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Harris County  
**Public Health**  
Building a Healthy Community

**Michael Schaffer, M.B.A.**  
Division Director  
Environmental Public Health  
101 South Richey, Suite G  
Pasadena, TX 77506  
Tel: (713) 274-6300  
Fax: (713) 274-6375

## Lead Hazard Control Program Information

The Harris County Public Health (HCPH) - **Lead Hazard Control Program** has received funds from the United States Department of Housing and Urban Development (HUD) and the Community Development Block Grant (CDBG) to address childhood lead poisoning in Harris County. Our goal is to determine if a child is being exposed to lead hazards in the home. If lead hazards are present, HCPH then determines the best strategy to eliminate the hazards from the property.

The *Lead Hazard Control Program* is a grant funded program. **Every project is 100% paid for by grant funds at no cost to the resident.** This includes the process of lead removal, moving expenses and temporary relocation (if needed) while the lead safe work is being performed.

**To qualify for the grant program, all applicants must meet the following criteria:**

1. Property must be built before Jan. 1, 1978 and contain lead based paint hazards.
2. Property taxes must be current with Harris County.
3. Applicant must meet HUD income requirements (see attached- medium family income limits).
4. Must have a child under age 6 living in, or a child who visits the home.

By completing the enclosed application, we are able to quickly qualify every application. Once you are qualified, we will begin the process by scheduling a free lead inspection. If lead is found, it will be removed at **no cost to you** by a certified professional contractor.

Again, we appreciate you taking this opportunity to reduce lead exposure in your home and helping make Harris County a Lead Safe community! We look forward to working with you in the near future. Should you have any questions about the application, feel free to contact **by calling 713-274-6374.**

Sincerely,

Beatrice Best  
Supervisor, Lead Grant Program

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# Lead Hazard Control Program

THE FOLLOWING INFORMATION MUST BE PROVIDED:

1. Housing  
Own or live in a single family property built before January 1, 1978
2. Income/Employment Information
  - ❖ 2 months check stubs from your place of employment (most recent)
  - ❖ An award letter or proof of Social Security income/SSI benefits or child support, or unemployment benefits.
3. Copies of all utility statements (**water, light, gas**)
4. Social Security card for each family member
5. Driver's license or government issued photo identification for each adult
6. Property taxes must be current
7. Two (2) months of bank statements from all financial institutions

For your convenience, a pre-paid envelope is enclosed. Please mail or fax the application to 713-274-6455. If you have questions, please call us at 713-274-6374.

NECESITAMOS COPIAS DE LA SIGUIENTE INFORMACIÓN:

1. Vivienda (Propiedad)  
Ser dueño o vivir en una casa individual construida antes del 1 de enero de 1978
2. Información de empleo y salario
  - ❖ 2 meses de talones de la nómina de empleo ( los mas recientes )
  - ❖ Carta de certificación ó prueba de ingresos de beneficios de la oficina del Seguro Social, pensión, desempleo, ó manutención infantil
3. Talón de recibo de los servicios de (**agua, luz y gas**)
4. Número del seguro social de cada uno de los miembros de la familia
5. Licencia de manejar ó identificación con foto de cada adulto
6. Estar al corriente en los impuestos de la propiedad
7. Dos (2) meses del estado de cuentas bancarias de instituciones financieras

Para su conveniencia proporcionamos un sobre pre-pagado.  
La aplicación puede ser enviada por correo o por medio de fax 713-274-6455.  
Si tiene preguntas puede llamarnos al 713-274-6374

# 2018 MEDIAN FAMILY INCOME (MFI) LIMITS

## Income Limits by Household Size

INCOME LEVELS	Household Size							
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Low Income (Limits based on 51-80% of MFI)	41,950	47,950	53,950	59,900	64,700	69,500	74,300	79,100

Source: U.S. Department of Housing and Development, June 1, 2018



## APPLICATION FOR LEAD HAZARD CONTROL PROGRAM

(English-print/ Espanol-letra de molde)

