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**Healthy Homes Program
Greater Bergen Community Action**

294 Union Street
Hackensack, NJ 07601

973-968-0200 x7217

www.GreaterBergen.org

Landlord/Tenant Healthy Homes Agreement

This AGREEMENT, made this _____ day of _____ between _____ hereinafter called the Agency, the Owner or the Owner's authorized Agent _____ hereinafter called the Owner, and _____ hereinafter called the Tenant.

The Owner is the lawful Owner of the property located at _____ Block _____, Lot _____, in the City of _____ County of _____, New Jersey.

The Owner has executed the corresponding affidavits and has provided this agency with proof that the property is not subject to a tax lien. The Agency has certified that the Tenant is eligible for the Weatherization Assistance Program.

The Owner and Tenant hereby grant permission for the designated personnel of the Agency to enter upon said property to make inspections, repairs and/or improvements as necessary to said property for the purpose of weatherization along with the understanding that there will be no charge made to the tenant for either labor or materials as set forth in 10CFR 440.22.

As a condition of having assistance provided, the State of New Jersey requires financial participation, when feasible, from owners of multi-family buildings. The funds contributed by the landlord shall be expended in accordance with the agreement between the landlord and the weatherization agency.

The Owner and the Tenant agree to indemnify and hold harmless the Agency from any and all liability for personal injuries and/or property damage which may occur during or after the completing of the weatherization project in connection with any of the materials installed or any of the work performed.

The Owner agrees not to evict or remove the tenant from the weatherized dwelling unit as long as the Tenant is in compliance with all ongoing obligations and responsibilities.

The Owner agrees that rent shall not be raised because of the increased value of dwelling units due solely to weatherization assistance provided under this program.

The Agency will carry out the weatherization without undue or excessive enhancement of the aforesaid property and with benefit to the Tenant.

Owner _____ **Date:** _____

Tenant _____ **Date:** _____

Agency _____ **Date:** _____





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Affidavit of No Income for Member of Household

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that, _____ (name of person without income) is a member of my household and does NOT receive earned income, benefits or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received by my household and that this information must be reported promptly to a representative of the Healthy Homes Grant Program.

Signature of the Applicant *Date*

Signature of the Household Member *Date*

Notarize:

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.



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Healthy Homes Grant Program

Confirmation of Receipt of Lead Pamphlet

Certification:

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, from (_____) informing me of the potential risk of lead hazard exposure. I received this pamphlet prior to my application submission to the Department of Housing and Urban Development (HUD) Healthy Homes Grant Program.

Printed Name of Recipient

Date

Signature of Recipient

Healthy Homes Grant Program *Right-of-Entry (ROE)*

Permit and Release of Information

Greater Bergen Community Action

294 Union Street Hackensack, N.J.

973-968-0200 est 7217

Applicant Name:

Address:

City:

County:

Phone:

Email:

The undersigned (Applicant) hereby unconditionally authorizes Department of Housing & Urban Development (HUD) and the Healthy Homes Grant Program (Healthy Homes Grant Program) Program Managers and their respective assigns, employees, agents, and contractors(collectively, the “Healthy Homes Program Managers”) to have the right of access and to enter in and onto the property described above for the purpose of educating those affected by household hazards, performing property and environmental and historic preservation review inspections, taking sample materials for specialized testing for the purposes of providing financial assistance to implement mitigation efforts making the housing unit healthier and safer using the Healthy Homes Grant Program

It is fully understood that this Right of Entry Permit (ROE) does not create any obligation on the part of the Healthy Homes Program Managers, or its contractors to perform inspections or undertake repairs to the Property.

