# CITY OF HOLLISTER
# HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)
# FIRST-TIME HOMEBUYER (FTHB) DOWN PAYMENT ASSISTANCE PROGRAM CHECK LIST FOR HOME BUYERS

☐___ Completed and signed Program Application with all applicable disclosures.

☐___ Proposed purchaser(s) must qualify as a first-time homebuyer:

- A "first-time" is generally defined as a home buyer who has not had an ownership interest in residential real estate for **three (3) years** immediately prior to applying for the Program.

☐___ A copy of the Lender's Mortgage Loan Application (Form 1003), Good Faith Estimate (GFE), Mortgage Form (Form 1008), Credit Report and Pre-Approval Letter.

☐___ A completed and signed copy of the Purchase Agreement (if applicable at the time) showing all terms of sale and addendums.

☐___ A copy of all proposed purchaser's tax returns for the last consecutive **three (3) years.** *

☐___ A copy of all proposed purchaser's W-2 (s) for the last consecutive **two (2) years.** *

☐___ A copy of all proposed purchaser's pay stub(s) showing Y-T-D Gross Income for the last consecutive **three (3) months**. *

☐___ A copy of all proposed purchaser's checking statements (all pages) for last **consecutive six (6) months** or a **six (6) month** checking account balance printout. *

☐___ A copy of all proposed purchaser's savings statements (all pages) for last **one (1) month.** *

☐___ A copy most recent 401K/Retirement/C.D./Annuity statements (all pages). *

*** This information must be provided for all household members 18 years of age and older***

**For Further Information Contact:**
City of Development Services Department
339 Fifth Street, Hollister, Ca. 95023
831.636.4316 (Direct); 831.634.4913 (Fax)

EQUAL HOUSING OPPORTUNITY

# City of Hollister Development Services
# Application for First-Time Homebuyer (FTHB)
# Downpayment Assistance (HOME Program)

LOAN PROCESSOR _____ DATE RECEIVED _____ File # _____

**NOTE: READ "CERTIFICATION" ON LAST PAGE BEFORE FILLING OUT APPLICATION**

Applicant's Name _____ Social Security# _____
Co-Applicant's Name _____ Social Security# _____
Street Address _____
City _____ Zip _____
Mailing Address _____
County_____
Phone _____ Work or other contact: (_____)_____
E-Mail Address _____

For statistical/government monitoring purposes only: Enter code from list below (voluntary)

**Applicant's race*** _____ **Co-applicant's race*** _____

***Race of Household Codes:***

11-White 12-Black/African American 13-Asian 14-American Indian/Alaskan 15-Native Hawaiian/other Pacific Islander 16-American Indian/Alaskan Native & White 17-Asian & White 18-Black/African American & White 19-American Indian/Alaskan Native & Black/African American 20-Other Multi-Racial

Hispanic: Yes_____ No_____

Please list your address(es) for the last three years, starting with the most recent:

MO./YR. -- MO./YR. ADDRESS

1)_____

2)_____

3)_____

Has any of the applicants held ownership or interest in a property in the last three years?
Yes____ No____ If yes, please explain:

_____

_____

**INCOME:** Check applicable sources of income currently and during the prior calendar year for any residents:

| | | | |
|---|---|---|---|
| Wages ____ | AFDC(TANF) ___ | Interest ___ | Other ____ |
| SSA ____ | Disability ___ | Rentals ___ | explain |
| SSI ____ | Unemployment___ | Pension __ | |

***STAFF USE ONLY BELOW THIS LINE***

| | | | |
|---|---|---|---|
| Total persons who will live at address | _____ | In Target Area? | __No __Yes |
| Total seniors in household | _____ | Conflict of Interest? | __No __Yes |
| Annual Family Income | _____ | Handicapped: | __No __Yes |
| Previous Year's Income | $ _____ | FHOH? | __No __Yes |
| Projected Income | $ _____ | Farm worker? | __No __Yes |
| HCD Definition (Circle)<br>LI VLI XLI | | | |

## FAMILY AND INCOME DETAILS

*LIST ALL PERSONS WHO WILL BE LIVING IN THE PROPERTY BEING PURCHASED INCLUDING APPLICANT AND CO-APPLICANT(S). INCOME MUST BE IDENTIFIED IN TERMS OF "GROSS ANNUAL".*

| NAME | RELATION-SHIP | AGE/SEX | ANNUAL INCOME | OFFICE USE: ACTUAL INCOME | OFFICE USE: LS |
|---|---|---|---|---|---|
| | Applicant | / | | | |
| | | / | | | |
| | | / | | | |
| | | / | | | |
| | | / | | | |
| | | / | | | |
| | | / | | | |

## INCOME INFORMATION

Gross family income would include income from any of the following sources or any other source of income. Wages, Self-Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends. Royalties, Scholarships, Grants and Loans for School.

| PERSON RECEIVING INCOME | SOURCE OF INCOME | GROSS MONTHLY AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## CHECKING AND SAVINGS

| Account Holder(s) | Name of Bank or Credit Union | Account No. | Type | Balance |
|---|---|---|---|---|
| | | | Ckg___<br>Svg___ | |
| **Account Holder(s)** | **Name of Bank or Credit Union** | **Account No.** | **Type** | **Balance** |
| | | | Ckg___<br>Svg___ | |
| **Account Holder(s)** | **Name of Bank or Credit Union** | **Account No.** | **Type** | **Balance** |
| | | | Ckg___<br>Svg___ | |

