INTRODUCTION
The County of Hudson and PACO are pleased to announce the Lead-Safe Hudson County Program. The purpose of the program is to identify and remediate lead-based paint hazards via interim controls to prevent elevated blood lead levels in children and pregnant women. The program targets low-moderate income households in Hudson County.

ELIGIBILITY
To be eligible for the Program, properties and homeowners must meet the following criteria:
- Applicants must meet HUD income guidelines for the county;
- Property must have been built prior to 1978;
- Property must have lead-based paint hazards;

PRIORITY
Applications with the following will receive priority consideration:
- Properties with an Order to Abate
- Households with children with elevated blood lead levels
- Households with children under age 6 living or frequently visiting
- Households with pregnant women

INCOME ELIGIBILITY
The Lead-Safe Hudson County Program is for low to moderate income (LMI) homeowners and tenants. Eligibility is based on the household income. The homeowner and/or the tenant household adjusted gross income may not exceed 80% of Area Median Income based on the Jersey City, NJ HUD Metro FMR Area Income Limits.

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>AMI Limit</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
<th>Six</th>
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<tr>
<td>80% Limit</td>
<td>52,750</td>
<td>60,250</td>
<td>67,800</td>
<td>75,300</td>
<td>81,350</td>
<td>87,350</td>
<td>93,400</td>
<td>99,400</td>
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*Based on IRS 1040 Adjusted Gross Income

Questions? Please call us at (844) PACO-HEA (844) 722-6432
Please mail the completed application to: 346 Central Ave., Jersey City, NJ 07307
Lead-Safe Hudson County Program

Client Name:  Phone:  
Address:  Client No:

Document Checklist:

Tenants & Owners

☐ Signed “Confirmation of Receipt of Lead Pamphlet”

☐ Completed application form
  • If Local Department of Health has issued Order to Abate, please provide a copy

☐ Income Verification Documentation for All Household Members Over Age 18:
  • Completed and Signed 4506T-EZ Short Form Request for Individual Tax Return Transcript
  • 60 Days Current Pay Stubs or Employer Provided Statement of Income
  • Social Security Benefits Statement (Retirement, Disability, SSI)
  • Pension/Annuity Benefits Statement
  • Unemployment Benefits Statement
  • Worker’s Compensation Benefits Statement
  • Child Support & Alimony Payments
  • 2 Months Bank Statements
  • Tenant Leases (Owner Occupants Only)
  • Any Other Regular Income

☐ For Members of Household with No Income, Signed and Notarized Affidavit of No Income

☐ Tenants: Lease Agreement

☐ Owners:
  • Copy of Deed (May be obtained from Hudson County Register’s Office-257 Cornelison Ave. 2nd Floor)
  • Tenant Household Information form completed with requested household information. To expedite application review, please provide Income Verification Documentation for tenant households with the application. Tenant may also provide documentation directly to agency office.

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Application

Department of Health Information
Has the Local Department of Health issued an Order to Abate for the home? ☐ Yes ☐ No

NJ Weatherization Assistance Program
Has the property been deferred from the NJ Department of Community Affairs (DCA) Weatherization Assistance Program (WAP) due to the presence of lead-based paint hazards? ☐ Yes ☐ No

Applicant Information
Last Name: _________________________ First Name: ______________________________ Middle Initial: ______
Mailing Address:_____________________________________________________________________________
Phone: (Home): ___________________________________ Phone (Work): ______________________________
Email Address: ___________________________________ Cell Phone: ___________________________________
Are you the ☐ Owner or ☐ Tenant?
Owner/Landlord Name & Phone Number:__________________________________________________________

How many children under age 6 live in the property (all units)? ______
How many children under age 6 regularly visit the property (all units)? ______ How frequently? _____________
How many pregnant women live in the property (all units)? ______

Property Information
Address: ______________________________________________________________________________________
City/Town, and Zip Code: _______________________________________________________________________
Block Number: _________   Lot Number: __________
Number of Legal Dwelling Units in Building: ______
Year of Building Construction: _________________________
Historical Significance- Has the property been designated “historic,” or is it located in a historic district?
☐ Yes ☐ No ☐ Unsure

Type of Exterior (vinyl, wood clapboard, etc.): _____________________________________________

Occupancy Information (please choose one):
☐ Owner Occupied-No Rental Units   ☐ Owner Occupied-With Rental Units   ☐ Rental Only Property

Is the unit determined to be structurally sound and occupancy is permissible under State and Local building and
property maintenance codes? ☐ Yes ☐ No

Applicant Signature: ________________________________
Date: __________________________

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Lead-Safe Hudson County Program

Tenant Household Information Form
*For Owner Applicants with Tenants ONLY

<table>
<thead>
<tr>
<th>Unit #</th>
<th># of Bedrooms</th>
<th>Head of Household’s Name</th>
<th>Resident’s Phone Number</th>
<th>Family Size</th>
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Owner Signature: _______________________________________________

Date: __________________________________