Applicant Information / Información del Apicante						
Name/Nombre:						
Home Address/Dirección:						
City/Ciudad:		State/Estado:			Zip Code/Area Postal:	
Home Phone #/Teléfono:		Cellular #:				
D.O.B./Fecha de Nacimiento:		Race/Raza:				
SS#/Seguro Social:		TXDL/ID#/Licencia de Manejar ó ID:				
Marital Status/Estado Civil:		Number of Dependents/Cuantos dependientes?				
Pregnant woman/mujer embarazada:						
Household Composition / Miembros de la Casa						
HH Mbr # Miembros	Last Name Apellido	First Name & Middle Initial Primer nombre	Relationship to Head of Household Relación con los padres	Date of Birth (mm/dd/yyyy) Fecha de Nacimiento	<< 'A Ya VYf 5 [ Y Edad de Miebro	Social Security # or Alien Reg. No. Seguro Social ó IRS#
1						
2						
3						
4						
5						
6						
7						
Employment Information / Información de Empleo						
Employer Name/Nombre de la Compañía:						
Employer Address/Dirección:				Telephone #/Teléfono:		
Occupation/Ocupación:				How Long/Cuánto tiempo?		
Annual Income/Sueldo anual: \$		(Please circle) Hourly or Salary? (Circular) Por hora ó salario?		Weekly or Biweekly? Semanal ó Quincena?		
Spouse Information/Información del Cónyuge						
Name/Nombre:		SS#/Seguro Social:		TXD/ID#:		
Employer Name & Address/Nombre y dirección de la Compañía:						
Telephone #/Telefono:		Occupation/Ocupación:			How Long/Cuánto tiempo?	
Annual Income/Sueldo anual: \$		(Please circle) Hourly or Salary? (Circular) Por hora ó salario?		Weekly or Biweekly? Semanal ó Quincena?		
Emergency Contact / Contacto en Caso de Emergencia						
Name of a relative not residing with you/Nombre de un familiar que no viva en su casa:						
Address/Dirección:						
Telephone #/Telefono:			Relationship/Relación:			

**Other Income/Otros Ingresos**

<b>Child Support/Mantenimiento Infantil:</b> \$	<b>SS Benefits/Beneficios de SS:</b> \$
<b>Unemployment/Desempleo:</b> \$	<b>Bank-Savings Account/Cuenta de Cheques o Ahorro:</b> \$

Other-if other, please explain/ Si es otro, por favor explique:

**Household Information / Información de la Propiedad**

<b>Number of Rooms/Cuántos cuartos?</b>	<b>Number of Bathrooms/Cuántos baños?</b>
---	---

**Deed Information/Título de la Propiedad**

Name that Appear(s) on Deed/Lienholder/Nombre que aparece en el Título:

**Insurance Information / Póliza de Seguro de la Propiedad**

Do you have property insurance/Tiene seguro de casa?

Insurance Company Name/Nombre de la Compañía de Seguro:

Policy Number/Número de Póliza:

Expiration Date of Policy/Fecha de vencimiento de la Póliza:

**Questions/Preguntas**

Are there children under the age of 6 living at home?/Hay niños menores de 6 años viviendo en su casa?

Are there children under the age of 6 who visit your house at least three days out of the week, 3 hours at a time? Y \_\_\_ N \_\_\_  
Hay niños menores de 6 años que visitan su casa 3 días a la semana, por lo menos 3 horas al día? Si \_\_\_ No \_\_\_

Name and age of visiting child/ Nombre y edad del niño que visita su casa:

Do you rent the home/ Está rentando?

If you answer yes, please provide Owner's name/Si contesto sí, favor de proveer el nombre del dueño:

Address/Dirección:

Telephone #/Teléfono:

How did you hear about this program?/Cómo se enteró de nuestro programa?

**PART II. ANNUAL INCOME (USE ANNUAL AMOUNTS) / INGRESO ANUAL**

HH Mbr # Miembros	(A) Employment or Wages Trabajo	(B) Soc. Security/Pensions Seguro Social/Pensiones	(C) Public Assistance Ayuda Pública	(D) Other Income Otros Ingresos
<b>TOTALS</b>	\$	\$	\$	\$

Add totals from (A+B+C+D) **TOTAL INCOME / TOTAL INGRESOS (E):** \$

**PART IV. INCOME FROM ASSETS / INGRESOS EN BIENES RAICES**

HH Mbr # Miembros	(F) Type of Asset Tipo de Bienes Raíces	(G) C/I Intereses	(H) Cash Value of Asset Valor de Bienes Raíces	(I) Annual Income from Asset Ingreso Anual de BR

**TOTALS:** \$

If (H) is over \$5000 X Passbook Rate Passbook Rate X .06% = (J) Imputed Income \$  
Si se pasa de \$5000 \$ \_\_\_\_\_ .06%