## LIST OTHER ASSETS

Retirement funds/stocks/bonds, etc. (from attached checklist)

| Family Member | Asset Description | Cash Value | Income From Assets |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| EMPLOYMENT | |
|---|---|
| APPLICANT | CO-APPLICANT |
| Name and Address of Employer __Self-Employed | Name and Address of Employer __Self-Employed |
| Position/Title/Type of Business Business phone | Position/Title/Type of Business Business phone |
| Years on Job/Years employed in this line of work | Years on Job/Years employed in this line of work |

**LIABILITIES** List the creditor's name and account number for all outstanding debts, including but not limited to automobile loans, revolving charge accounts, alimony, child support, stock pledges, etc.

| Creditor Name | Account No. | Monthly payments | Payments Left | Approximate Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total Liabilities** | | $ | | $ |

EXPLANATION OF INCOME SOURCE, ANNUAL AMOUNT OR OTHER COMMENTS

**ADDITIONAL INFORMATION**

List additional employment, assets or liabilities in the space provided below.

CERTIFICATION--READ BEFORE SIGNING

I certify that this will be my primary residence of occupancy.

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

Dated: ____/____/____ APPLICANT_____ CO-APPLICANT_____

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# City of Hollister Development Services
## HOME Down Payment Assistance Program Application: Income Inclusions

| | Type of Income | YES or NO | Type | Received from whom? | Amount Received Annually |
|---|---|---|---|---|---|
| 1 | The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services. | | | | |
| 2 | The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family. | | | | |
| 3 | Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. | | | | |
| 4 | The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. | | | | |
| 5 | Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay. | | | | |
| 6 | Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31)) program. | | | | |
| 7 | Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling. | | | | |
| 8 | All regular pay, special pay, and allowances of a member of the Armed Forces. | | | | |
| | **Subtotal Total:** | | | | |



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| | Assets: | Source | Total Value of Asset | Interest Earned Annually |
|---|---|---|---|---|
| 1a | Cash held in savings accounts (current balance) | | | |
| 1b | Cash held in checking accounts (avg. balance for last 6 mos.) | | | |
| 1c | Cash held in safe deposit boxes | | | |
| 1d | Other cash | | | |
| 2 | Cash value of revocable trusts available to the applicant. | | | |
| 3 | Equity in rental property or other capital investments. | | | |
| 4 | Cash value of stocks or bonds. | | | |
| 5a | Cash value of Treasury bills, certificates of deposit and money market accounts. | | | |
| 5b | Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty). | | | |
| 6 | Retirement and pension funds. | | | |
| 7 | Cash value of life insurance policies available before death. | | | |
| 8 | Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. | | | |
| 9 | Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. | | | |
| 10 | Mortgages or deeds of trust held by applicant. | | | |
| | **Total Assets:** | | | |
| | **Total Income (Subtotal + Assets):** | | | |

## APPLICANT'S CERTIFICATION

I certify that all information on the HOME Downpayment Assistance Program Application: Income Inclusions is true and correct to the best of my knowledge and I understand that any deliberate falsifications are grounds for rejection of the application. I consent to all verification of any information herein contained.

Applicant's Signature Date Co-Applicant's Signature Date

Print Name Print Name



EQUAL HOUSING OPPORTUNITY

# City of Hollister
# HOME First-Time Homebuyer (FTHB)
# Downpayment Assistance Program

## Loan Terms & Feature Disclosure

I hereby acknowledge by initialing and signing below the terms and features of the City of Hollister HOME First-Time Homebuyer (FTHB) Downpayment Assistance Program. The following terms and features of the City of Hollister First-Time Homebuyer (FTHB) Downpayment Assistance Program are as follows:

Please initial below:

_____ Must meet the definition of a First-Time Homebuyer

_____ Must meet applicable Income Limits

_____ The loan term is for thirty (30) years

_____ This is a loan (not a forgivable grant) for Down Payment Assistance

_____ The interest rate is two-percent (2.00%) simple interest

_____ The loan payments are deferred (no monthly required payments) for thirty (30) years

_____ The subject property must be located within the City of Hollister

By signing below I understand the terms and features of the City of Hollister HOME First-Time Homebuyer (FTHB) Downpayment Assistance Program.

| | |
|---|---|
| _____ | _____ |
| Applicant's Name | Co-Applicant's Name |
| _____ | _____ |
| Applicant's Signature | Co-Applicant's Signature |
| _____ | _____ |
| Date | Date |

Return this form to:
City of Hollister Attn: Housing Coordinator
339 Fifth Street, Hollister, CA. 95023

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# City of Hollister HOME First-Time Homebuyer (FTHB) Downpayment Assistance Program

## CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct the City of Hollister (hereinafter "Agency") to obtain and review my credit report. My credit report will be obtained from a credit report agency chosen by the Agency. I understand and agree that the Agency intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to the Agency in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan I

_____ Authorize,

_____ do not authorize,

the Agency to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible.