Applicant understands and agrees:

- 1) *Completion of ROE:* No inspections and repairs will be performed until this ROE is completed in full.
- 2) *Full Access:* The property owner is solely responsible for insuring that full access is provided to the healthy homes evaluation services company for scheduled on-site testing of the subject property. Full access shall mean providing access to all habitable and non-habitable areas within the subject property, garages, storage areas, outbuildings, lands, and grounds. Should the healthy homes evaluation services company be unable to complete scheduled on-site testing of the subject property due to the owner’s failure to provide full access, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, partial access shall mean any limitations on access to the subject property which precludes the Healthy Homes evaluation services company from completing a Healthy Homes Program assigned inspection or testing procedure. Partial access shall be treated as no access.
- 3) *Lighting/Visibility:* The property owner is solely responsible for insuring adequate lighting is available at the subject property during scheduled testing. Should the Healthy Homes evaluation services company

be unable to complete scheduled on-site inspection or testing of the subject property due to the owner's failure to provide adequate lighting, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, adequate lighting shall mean sufficient light to allow inspection or testing of building components and surfaces without additional equipment. In the event the property owner is unable to provide sufficient lighting, the owner may request that the evaluation services company provide lighting equipment at an additional cost to the owner.

Healthy Homes Grant Program

If the Owner elects this option, the Owner must notify the healthy homes evaluation services company no later than the date that the inspection or testing is scheduled.

- 4) *Time Period:* The ROE shall expire 12 months after this form is signed, unless sooner cancelled according to the terms herein.
- 5) *Inspections:* The ROE authorizes inspections of the Property and Home. Applicant understands that HUD, its employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands that the Healthy Homes Program, its employees, agents, contractors and/or representatives, in their sole discretion, determine the extent of the required inspections for environmental and historic preservation reviews. Applicant understands that more than one (1) inspection may be required, and agrees to provide access for any subsequent or all inspections.
- 6) *Healthy Homes Inspection/Risk Assessments:* The Applicant authorizes the Healthy Homes evaluation service company or contractor(s) to conduct a Healthy Homes assessment which includes lead-based paint inspection and testing, and project management services in accordance with the Healthy Homes evaluation service company or contractor's contract with Greater Bergen Community Action.
 - a. *No-Show/No-Entry Fees-* The Applicant/Property Owner will be responsible for paying a No-Show/No-Entry fee to the company of \$_____ if the healthy homes evaluation services company or contractor arrives on site for a scheduled site visit at the subject property and testing or other evaluation services cannot be conducted or completed due to no fault of the healthy homes evaluation services company or its employees and/or due to any conditions stated in this document.
- 7) *Pets:* The property owner will be responsible for insuring that no unleashed or otherwise unrestrained dogs or other potentially vicious pets are present at the subject property which prevents full access to the property to conduct scheduled testing or observation of the building conditions. Should the Healthy Homes services company be unable to complete scheduled on-site testing of the subject property due to the presence of unleashed or otherwise unrestrained dogs or other potentially vicious pets, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), above. For the purposes of this section, partial access which precludes the healthy homes evaluation services company from completing a Healthy Homes Program assigned inspection or testing procedure shall be treated as no access and will result in a No-Show/No-Entry Fee.
- 8) *Photos:* Applicant understands and authorizes the HUD, Healthy Homes Program, and its contractors, and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives to take photos, digital likenesses, and audio/video recordings of the Applicant, property and damages, and authorizes the use of such items for the purposes of promotion of the Healthy Homes Program on the Program website, newsletters, news releases, or other media outlets.

- 9) *Sampling:* Applicant understands and authorizes the Healthy Homes Program Managers, its inspectors/technicians and its contractors, to collect samples (ex; drywall compound, floor tile, piping insulation, paint, ceiling tile, soil, etc. *this is not an all-inclusive list*) of housing materials for purposes of testing for potentially hazardous materials (including lead paint, asbestos, mold, etc.) in accordance with the requirements of local, state, and federal authorities. Applicant understands that this

Questions? Please call us at

Please mail the completed application to:

Healthy Homes Grant Program

sampling may result in minor damages to the property (damages may be repaired if the Applicant receives assistance from the Healthy Homes Program, but will not be repaired if the Applicant does not receive assistance from the Healthy Homes Program).