Enter greater of the total of column I or J: imputed income **TOTAL INCOME FROM ASSETS (K)** \$  
El mayor entre columnas I ó J Total ingreso por Bienes Raíces

**(L) Total Annual Household income from all Sources**  
Total Anual [Add (E + K)] \$

**AUTHORIZATION TO ENTER PROPERTY / AUTORIZACION PARA ENTRAR A LA PROPIEDAD**

This document serves as my/our authorization for a representative of the HCPH-LHCP to enter my/our property in order to perform a risk assessment and / or visual inspection. **Con este documento autorizo a un representante de HCPH-LHCP a entrar en mi propiedad para realizar una inspección de la Pintura a base de Plomo.**

**PAMPHLET RECEIPT ACKNOWLEDGEMENT / ENTREGA DE FOLLETO DE INFORMACION**

I/We have received the pamphlet, "Renovate Right" and am/are aware of the potential health risks associated with lead-based paint. **Yo/Nosotros hemos recibido el folleto "Remodelar Correctamente" y estoy consciente del daño que ocasiona la pintura a base de plomo.**

**AUTHORIZATION TO PERFORM LEAD SAFE WORK / PERMISO PARA REALIZAR TRABAJOS DE PREVENCION Y/O PARA REMOVER EL PLOMO**

You have my/our permission to perform lead safe work on my/our property. Yes\_\_\_\_\_ No\_\_\_\_\_ **Tiene mi/nuestra autorización para realizar trabajos de prevención y/o remover el plomo en mi/nuestra propiedad. Si\_\_\_\_\_ No\_\_\_\_\_**

**CERTIFICATION AND AGREEMENTS / CERTIFICACIONES Y AUTORIZACIONES**

I/We certify that all information in this application and information furnished in support of this application is given for the purpose of obtaining financial assistance under the Harris County Public Health - Lead Hazard Control Program and is true to the best of my/our knowledge and belief. **Yo/Nosotros certificamos que toda la información proporcionada en la aplicación es verídica y solamente con el propósito de obtener ayuda financiera del Departamento de Salubridad Pública – Programa a Base de Plomo del Condado Harris.**

\_\_\_\_\_ I/We further certify that I/we am/are not the owner(s) of the property described in this application and that the subject property is our personal residence and I/we intend to reside there for the foreseeable future. **(NO soy dueño, y SI es mi residencia personal)**

\_\_\_\_\_ I/We further certify that I/we am/are the owner(s) of the property described in this application and that the subject property is our personal residence and I/we intend to reside there for the foreseeable future. **(Soy dueño, y SI es mi residencia personal)**

\_\_\_\_\_ I/We further certify that I/we am/are the owner(s) of the property described in this application and that the subject property is not our personal residence and I/we do not intend to reside there for the foreseeable future. **(Soy dueño, y NO es mi residencia personal)**

I/We agree that the proceeds will be used only for lead safe work and related expenses described in this application. If the Approving Official determines that any portion of the proceeds will not or cannot be used for the purpose described herein, the applicants agree that they shall have no further interest, right or claim to those proceeds. Verification of any of the information contained in this application may be obtained from any source named herein. **Yo/Nosotros estamos de acuerdo que los beneficios serán usados solamente para fines de prevenir y/o remover la pintura a base de plomo. Si el Oficial autorizado determina que parte de los beneficios no se pueden aplicar para lo finnes mencionado, el aplicante esta de acuerdo en no reclamar, o exigir esos beneficios. La verificación de la información proporcionada en la aplicación podrá ser obtenida de cualquiera de los participantes mencionados.**

The undersigned has read and understands the above certifications and authorizations. **(El Participante ha leído y entendido las mencionadas certificaciones y autorizaciones)**

\_\_\_\_\_  
**Program Participant Printed Name/**  
**Nombre del Participante (letra de molde)**

\_\_\_\_\_  
**Program Participant Signature/Firma del Participante**

\_\_\_\_\_  
**Date/Fecha**

\_\_\_\_\_  
**Spouse's Printed Name/**  
**Nombre del Cónyuge (letra de molde)**

\_\_\_\_\_  
**Spouse's Signature/Firma del Cónyuge**

\_\_\_\_\_  
**Date/Fecha**

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## Authorization to Release Information

RE: \_\_\_\_\_  
(Name of Applicant)

The individual named above or a member of his/her family has applied for assistance with the Harris County Public Health - Lead Hazard Control Program. To determine the status of his/her eligibility, we must have verification of his/her gross income and employment status. The information provided will remain confidential to the satisfaction of that stated purpose only. With your employee's authorization, please provide us with the requested information.