I understand that I may revoke my consent to these disclosures by notifying the Agency in writing.

| | |
|---|---|
| _____ | _____ |
| Applicant's Name | Co-Applicant's Name |
| _____ | _____ |
| Applicant's Signature | Co-Applicant's Signature |
| _____ | _____ |
| Social Security Number | Social Security Number |
| _____ | _____ |
| Date | Date |

Return this form to:
City of Hollister, Attn: Housing Coordinator
339 Fifth Street, Hollister, CA. 95023

EQUAL HOUSING OPPORTUNITY

City of Hollister HOME First-Time Homebuyer (FTHB)
Downpayment Assistance Program

## FAIR LENDING NOTICE

TO: ALL APPLICANTS FOR A LOAN FOR THE PURCHASE, CONSTRUCTION, REHABILITATION, IMPROVEMENT, OR REFINANCING OF A ONE-TO-FOUR FAMILY RESIDENCE.

UNDER THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977, IT IS UNLAWFUL FOR A FINANCIAL INSTITUTION TO REFUSE TO MAKE A LOAN OR TO OFFER LESS FAVORABLE TERMS THAN NORMAL (SUCH AS A FIIGHER INTEREST RATE, LARGER DOWN PAYMENT, OR SHORTER MATURITY) BASED ON ANY OF THE FOLLOWING CONSIDERATIONS:

1. NEIGHBORHOOD CHARACTERISTICS (SUCH AS THE AVERAGE AGE OF THE HOMES OR THE INCOME LEVEL IN THE NEIGHBORHOOD) EXCEPT TO A LIMITED EXTENT NECESSARY TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE.

2. RACE, SEX, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, OR ANCESTRY.

IT IS ALSO UNLAWFUL TO CONSIDER. IN APPRAISING A RESIDENCE THAT THE RACIAL, ETHNIC, OR RELIGIOUS COMPOSITION OF THE NEIGHBOR-HOOD IS UNDERGOING CHANGE OR IS EXPECTED TO UNDERGO CHANGE.
IF YOU WISH TO FILE A COMPLAINT, OR IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT:

OFFICE OF THE COMPTROLLER OF THE CURRENCY (O.C.C.)
ATTENTION: CONSUMER COMPLAINT DEPARTMENT
50 FREMONT STREET, SUITE 3900
SAN FRANCISCO, CA 94105 (415) 545-5975

IF YOU FILE A COMPLAINT, THE LAW REQUIRES THAT YOU RECEIVE A DECISION WITHIN THIRTY (30) DAYS. I (WE) RECEIVED A COPY OF THIS NOTICE.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date

EQUAL HOUSING OPPORTUNITY

# City of Hollister
# HOME First-Time Homebuyer (FTHB)
# Down Payment Assistance Program

## FINANCIAL PRIVACY ACT NOTICE

This notice is required by the Rights to Financial Privacy Act of 1978 and the Gramm-Leach-Bliley Act of 1999 to inform you of the types of financial records that are kept on file by the City of Hollister and which agencies or organizations have access to that information.

1. Purpose of Financial Record Keeping:
   Financial records are kept on file by the City of Hollister for the purpose of documenting eligibility for various housing programs. These programs are administered by the City of Hollister.

2. Financial Records Kept on File:
   Loan Applications, Income Certifications, Federal Tax Returns, Income Verification from Employment, Verification of Benefits, Personal Credit Reports, Verification of Assets, Property Appraisals, Loan Payment Records and other such information relating to loan or housing program applications, eligibility determinations and/or loan servicing.

3. Agencies and Organizations with Right of Access to Financial Information Without Further Notice

   A. Federal and State Agencies
      U.S. Department of Housing and Urban Development
      State Department of Housing and Community Development
   B. Law Enforcement Agencies
   C. Other Agencies or Organizations as required or permitted by law, or court order

4. Right of Access with Express Written Consent:
   Except as described above, your financial records may not be shared or released to private individuals, private businesses, or other entities without your express written consent.

5. Acknowledgement receipt of a copy of this Notice.

I/We acknowledge receipt of a copy of this Notice.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date

EQUAL HOUSING OPPORTUNITY

City of Hollister
HOME First-Time Homebuyer (FTHB)
Downpayment Assistance Program

## Release of Information

To Whom It May Concern;

I / we the undersigned applicants are requesting a first-time homebuyer down payment assistance loan from the City of Hollister. You are hereby authorized to release to the City of Hollister, or its agents, any information necessary for the purpose of processing my / our application. Such information includes but is not limited to:

| | |
|---|---|
| Loan application: | Entire loan package including application forms, credit reports, disclosures and related information. |
| Income: | history, dates, title, income, hours, etc. from employment and non-employment sources |
| Mortgage Loans: | loan balances, dates of loans, proposed financing, underwriting analysis, payment amount and payment history, etc. |
| Other: | any related matters such as, property appraisal, and title reports |

Borrower(s) Privacy Act Notice: any information is to be used by the City of Hollister to determine whether you qualify for the first-time homebuyer down payment assistance loan. It will not be disclosed to any one except as required and permitted by law. You do not have to provide us with the information, but if you do not, your application for approval may be delayed or denied.