- 10) *Repairs:* The ROE authorizes repairs to the Property and Home. Applicant understands that HUD and the Healthy Homes Program Managers, their employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands and agrees to provide full access to property and home at all times during the inspection and construction phase to the HUD and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives, during the contracted period, for all Healthy Homes Program work to be performed.
- 11) *Disclosures:* By signing this ROE, Applicant acknowledges that none, some, or all of the above mentioned work may be performed pursuant to this ROE and the Healthy Homes Program. Applicant further acknowledges that work may be destructive to limited small amounts/areas of the current home for test sample purposes. Applicant understands and acknowledges that the areas damaged by the inspector taking the testing samples may not be repaired by Healthy Homes Program if Applicant elects to discontinue with the Program or Applicant is not eligible for repairs by the Healthy Homes Program.
- 12) *Waiver and Hold Harmless:* The undersigned will indemnify and hold harmless the HUD, Greater Bergen Healthy Homes Program, and its representatives, and Healthy Homes Program Managers for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or for bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Healthy Homes Program Managers taken to accomplish the aforementioned purpose.
- 13) *Authority:* Applicant represents and warrants that Applicant has full power and authority to execute and fully perform Applicant's obligations under this ROE. If Applicant is an entity, Applicant also represents and warrants that Applicant has such power and authority pursuant to its governing instruments, without the need for any further action, and that the person(s) executing this ROE on behalf of Applicant are the duly designated agents of Applicant and are authorized to do so. Applicant expressly represents and warrants that fee title to the Premises is vested solely in Applicant.

14) *Tools and Equipment:* All tools, equipment, and other property taken upon or placed upon the property by the Healthy Homes Program Managers shall remain the property of the Healthy Homes Program Managers and may be removed by the Healthy Homes Program Managers at any time within a reasonable period during this ROE, if necessary.

15) *Information Sharing:* Information is collected to make it possible for the HUD, Healthy Homes Program, and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives to enter Applicant's property, inspect for damage, and/or undertake emergency protective measures. Information submitted will be shared with other government agencies (Federal, State and City), their Contractors, Subcontractors and employees, as well as with vested agencies performing inspections and/or repairs, for official use only in accordance with the purposes stated in ROE.

Healthy Homes Remediation Pilot Grant Program

To cancel this Right of Entry Permit and Release of Information, I understand the cancellation must be signed by the Applicant and provided in writing to the Healthy Homes Program Managers. Phone-in and verbal cancellations will not be accepted.

By cancelling this form, the Applicant acknowledges that inspections and repairs may not be performed by the Healthy Homes Program and their respective assigns, employees, agents, and contractors.

Signature(s) and Witness

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this ____ day of _____, 20 _____.

Applicant Signature:

Date:

Witness



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Greater Bergen Community Action**

294 Union Street
Hackensack, NJ 07601

973-968-0200 x7217

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Certification of No Income Tax Filing For Applicant

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I did not file a Federal or State Income Tax Return for the calendar year 2023_____.

Name of the Applicant

Signature of Applicant

Date of Signature

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.



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**Lead Remediation Program
Greater Bergen Community Action**

294 Union Street
Hackensack, NJ 07601

973-910-2500

www.GreaterBergen.org

Tenant Verification Form

THIS FORM IS TO BE FILLED OUT ONLY BY THE LANDLORD AND/OR SUPERINTENDENT

Date: _____

File# _____

This is to verify that _____ is residing at

TENANT'S NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

Please verify heating arrangements (ONLY CHECK ONE)

- A _____ Heat is included in rent, which is subsidized
- B _____ Heat is included in rent, which is not subsidized
- B1 _____ Tenant only pays for basic electric
- B2 _____ Tenant only pays for cooking gas
- C _____ Tenant is responsible for paying their heating expenses: Type: ___ GAS ___ ELECT ___ OIL
- D _____ Tenant pays separate charge of \$ _____ towards heating or cooling costs
- E _____ All utilities are included in tenant's rent

Amount of monthly rent client pays: \$ _____ Amount of rent subsidy pays: \$ _____

Number of Occupants in apartment: _____ Adults: _____ Children: _____

Landlord's Name (Please Print) _____

Landlord's Signature _____

Address

Phone#: () _____ Date: _____

*Client: I certify that the information given is true which may be verified to determine my eligibility and benefits for the Healthy Homes Grant Program.