Please complete Parts II & III of the "Request for Verification of Employment" Form. Please ensure all information provided is accurate, it will affect the employee's and/or family member's eligibility status. If a question does not apply mark it N/A. After completion, please fax to (713) 274-6455.

### Applicant Release Statement

"I hereby authorize my employer to verify and release all requested information regarding my income and employment status to the Harris County Public Health - Lead Hazard Control Program."

\_\_\_\_\_  
(Applicant/Employee Signature)

\_\_\_\_\_  
Date

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## Request for Verification of Employment

**Form Instructions**

**Applicant:** Complete items 1, 3, 4, 5 and 6 only. **Do not complete Part II or III. Give form to your employer to complete Part II & III.**  
**Employer:** Complete parts II and III. **Return via fax ONLY to 713-274-6455.**

**Part 1 – Requested of:**

**Requested by:**

1. Name, Address & Fax # of Employer

2. Name & Address of Local Processing Agency  
 HCPH/LEAD HAZARD CONTROL PROGRAM  
 101 S. Richey, Suite G  
 Pasadena, TX 77506  
 Fax: 713-274-6455  
 Email: mdelagarza@hcphe.org

3. Name & Address of Applicant

I have applied for Lead Hazard Control Program assistance and stated that I am employed by you. My signature in the block below authorizes verification of my employment information.

4. Applicant's Signature

5. Social Security Number

6. Date

X

**Part II – Verification of Present Employment (To be completed by the employer)**

7. Present Position

8. Date of Employment

9. Probability of Continued employment

10a. Salaried  Yes  No

Commission  Yes  No

10b. Is overtime / bonus likely to continue?  
 Overtime:  Yes  No

Bonus  Yes  No

11. Current Pay

Hourly  Twice Monthly  
 Daily  Monthly  
 Weekly  Other (Specify)  
 Bi-Weekly

12a. Monthly Taxable Pay (For Military Personnel Only)

Base Pay \$ Career Pay \$ Pro Pay \$

11a. Base Gross Earnings Year-to-Date

11b. Overtime Earnings Year-to-Date

11c. Commissions Year-to-Date

11d. Bonuses Year-to-Date

Flight Pay \$ Other (Specify) \$

12b. Monthly Nontaxable Pay (for Military Personnel Only)

Quarters \$ VHA \$ Clothing \$

Rations \$ Other (Specify) \$

13. If paid hourly – average hours per week

14. Remarks (If employee was off work for any length of time, please indicate time period and reason)

**Part III – Authorized Signature**

Federal status provides severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty. Federal Regulations require us to verify employment income of all members of the household applying for participation in the CDBG Program which we operate and to reexamine 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.

15. Signature of Employer

16. Title (Please print or type)

17. Date

18. Print or type name signed in Item 15

19. Phone No.



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## AFFIDAVIT OF ANY FACT

STATE OF TEXAS §

COUNTY OF HARRIS §

Before me appeared \_\_\_\_\_, who after duly sworn by me hereby states the following:

I, \_\_\_\_\_, who resides at \_\_\_\_\_, state that I currently do not have a checking or savings account with any bank, credit union, or other financial institution.

Signed.

\_\_\_\_\_  
**Signature**

SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas  
My Commission Expires on \_\_\_\_\_

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## DECLARACION DE CUALQUIER DATO

**ESTADO DE TEXAS** §

**CONDADO DE HARRIS** §

Ante mí apareció \_\_\_\_\_, quien de manera solemne juró ante mí estableciendo lo siguiente:

Yo, \_\_\_\_\_, quien resido en \_\_\_\_\_, establezco que actualmente no tengo cuentas de cheques o ahorros en ningún banco, cooperativa de crédito, u otra institución financiera.

Signatario.

\_\_\_\_\_  
**Firma**

FIRMADO Y JURADO ANTE MI EL DIA \_\_\_\_\_ DE \_\_\_\_\_ DE 20 \_\_\_\_\_.