IMPORTANT

A scanned, carbon, emailed file / attachment, or facsimile copy of this authorization (bearing a valid copy of the signature/s of the undersigned) may be deemed to be the equivalent of and used as a duplicate original.

| | | |
|---|---|---|
| _____ | ____/____/____ | _____-_____-_____ |
| Applicant | Date | Social Security Number |
| _____ | ____/____/____ | _____-_____-_____ |
| Applicant | Date | Social Security Number |

Return this form to
City of Hollister, Attn: Housing Coordinator
339 Fifth Street, Hollister, CA. 95023

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# ATTACHMENT H

INSTRUCTIONS TO HOME BUYER

A. Participant works with lender of choice to obtain the primary lender's pre-qualification letter.

B. Participant works with real estate agent to select home. Program disclosures are reviewed with agent for presentation to seller. Preference will be given to vacant or owner occupied homes rather then tenant occupied.

C. Participant selects home and enters into a purchase contract (contingent upon receiving Program loan approval). Lender provides the Agency with a copy of:
- real estate sales contract
- residential loan application
- credit report
- verified income documentation
- disclosure statement
- proof of personal funds for participation in program
- breakdown of closing costs
- structural pest control clearance
- appraisal with photos
- escrow instructions
- preliminary title report

D. Agency reviews paper work to determine program eligibility and financing affordability for participant etc.

F. Agency staff meets with qualified applicant to provide information relative to the program requirements, the lending process, and home ownership responsibilities.

F. Agency has home inspected (if necessary) to meet HQS or code compliance (dependent upon the program). Notice of any deficiencies or needed corrections are given to participant's real estate agent, with recommended course of action.

G. Agency staff requests loan approval. Following loan approval, the Agency prepares Deed of Trust, Promissory Note, Notice of Default, Grant Agreement, Owner Occupant Agreement with the City of Hollister, requests checks and deposits same into escrow.

H. Escrow company furnishes Agency with proof of documents to be recorded, and any escrow close out information. After receipt of recorded loan documents, HUD I, Insurance Loss Payee Certification and Final Title Insurance Policy (Program Operator) closes out the loan file.

# ATTACHMENT E

## SELLERS LEAD-BASED PAINT DISCLOSURE

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**
**Lead Warning Statement**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) ____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____

(ii)____ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) ____ Seller has provided the purchaser with all available records and reports pertaining to Lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

(ii) ____Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgment** (initial)

(c)____Purchaser has received copies of all information listed above.

(d)____Purchaser has received the pamphlet Protect Your Family from Lead in Your Home.

(e)____Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) _____waived the opportunity to conduct a risk assessment or inspection for the presence of Lead-based paint and/or lead-based paint hazards. (NOT PERMISSIBLE FOR HOME PROGRAM).

**Agent's Acknowledgment** (initial)

(f)____ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

| | | | |
|---|---|---|---|
| Seller | Date | Seller | Date |
| Purchaser | Date | Purchaser | Date |
| Agent | Date | Agent | Date |

# ATTACHMENT F

**Homebuyer Assistance Program**
**Lead-Based Paint Contract Contingency Language**

**Required for Homes built prior to 1979**

This contract is contingent upon a risk assessment or inspection of the property for the presence of lead-based paint and/or lead-based paint hazards at the Purchaser's expense until 9 p.m. on the tenth calendar-day after ratification. This ending date is: _____. [Insert date 10 days after contract ratification or a date mutually agreed upon]. (Intact lead-based paint that is in good condition is not necessarily a hazard. See the EPA pamphlet "Protect Your Family From Lead in Your Home" for more information.)

This contingency will terminate at the above predetermined deadline unless the Purchaser (or Purchaser's agent) delivers to the Seller (or Seller's agent) a written contract addendum listing the specific existing deficiencies and corrections needed, together with a copy of the inspection and/or risk assessment report.

The Seller may, at the Seller's option, within 10 days after Delivery of the addendum, elect in writing whether to correct the condition(s) prior to settlement. If the Seller will correct the condition, the Seller shall furnish the Purchaser with certification from a risk assessor or inspector demonstrating that the condition has been remedied before the date of the settlement. If the Seller does not elect to make the repairs, or if the Seller makes a counteroffer, the Purchaser shall have 10 days to respond to the counter-offer or remove this contingency and take the property in "as is" condition or this contract shall become void. The Purchaser may remove this contingency at any time without cause.

Seller Name:_____ Date: _____

Purchaser: _____ Date: _____

Property Address: _____

# ATTACHMENT G

**Disclosure to Seller with Voluntary, Arm's Length Purchase Offer**

**DECLARATION**

This is to inform you that _____ would like to purchase the property, located at _____, if a satisfactory agreement can be reached. We are prepared to pay $_____ for a clear title to the property under conditions described in the attached proposed contract of sale.

Because Federal funds may be used in the purchase, however, we are required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell, the buyer, _____, thru the agency,_____ will not acquire your property. The buyer does not have the power of eminent domain to acquire your property by condemnation (i.e. eminent domain) and the agency/Sponsor _____ will not use the power of eminent domain to acquire the property.
2. The estimated fair market value of the property is $_____ and was estimated by _____, to be finally determined by a professional appraiser prior to close of escrow.

Since the purchase would be a voluntary, arms length, transaction you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation. Also, as indicated in the contract of sale, this offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed.

