|----|
| Is the property under foreclosure? | | |
| Are all taxes current? | | |
| Do you have current homeowners' insurance? | | |

This project may require a Lien to be placed on the property for 5 years. Please initial that you have read and understand this requirement. _____

This project may require the tenants of the house/unit to be relocated, and no re-entry in dwelling/unit until project completion. Please initial that you have read and understand this requirement. _____

This project will require that the unit is kept in good condition and that rent increases will be limited to 3% annually for a period of 5 years. Please initial that you have read and understand this requirement. _____



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Grievance and Dispute Policy

Please read the below form in its entirety and sign. This form must be submitted to RCOCD_Lead@co.rockland.ny.us with your application. All owners must sign this form.

If a program participant or applicant disagrees with a decision made on their case, they may request case review. This request must be made within 30 calendar days of the date on the decision letter and should include contact information for the party requesting the review. If contact information is not included, RCOCD will use the most recent contact information on file. Upon receipt, the written dispute will be placed in the case file and a designated RCOCD staff member will acknowledge the receipt of the request in writing.

A designated RCOCD staff member will conduct a review of the case. During the course of the review, a designated RCOCD staff member will examine all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written decision to the party requesting the review within 20 business days of receiving the request. The written decision will clearly state the reason for the decision, and what, if any, action RCOCD will be taking based on the case review. The written decision is considered final.

If an individual has a grievance but is not challenging a decision made on their case, they should submit the grievance in writing to RCOCD within 30 calendar days of the event occurring. Upon receipt of the grievance, a designated RCOCD staff member will acknowledge the receipt of the grievance in writing and offer the party a chance to have a telephone meeting to discuss the complaint.

A designated RCOCD staff member will conduct an investigation around the grievance. During the course of the investigation, a designated RCOCD staff member will review all applicable documents in the case file and may contact the RCOCD staff member assigned to the case, the owner of the property involved in the case, or the tenant residing in the unit involved in the case if more information is needed to make a determination.

A designated RCOCD staff member will send a written response to the party within 20 business days of grievance discussing the investigation into the grievance and the outcome.

By signing below, you are acknowledging that you have read, understand, and agree with the above policy. I understand that I must follow these procedures to make a complaint or dispute a finding, and that it will be reviewed by program management.

Print

Signature

Date

Print

Signature

Date



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Office of Community Development – Department of Health

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Date

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Date

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Signature

Date

COMMUNITY DEVELOPMENT

Dr. Robert L. Yeager Health Center
50 Sanatorium Road, Building A 6th Floor
Pomona, New York 10970
Phone: (845) 364-3939 Fax: (845) 364-3940

Alexandra S. Obremski
Director

**Leading in Lead Prevention Grant (LEAD)
Photo Release Form**

For valuable consideration received, I _____ (print property owner name), give to the New York State Housing Trust Fund Corporation (“HTFC”) and the Rockland County Office of Community Development (RCOCD), the unrestricted right to use, for any lawful purpose, any photographs taken of the property listed below, which I own and/or for which I have the authority to grant such permission, and to use my name in connection therewith if it so chooses.

I release and discharge HTFC and RCOCD from any and all claims or causes of action arising from the use of such photographs, including, without limitation, claims for libel or invasion of privacy.

I am eighteen years of age or older. I have read this release and understand its contents. This release is binding upon me, my heirs, successors, and assigns.

Property Address: _____

Signed: _____

Date: _____

Witness: _____ (print name)

Signed: _____

Date: _____