Phone#: () _____ Date: _____

Client's Signature _____



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Healthy Homes Application Program

Application Date: ___ / ___ / _____		Are you the homeowner of the property you are applying for or a tenant? Homeowner or Tenant (please circle)	
First Name:			
Middle Name:			
Last Name:		Suffix:	Alias:
Address: _____		State _____ Zip _____	
City: _____		County: _____	
Block #: _____ Lot # _____			
Primary Phone:		Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
E-mail Address:			
Date of Birth: ___ / ___ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary / Other	
Social Security #: _____ - _____ - _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Not Latino	
Race/Ethnic Background:			
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Unspecified	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Other	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Marital Status:			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			



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Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Insurance <input type="checkbox"/> Employment-based <input type="checkbox"/> Other					
Language(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Asian and Pacific Island Language <input type="checkbox"/> Other Indo-European Language					
How many people live in your household (including yourself)? _____					
Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, who is? _____ (name) _____ (relationship)					
Please list all other family members in the household:					
Name		Date of Birth (mm/dd/yy)		Relationship	
Name(s)	Pay Cycle*	Amount	Income Source*		



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Healthy Homes Application Program

Pay Cycle: Weekly, Bi-weekly, Monthly, Bi-Monthly, Annual

Income Source(s): Wages, Unemployment, Workers Comp, Social Security benefits, SSI Benefits, Pension, Veteran’s Benefits, TANF, Alimony, Child Support, Interest/Investment, Family Contributions, Gifts, Rental Income

Non-Cash benefits:

- Food stamps or SNAP
- MEDICAID
- MEDICARE
- WIC
- Other source

Employment:

- Employed – Fulltime
- Employed – Part time
- Unemployed
- Retired
- Not in Labor Force

Year of Building Construction?

Housing Type: Single Family Condo



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Healthy Homes Application Program

- 2 Family Mobile Home
- Multi-Dwelling

Exterior Type: (vinyl, aluminum siding, etc.)

Historic Property? Yes or No (circle one)

Does any member of your household have asthma or other respiratory issues? Yes No

Please describe in a few sentences how your household is impacted by health and safety issues in the home?

What type of health and safety concerns need to be addressed?

- Roof, leaders, and/or gutters
- Uneven or broken driveways, steps, and/or patios
- Faulty Electrical
- Faulty Plumbing
- Ventilation; poor air quality
- Windows or Doors
- Mold/Water Damaged Interior
- Asbestos
- Pests
- Other _____

Please briefly describe the repairs or mitigation efforts you believe can be done to make your home healthier and safer.



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Applicant Signature: _____ Date: _____



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Date: _____

File# _____

This is to verify that _____ is residing at

TENANT'S NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

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- A _____ Heat is included in rent, which is subsidized
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- D _____ Tenant pays separate charge of \$ _____ towards heating or cooling costs
- E _____ All utilities are included in tenant's rent

Amount of monthly rent client pays: \$ _____ Amount of rent subsidy pays: \$ _____

Number of Occupants in apartment: _____ Adults: _____ Children: _____

Landlord's Name (Please Print) _____

Landlord's Signature _____

Address

Phone#: () _____ Date: _____

*Client: I certify that the information given is true which may be verified to determine my eligibility and benefits for the Healthy Homes Grant Program.

Phone#: () _____ Date: _____

Client's Signature _____



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Affidavit of No Income for Member of Household

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that, _____ (name of person without income) is a member of my household and does NOT receive earned income, benefits or dividends of any kind. I understand that it is my responsibility to provide information concerning any income received by my household and that this information must be reported promptly to a representative of the Healthy Homes Grant Program.

Signature of the Applicant

Date

Signature of the Household Member

Date

Notarize:

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Certification of No Income Tax Filing For Applicant

Agency Name: _____

Client Name: _____

Client Address: _____

City, Zip: _____

I certify that I did not file a Federal or State Income Tax Return for the calendar year 2023_____.

Name of the Applicant

Signature of Applicant

Date of Signature _____

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This AGREEMENT, made this _____ day of _____ between _____ hereinafter called the Agency, the Owner or the Owner's authorized Agent _____ hereinafter called the Owner, and _____ hereinafter called the Tenant.