Again, please understand that if you do not wish to sell your property, we will take no further action to acquire it. If you are willing to sell the property under the conditions described in the attached contract of sale, please sign the contract and return it to us at: _____. If you have any questions about this matter, please contact _____at _____.

Sincerely,

_____
Title

_____ _____
*Buyer* Date

_____ _____
*Buyer* Date

Form continues on next page with Seller's Acknowledgment

**Disclosure to Seller with Voluntary, Arm's Length Purchase Offer (Page 2)**

## Acknowledgement

As the Seller I/we understand that the Agency will inspect the property for health and safety deficiencies. I/we also understand that public funds may be involved in this transaction and, as such, if the property was built before 1978, a lead-based paint disclosure must be signed by both the buyer and seller, and that a Visual Assessment will be conducted to determine the presence of deteriorated paint.

As the Seller, I/we understand that in order for the buyer to receive assistance from the City's Program, the property must be currently owner-occupied, vacant for four months at the time of submission of purchase offer, new (never occupied), or renter purchasing the unit. I/we hereby certify that the property is:

☐ Vacant at least 3 months; ☐ Owner-occupied; ☐ New; or ☐ Being Purchased by Occupant

***I/we hereby certify that I have read and understand this "Declaration" and ☐ a copy of said Notice was given to me prior to the offer to purchase. If received after presentation of the purchase offer, I/We choose ☐ to withdraw or ☐ not to withdraw, from the Purchase Agreement.***

| | |
|---|---|
| *Seller* | Date |
| *Seller* | Date |

# Verification of Employment

State HCD
Division of Financial Assistance

City/County of _____

Contact: _____

_____

_____

**AUTHORIZATION:** Federal regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last increase: ____

Base pay rate: $_____/Hour; or $_____/Week; or $_____/Month

Average hours/week at base pay rate: _____ Hours

No. Weeks ___, or No. Weeks ___ worked per year

Overtime pay rate: $_____/Hour

Expected weekly average number of hours overtime to be worked during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ $_____ per _____

Is pay received for vacation? ___ If yes, no. of days/yr.___

Total base pay earnings for past 12 mos. $_____

Total overtime earnings for past 12 mos. $_____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? Yes No

If Yes, what amount can they get access to: $_____

**RELEASE**: I hereby authorize the release of the requested information.

_____

(Signature of Applicant)

Date: _____

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

**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.

# Verification of Assets on Deposit

State HCD
Division of Financial Assistance

City/County of _____

Contact: _____

_____

**AUTHORIZATION:** Federal regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested

| Checking Account No. | Average Monthly Balance for Last 6 Months | Current Interest rate | |
|---|---|---|---|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| **Savings Account No.** | **Current Balance** | **Current Interest Rate** | **Current Interest Rate** |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| **Certificate of Deposit Account No.** | **Amount** | **Withdrawal Penalty** | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

**Retirement Savings (IRA, Keogh, 401(k))**

| Account No. | Amount | Withdrawal Penalty | Current Interest Rate |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Money Market Funds**

| Money Market Funds | Amount (Average 6-month Balance) | Interest Rate | |
|---|---|---|---|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

**RELEASE**: I hereby authorize the release of the requested information.

_____

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or Authorized Representative

_____

Title: _____

Date: _____

Telephone: _____

**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.

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

| | |
|---|---|
| **1a** Name shown on tax return. If a joint return, enter the name shown first. | **1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)** |
| **2a** If a joint return, enter spouse's name shown on tax return. | **2b Second social security number or individual taxpayer identification number if joint tax return** |

**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

**4** Previous address shown on the last return filed if different from line 3 (see instructions)

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

**Caution.** *If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.*

**6** **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

**a** **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b** **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

**c** **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

**7** **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

**8** **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

**Caution.** *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____ _____ _____ _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

**Sign Here**

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

Section references are to the Internal Revenue Code unless otherwise noted.

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at *www.irs.gov/form4506*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

# General Instructions

**CAUTION.** *Do not sign this form unless all applicable lines have been completed.*

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

| If you filed an individual return and lived in: | Mail or fax to the "Internal Revenue Service" at: |
|---|---|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>512-460-2272 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | RAIVS Team<br>Stop 37106<br>Fresno, CA 93888<br><br>559-456-5876 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | RAIVS Team<br>Stop 6705 P-6<br>Kansas City, MO 64999<br><br>816-292-6102 |

## Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to the "Internal Revenue Service" at: |
|---|---|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address | RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>801-620-6922 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | RAIVS Team<br>P.O. Box 145500<br>Stop 2800 F<br>Cincinnati, OH 45250<br><br>859-669-3592 |

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

***Individuals.*** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

***Corporations.*** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

***Partnerships.*** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

***All others.*** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

California Housing Finance Agency

# Down Payment Assistance *for* First-Time Homebuyers

CalHFA offers the following programs to help you with your down payment or closing costs. Payments on these one-of-a-kind loans are deferred, meaning you don't have to pay them back until you sell, refinance or pay off your home.

### California Homebuyer's Downpayment Assistance Program (CHDAP)

Offers up to 3% of the home price in down payment or closing cost assistance.