\_\_\_\_\_  
Notario Público, Estado de Texas  
Mi comisión vence en \_\_\_\_\_

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## NON-INCOME AFFIDAVIT (PART A)

I, \_\_\_\_\_, do hereby swear and affirm that I do **NOT** have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, Food Stamps, etc.) Social Security, SSI, etc.:
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.:
3. Assets (homes, stocks, inherited property, etc...):
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's Certificates of Deposit, Money Market Funds, Credit Unions, etc.:
5. U.S. Savings Bonds, Stocks or Bonds of any kind:
6. Pensions, Annuities, Retirement Funds, etc.: (this includes benefits you may receive from being a beneficiary of a life insurance or retirement plan):
7. Whole Life Insurance:
8. Real Estate Property, etc.:
9. Burial Plots: and/or:
10. Any other income (includes tips, property sold, baby-sitting, etc.)

Note: Adult members in household (18 years and older) **must sign** this form.

**\*Pursuant to 28 U.S.C. Section 1746, I hereby certify under penalty of perjury that the foregoing is true and correct:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

\_\_\_\_\_  
Sponsor Agency Staff

\_\_\_\_\_  
Date

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**NON-INCOME AFFIDAVIT  
STATEMENT OF SOLE SUPPORT  
(PART B)**

List the name of the household member who is 18 years or older and **does not** have a source of income:

Name of Household Member	Social Security	Age
_____	_____	_____

I HEREBY STATE THAT I PROVIDE SUPPORT FOR THE ABOVE HOUSEHOLD MEMBER 18 YEARS OR OLDER WHO DOES NOT HAVE A SOURCE OF INCOME TO THE EXTENT THAT I PAY THEIR PART OF RENT, FOOD AND OTHER NECESSITIES TO SURVIVE FROM MY INCOME.

**\*Pursuant to 28 U.S.C. Section 1746, I hereby certify under penalty of perjury that the foregoing is true and correct:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001. 1010. 1012: 31 U.S.C. 3729. 3802)

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## VISITING CHILD INFORMATION

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Telephone Number: \_\_\_\_\_

I certify that the above child visits:

\_\_\_ at least three hours, two days each week

\_\_\_ at least six hours, once each week

\_\_\_ at least sixty hours in one year

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## INFORMACIÓN DEL NIÑO QUE VISITA EL HOGAR

Nombre del niño/a: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Dirección donde vive el niño/a: \_\_\_\_\_

Ciudad, Estado, Código postal: \_\_\_\_\_

Nombre de los padres: \_\_\_\_\_

Número de teléfono de los padres: \_\_\_\_\_

Yo declaro que mi niño/a visita el hogar por lo menos:

\_\_\_ 3 horas, dos veces a la semana

\_\_\_ 6 horas, una vez a la semana

\_\_\_ 60 horas al año

\_\_\_\_\_  
Nombre del padre (letra en molde)

\_\_\_\_\_  
Firma del padre

\_\_\_\_\_  
Fecha

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**Umair A. Shah, M.D., M.P.H.**  
Executive Director  
2223 West Loop South  
Houston, Texas 77027  
Tel: (713) 439-6000  
Fax: (713) 439-6080



Harris County  
**Public Health**  
Building a Healthy Community

**Michael Schaffer, M.B.A.**  
Division Director  
Environmental Public Health  
101 South Richey, Suite G  
Pasadena, TX 77506  
Tel: (713) 274-6300  
Fax: (713) 274-6375

**AUTHORIZATION FORM**

The Harris County Public Health - Lead Hazard Control Program (HCPH-LHCP) is requesting your permission to identify and assist with the elimination of lead hazards on your property.

**AUTHORIZATION TO ENTER PROPERTY**

This document serves as my/our authorization for a representative of the HCPH-LHCP to enter my/our property in order to perform a risk assessment and /or visual inspection.

**PAMPHLET RECEIPT ACKNOWLEDGEMENT**

I/We have received the pamphlet, "Protect Your Family from Lead in Your Home" and am/are aware of the potential health risks associated with lead-based paint.

**AUTHORIZATION TO PERFORM LEAD SAFE WORK**

Yes, you have my/our permission to perform lead safe work on my/our property.

No, you do not have my/our permission to perform lead safe work on my/our property.

**CERTIFICATION AND AGREEMENTS**

I/We certify that all information in this application and information furnished in support of this application is given for the purpose of obtaining financial assistance under the Harris County Public Health - Lead Hazard Control Program and is true to the best of my/our knowledge and belief.

I/We further certify that I/we are not the owner(s) of the property, described in this application and that the subject property is our personal residence and I/we intend to reside there for the foreseeable future.

I/We further certify that I/we am/are the owner(s) of the property described in this application and that the subject property is our personal residence and I/we intend to reside there for the foreseeable future.