The Owner is the lawful Owner of the property located at _____ Block _____, Lot _____, in the City of _____ County of _____, New Jersey.

The Owner has executed the corresponding affidavits and has provided this agency with proof that the property is not subject to a tax lien. The Agency has certified that the Tenant is eligible for the Weatherization Assistance Program.

The Owner and Tenant hereby grant permission for the designated personnel of the Agency to enter upon said property to make inspections, repairs and/or improvements as necessary to said property for the purpose of weatherization along with the understanding that there will be no charge made to the tenant for either labor or materials as set forth in 10CFR 440.22.

As a condition of having assistance provided, the State of New Jersey requires financial participation, when feasible, from owners of multi-family buildings. The funds contributed by the landlord shall be expended in accordance with the agreement between the landlord and the weatherization agency.

The Owner and the Tenant agree to indemnify and hold harmless the Agency from any and all liability for personal injuries and/or property damage which may occur during or after the completing of the weatherization project in connection with any of the materials installed or any of the work performed.

The Owner agrees not to evict or remove the tenant from the weatherized dwelling unit as long as the Tenant is in compliance with all ongoing obligations and responsibilities.

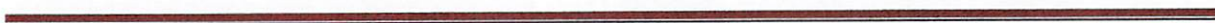
The Owner agrees that rent shall not be raised because of the increased value of dwelling units due solely to weatherization assistance provided under this program.

The Agency will carry out the weatherization without undue or excessive enhancement of the aforesaid property and with benefit to the Tenant.

Owner _____ **Date:** _____

Tenant _____ **Date:** _____

Agency _____ **Date:** _____





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Owner's Permission for Healthy Homes Services
(For Tenant and Owner-Occupied Applicants)

Client Name: _____

Address: _____

Healthy Homes Services Installed

I _____, authorize _____ to install or sub-contract the installation of healthy homes services listed above to my property located at _____.

I also understand that under the State Procurement Guidelines, the scope of work is to be bid out and awarded to the lowest responsible bidder or provided to the next contractor in the Request for Qualifications, Round Robin process. I, as the property owner, understand that the contractor and healthy homes evaluator is not chosen by me, but by the Healthy Homes Program Agency, as per the HUD Procurement Laws.

I further certify that the house or building at the above location is not in foreclosure or scheduled for demolition within the 12 months from the date of healthy homes services work.

(Signature of Owner or Authorized Agent)

Date

14) *Tools and Equipment:* All tools, equipment, and other property taken upon or placed upon the property by the Healthy Homes Program Managers shall remain the property of the Healthy Homes Program Managers and may be removed by the Healthy Homes Program Managers at any time within a reasonable period during this ROE, if necessary.

15) *Information Sharing:* Information is collected to make it possible for the HUD, Healthy Homes Program, and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives to enter Applicant's property, inspect for damage, and/or undertake emergency protective measures. Information submitted will be shared with other government agencies (Federal, State and City), their Contractors, Subcontractors and employees, as well as with vested agencies performing inspections and/or repairs, for official use only in accordance with the purposes stated in ROE.

Healthy Homes Remediation Pilot Grant Program

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Signature(s) and Witness

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this ____ day of _____, 20 _____.

Applicant Signature:

Date:

Witness

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- 10) *Repairs:* The ROE authorizes repairs to the Property and Home. Applicant understands that HUD and the Healthy Homes Program Managers, their employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands and agrees to provide full access to property and home at all times during the inspection and construction phase to the HUD and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives, during the contracted period, for all Healthy Homes Program work to be performed.
- 11) *Disclosures:* By signing this ROE, Applicant acknowledges that none, some, or all of the above mentioned work may be performed pursuant to this ROE and the Healthy Homes Program. Applicant further acknowledges that work may be destructive to limited small amounts/areas of the current home for test sample purposes. Applicant understands and acknowledges that the areas damaged by the inspector taking the testing samples may not be repaired by Healthy Homes Program if Applicant elects to discontinue with the Program or Applicant is not eligible for repairs by the Healthy Homes Program.
- 12) *Waiver and Hold Harmless:* The undersigned will indemnify and hold harmless the HUD, Greater Bergen Healthy Homes Program, and its representatives, and Healthy Homes Program Managers for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or for bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Healthy Homes Program Managers taken to accomplish the aforementioned purpose.
- 13) *Authority:* Applicant represents and warrants that Applicant has full power and authority to execute and fully perform Applicant's obligations under this ROE. If Applicant is an entity, Applicant also represents and warrants that Applicant has such power and authority pursuant to its governing instruments, without the need for any further action, and that the person(s) executing this ROE on behalf of Applicant are the duly designated agents of Applicant and are authorized to do so. Applicant expressly represents and warrants that fee title to the Premises is vested solely in Applicant.