### Affordable Housing Partnership Program (AHPP)

A joint effort by CalHFA and many cities, counties and other nonprofits to offer a variety of down payment or closing cost programs.

## How to Get Started

Call 877.922.5432 for a referral to a CalHFA-approved lender before you start looking for a home. CalHFA loan officers can guide you through the pre-qualification process and tell you more about CalHFA's loan options, including interest rates and other eligibility requirements.

## Experience Where it Counts

Over the past 36 years, CalHFA has invested more than $19 billion in non-taxpayer funds to help 155,000 California families live in a home of their own with a mortgage they can afford.

Got questions?
We have answers.

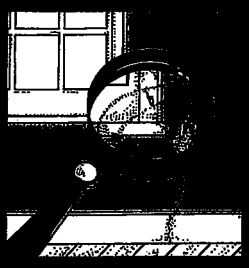
Call us toll free at **877.9.CalHFA** (**877.922.5432**)
or visit our web site, **www.calhfa.ca.gov**.

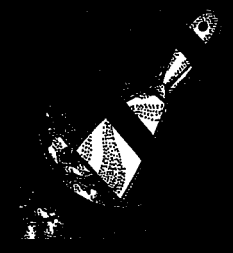
Cal HFA
California Housing Finance Agency

EQUAL HOUSING OPPORTUNITY

The California Housing Finance Agency does not discriminate on any prohibited basis in employment or in admission and access to its programs or activities. Not printed at the taxpayers' expense.

04/12





# Protect Your Family From Lead In Your Home

EPA United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

## Simple Steps To Protect Your Family From Lead Hazards

**If you think your home has high levels of lead:**

- Get your young children tested for lead, even if they seem healthy.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods.
- Get your home checked for lead hazards.
- Regularly clean floors, window sills, and other surfaces.
- Wipe soil off shoes before entering house.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-LEAD for guidelines).
- Don't use a belt-sander, propane torch, high temperature heat gun, scraper, or sandpaper on painted surfaces that may contain lead.
- Don't try to remove lead-based paint yourself.

Recycled/Recyclable
Printed with vegetable oil based inks on recycled paper (minimum 50% postconsumer) process chlorine free.

## Are You Planning To Buy, Rent, or Renovate a Home Built Before 1978?

Many houses and apartments built before 1978 have paint that contains high levels of lead (called lead-based paint). Lead from paint, chips, and dust can pose serious health hazards if not taken care of properly.

**OWNERS, BUYERS, and RENTERS** are encouraged to check for lead (see page 6) before renting, buying or renovating pre-1978 housing.

Federal law requires that individuals receive certain information before renting, buying, or renovating pre-1978 housing:

**LANDLORDS** have to disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a disclosure about lead-based paint.

**SELLERS** have to disclose known information on lead-based paint and lead-based paint hazards before selling a house. Sales contracts must include a disclosure about lead-based paint. Buyers have up to 10 days to check for lead.

**RENOVATORS** disturbing more than 2 square feet of painted surfaces have to give you this pamphlet before starting work.

# IMPORTANT!

## Lead From Paint, Dust, and Soil Can Be Dangerous If Not Managed Properly

**FACT:** Lead exposure can harm young children and babies even before they are born.

**FACT:** Even children who seem healthy can have high levels of lead in their bodies.

**FACT:** People can get lead in their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.

**FACT:** People have many options for reducing lead hazards. In most cases, lead-based paint that is in good condition is not a hazard.

**FACT:** Removing lead-based paint improperly can increase the danger to your family.

If you think your home might have lead hazards, read this pamphlet to learn some simple steps to protect your family.



## Lead Gets in the Body in Many Ways

**Childhood lead poisoning remains a major environmental health problem in the U.S.**

**Even children who appear healthy can have dangerous levels of lead in their bodies.**

**People can get lead in their body if they:**

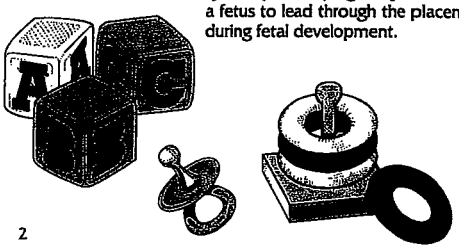
- Breathe in lead dust (especially during renovations that disturb painted surfaces).
- Put their hands or other objects covered with lead dust in their mouths.
- Eat paint chips or soil that contains lead.

**Lead is even more dangerous to children under the age of 6:**

- At this age children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

**Lead is also dangerous to women of childbearing age:**

- Women with a high lead level in their system prior to pregnancy would expose a fetus to lead through the placenta during fetal development.





**Lead's Effects**

It is important to know that even exposure to low levels of lead can severely harm children.

**In children, lead can cause:**

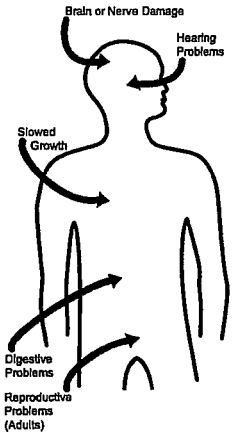
- Nervous system and kidney damage.
- Learning disabilities, attention deficit disorder, and decreased intelligence.
- Speech, language, and behavior problems.
- Poor muscle coordination.
- Decreased muscle and bone growth.
- Hearing damage.