I/We further certify that I/we am/are the owner(s) of the property described in this application and that the subject property is not our personal residence and I/we do not intend to reside there for the foreseeable future.

I/We agree that the proceeds will be used only for lead safe work and related expenses described in this application. If the Approving Official determines that any portion of the proceeds will not or cannot be used for the purpose described herein, the applicants agree that they shall have no further interest, right or claim to those proceeds. Verification of any of the information contained in this application may be obtained from any source name herein.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

*U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."*

**The undersigned has read and understands the above certifications and authorizations.**

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (please print clearly)

\_\_\_\_\_  
Phone(s)

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## RENTAL AGREEMENT

By this agreement made between (Landlord) \_\_\_\_\_ and (Tenant) \_\_\_\_\_.  
Landlord leases to Tenant at the premises located at \_\_\_\_\_, in the city of  
\_\_\_\_\_ State of TEXAS, \_\_\_\_\_.

**The Agreement is as follows:**

### 1. Property Description

### 2. Term (If Applicable)

The term of this lease is for \_\_\_\_\_, beginning on \_\_\_\_\_, and ending on \_\_\_\_\_. At the expiration of said term, the lease will automatically be renewed for a period of one month unless either party notifies the other of its intention to terminate the lease at least one month before its expiration date.

(or)

At the expiration of said term, the lease will expire unless the tenant gives a written notice at least 15 days before the termination date of the lease. Thereafter, the lease will automatically be renewed for a period of one month until either party notifies the other of its intention to terminate the lease. The notice of termination will be in writing and will be effective on the next rental dates no less than 30 days after the date of the notice.

### 3. Rent

Tenant agrees to pay rent in the amount of \$ \_\_\_\_\_ per month, each payment due each month.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

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**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**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](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" 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.

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

**Harris County Public Health Services-Lead Hazard Control Program, 101 S. Richey, Suite G, Pasadena, TX 77506**

**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 tax 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. ▶ 1040

- 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 1120-A, Form 1120-H, Form 1120-L, 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 10 business 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 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

|   /   /   |   /   /   |   /   /   |   /   /   |

**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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

▶ **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.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). 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.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**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.

## 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:
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	Internal Revenue Service RAIVS Team Stop 6716 AUCS Austin, TX 73301  855-587-9604
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
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	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  855-821-0094

## Chart for all other transcripts

### If you lived in or your business was in:

### Mail or fax to:

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, 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	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
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	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  855-800-8015

**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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**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. 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.



**CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**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.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**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.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**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 Forms and Publications Division  
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.



## **Blood Lead Testing Release Form**

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work. You should contact your child's primary health care provider or the local health department to arrange for a test/*Se recomienda que todos los niños menores de seis años tengan una prueba para examinar el nivel de plomo en la sangre antes de realizar el trabajo de control de riesgos. Debe comunicarse con el proveedor de atención primaria de salud de su hijo o con el departamento de salud local para solicitar una prueba.*

**Please check one of the following – the one which best describes your children:**

**Por favor, marque uno de los siguientes - el que mejor describe a sus hijos:**

My children under six **have** had their blood lead levels tested in the past six **(6) months**. Please identify test provider and date the test/*Mis hijos menores de seis años **han** tenido sus exámenes de plomo en sangre en los últimos seis **(6) meses**. Identifique al proveedor de la prueba y la fecha.*

My children under six **have not** had their blood lead levels tested in the past six **(6) months and I agree to have them tested at this time**/*Mis hijos menores de seis años **no han tenido** una prueba de los niveles de plomo en la sangre en los últimos seis **(6) meses y estoy de acuerdo en hacerles la prueba.***

For religious and/or personal reason, I choose **not to have** my child (children) tested for lead/*Por razones religiosas o personales, **he elegido no hacerle la prueba de plomo a mi niño (a).***

I/we voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead-Based Paint Hazard Control Program / *Yo/Nosotros voluntariamente revelamos esta información. Yo/Nosotros entendemos que la información no es requerida para la participación en el Programa de Control de Plomo.*

\_\_\_\_\_  
Parents/Legal Guardian Signature

\_\_\_\_\_  
Date

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## Eligible Immigration Status

Please indicate if your temporary U.S. residency status was granted pursuant to 24A or 210 of the Immigration and Nationality Act.

- Yes
- No or Not Applicable

I \_\_\_\_\_ certify that, to the best of my knowledge and belief, all of the information on and attached is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested. I understand and agree to comply with the requirements of 24 CFR 570.613.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date