While low-lead exposure is most common, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults too.

**In adults, lead can cause:**

- Increased chance of illness during pregnancy.
- Harm to a fetus, including brain damage or death.
- Fertility problems (in men and women).
- High blood pressure.
- Digestive problems.
- Nerve disorders.
- Memory and concentration problems.
- Muscle and joint pain.




**Lead affects the body in many ways.**



## Where Lead-Based Paint Is Found

**In general, the older your home, the more likely it has lead-based paint.**

**Many homes built before 1978 have lead-based paint.** The federal government banned lead-based paint from housing in 1978. Some states stopped its use even earlier. Lead can be found:

- In homes in the city, country, or suburbs.
- In apartments, single-family homes, and both private and public housing.
- Inside and outside of the house.
- In soil around a home. (Soil can pick up lead from exterior paint or other sources such as past use of leaded gas in cars.)

## Checking Your Family for Lead

**Get your children and home tested if you think your home has high levels of lead.**

**To reduce your child's exposure to lead, get your child checked, have your home tested (especially if your home has paint in poor condition and was built before 1978), and fix any hazards you may have.** Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect high levels of lead. Blood tests are usually recommended for:

- Children at ages 1 and 2.
- Children or other family members who have been exposed to high levels of lead.
- Children who should be tested under your state or local health screening plan.

Your doctor can explain what the test results mean and if more testing will be needed.

## Identifying Lead Hazards

**Lead-based paint** is usually not a hazard if it is in good condition, and it is not on an impact or friction surface, like a window. It is defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter, or more than 0.5% by weight.

**Deteriorating lead-based paint (peeling, chipping, chalking, cracking or damaged)** is a hazard and needs immediate attention. It may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear, such as:

- Windows and window sills.
- Doors and door frames.
- Stairs, railings, banisters, and porches.

**Lead from paint chips, which you can see, and lead dust, which you can't always see, can both be serious hazards.**

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can re-enter the air when people vacuum, sweep, or walk through it. The following two federal standards have been set for lead hazards in dust:

- 40 micrograms per square foot ($\mu g/ft^2$) and higher for floors, including carpeted floors.
- 250 $\mu g/ft^2$ and higher for interior window sills.

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. The following two federal standards have been set for lead hazards in residential soil:

- 400 parts per million (ppm) and higher in play areas of bare soil.
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard.

The only way to find out if paint, dust and soil lead hazards exist is to test for them. The next page describes the most common methods used.



## Checking Your Home for Lead

**Just knowing that a home has lead-based paint may not tell you if there is a hazard.**

You can get your home tested for lead in several different ways:

- A paint **inspection** tells you whether your home has lead-based paint and where it is located. It won't tell you whether or not your home currently has lead hazards.
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards.
- A combination risk assessment and inspection tells you if your home has any lead hazards and if your home has any lead-based paint, and where the lead-based paint is located.

Hire a trained and certified testing professional who will use a range of reliable methods when testing your home.

- Visual inspection of paint condition and location.
- A portable x-ray fluorescence (XRF) machine.
- Lab tests of paint, dust, and soil samples.

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

**Home test kits for lead are available, but may not always be accurate.** Consumers should not rely on these kits before doing renovations or to assure safety.



## What You Can Do Now To Protect Your Family

**If you suspect that your house has lead hazards, you can take some immediate steps to reduce your family's risk:**

- **If you rent, notify your landlord of peeling or chipping paint.**
- **Clean up paint chips immediately.**
- **Clean floors, window frames, window sills, and other surfaces weekly.** Use a mop or sponge with warm water and a general all-purpose cleaner or a cleaner made specifically for lead. REMEMBER: NEVER MIX AMMONIA AND BLEACH PRODUCTS TOGETHER SINCE THEY CAN FORM A DANGEROUS GAS.

- **Thoroughly rinse sponges and mop heads after cleaning dirty or dusty areas.**
- **Wash children's hands often, especially before they eat and before nap time and bed time.**
- **Keep play areas clean.** Wash bottles, pacifiers, toys, and stuffed animals regularly.
- **Keep children from chewing window sills or other painted surfaces.**
- **Clean or remove shoes before entering your home to avoid tracking in lead from soil.**
- **Make sure children eat nutritious, low-fat meals high in iron and calcium,** such as spinach and dairy products. Children with good diets absorb less lead.

## Reducing Lead Hazards In The Home

**Removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

**Always use a professional who is trained to remove lead hazards safely.**

In addition to day-to-day cleaning and good nutrition:

- You can **temporarily** reduce lead hazards by taking actions such as repairing damaged painted surfaces and planting grass to cover soil with high lead levels. These actions (called "interim controls") are not permanent solutions and will need ongoing attention.
- To **permanently** remove lead hazards, you should hire a certified lead "abatement" contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent removal.

Always hire a person with special training for correcting lead problems—someone who knows how to do this work safely and has the proper equipment to clean up thoroughly. Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Once the work is completed, dust cleanup activities must be repeated until testing indicates that lead dust levels are below the following:

- 40 micrograms per square foot ($\mu g/ft^2$) for floors, including carpeted floors;
- 250 $\mu g/ft^2$ for interior windows sills; and
- 400 $\mu g/ft^2$ for window troughs.

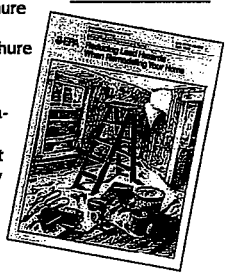
Call your state or local agency (see bottom of page 11) for help in locating certified professionals in your area and to see if financial assistance is available.

## Remodeling or Renovating a Home With Lead-Based Paint

Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- **Have the area tested for lead-based paint.**
- **Do not use a belt-sander, propane torch, high temperature heat gun, dry scraper, or dry sandpaper** to remove lead-based paint. These actions create large amounts of lead dust and fumes. Lead dust can remain in your home long after the work is done.
- **Temporarily move your family** (especially children and pregnant women) out of the apartment or house until the work is done and the area is properly cleaned. If you can't move your family, at least completely seal off the work area.
- **Follow other safety measures to reduce lead hazards.** You can find out about other safety measures by calling 1-800-424-LEAD. Ask for the brochure "Reducing Lead Hazards When Remodeling Your Home." This brochure explains what to do before, during, and after renovations.

**If not conducted properly, certain types of renovations can release lead from paint and dust into the air.**



If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



## Other Sources of Lead

**While paint, dust, and soil are the most common sources of lead, other lead sources also exist.**

- **Drinking water.** Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in it:
  - Use only cold water for drinking and cooking.
  - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.
- **The job.** If you work with lead, you could bring it home on your hands or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- Old painted **toys** and **furniture.**
- Food and liquids stored in **lead crystal** or **lead-glazed pottery or porcelain.**
- **Lead smelters** or other industries that release lead into the air.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture.
- **Folk remedies** that contain lead, such as "greta" and "azarcon" used to treat an upset stomach.



## For More Information

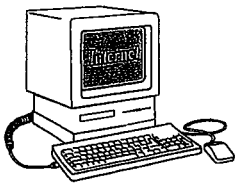
**The National Lead Information Center**

Call **1-800-424-LEAD (424-5323)** to learn how to protect children from lead poisoning and for other information on lead hazards. To access lead information via the web, visit **www.epa.gov/lead** and **www.hud.gov/offices/lead/.**

**EPA's Safe Drinking Water Hotline**

Call **1-800-426-4791** for information about lead in drinking water.

**Consumer Product Safety Commission (CPSC) Hotline**



To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury call **1-800-638-2772**, or visit CPSC's Web site at: **www.cpsc.gov.**

**Health and Environmental Agencies**

Some cities, states, and tribes have their own rules for lead-based paint activities. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your local contacts on the Internet at **www.epa.gov/lead** or contact the National Lead Information Center at **1-800-424-LEAD.**

For the hearing impaired, call the Federal Information Relay Service at **1-800-877-8339** to access any of the phone numbers in this brochure.



## EPA Regional Offices

Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**EPA Regional Offices**

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)
Regional Lead Contact
U.S. EPA Region 1
Suite 1100 (CPT)
One Congress Street
Boston, MA 02114-2023
1 (888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)
Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 209, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6671

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, Washington DC, West Virginia)
Regional Lead Contact
U.S. EPA Region 3 (3WC33)
1650 Arch Street
Philadelphia, PA 19103
(215) 814-5000

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
Regional Lead Contact
U.S. EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
Regional Lead Contact
U.S. EPA Region 5 (DT-8J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 886-6003

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-7577

**Region 7** (Iowa, Kansas, Missouri, Nebraska)
Regional Lead Contact
U.S. EPA Region 7
(ARTD-RALI)
901 N. 5th Street
Kansas City, KS 66101
(913) 551-7020

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
Regional Lead Contact
U.S. EPA Region 8
999 18th Street, Suite 500
Denver, CO 80202-2466
(303) 312-6021

**Region 9** (Arizona, California, Hawaii, Nevada)
Regional Lead Contact
U.S. Region 9
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4164

**Region 10** (Alaska, Idaho, Oregon, Washington)
Regional Lead Contact
U.S. EPA Region 10
Toxics Section WCM-128
1200 Sixth Avenue
Seattle, WA 98101-1128
(206) 553-1985

## CPSC Regional Offices

Your Regional CPSC Office can provide further information regarding regulations and consumer product safety.

**Eastern Regional Center**
Consumer Product Safety Commission
201 Varick Street, Room 903
New York, NY 10014
(212) 620-4120

**Western Regional Center**
Consumer Product Safety Commission
1301 Clay Street, Suite 610-N
Oakland, CA 94612
(510) 637-4050

**Central Regional Center**
Consumer Product Safety Commission
230 South Dearborn Street, Room 2944
Chicago, IL 60604
(312) 353-8260

## HUD Lead Office

Please contact HUD's Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control and research grant programs.

**U.S. Department of Housing and Urban Development**
Office of Healthy Homes and Lead Hazard Control
451 Seventh Street, SW, P-3206
Washington, DC 20410
(202) 755-1785

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U.S. EPA Washington DC 20460
U.S. CPSC Washington DC 20207
U.S. HUD Washington DC 20410

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