be unable to complete scheduled on-site inspection or testing of the subject property due to the owner's failure to provide adequate lighting, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, adequate lighting shall mean sufficient light to allow inspection or testing of building components and surfaces without additional equipment. In the event the property owner is unable to provide sufficient lighting, the owner may request that the evaluation services company provide lighting equipment at an additional cost to the owner.

Healthy Homes Grant Program

If the Owner elects this option, the Owner must notify the healthy homes evaluation services company no later than the date that the inspection or testing is scheduled.

- 4) *Time Period:* The ROE shall expire 12 months after this form is signed, unless sooner cancelled according to the terms herein.
- 5) *Inspections:* The ROE authorizes inspections of the Property and Home. Applicant understands that HUD, its employees, agents, contractors and/or representatives shall, in their sole discretion, determine the extent of the required repairs. Applicant understands that the Healthy Homes Program, its employees, agents, contractors and/or representatives, in their sole discretion, determine the extent of the required inspections for environmental and historic preservation reviews. Applicant understands that more than one (1) inspection may be required, and agrees to provide access for any subsequent or all inspections.
- 6) *Healthy Homes Inspection/Risk Assessments:* The Applicant authorizes the Healthy Homes evaluation service company or contractor(s) to conduct a Healthy Homes assessment which includes lead-based paint inspection and testing, and project management services in accordance with the Healthy Homes evaluation service company or contractor's contract with Greater Bergen Community Action.
 - a. *No-Show/No-Entry Fees-* The Applicant/Property Owner will be responsible for paying a No-Show/No-Entry fee to the company of \$_____ if the healthy homes evaluation services company or contractor arrives on site for a scheduled site visit at the subject property and testing or other evaluation services cannot be conducted or completed due to no fault of the healthy homes evaluation services company or its employees and/or due to any conditions stated in this document.
- 7) *Pets:* The property owner will be responsible for insuring that no unleashed or otherwise unrestrained dogs or other potentially vicious pets are present at the subject property which prevents full access to the property to conduct scheduled testing or observation of the building conditions. Should the Healthy Homes services company be unable to complete scheduled on-site testing of the subject property due to the presence of unleashed or otherwise unrestrained dogs or other potentially vicious pets, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), above. For the purposes of this section, partial access which precludes the healthy homes evaluation services company from completing a Healthy Homes Program assigned inspection or testing procedure shall be treated as no access and will result in a No-Show/No-Entry Fee.
- 8) *Photos:* Applicant understands and authorizes the HUD, Healthy Homes Program, and its contractors, and Healthy Homes Program Managers, their employees, agents, contractors and/or representatives to take photos, digital likenesses, and audio/video recordings of the Applicant, property and damages, and authorizes the use of such items for the purposes of promotion of the Healthy Homes Program on the Program website, newsletters, news releases, or other media outlets.

Healthy Homes Grant Program *Right-of-Entry (ROE)*

Permit and Release of Information

Greater Bergen Community Action

294 Union Street Hackensack, N.J.

973-968-0200 est 7217

Applicant Name:

Address:

City:

County:

Phone:

Email:

The undersigned (Applicant) hereby unconditionally authorizes Department of Housing & Urban Development (HUD) and the Healthy Homes Grant Program (Healthy Homes Grant Program) Program Managers and their respective assigns, employees, agents, and contractors (collectively, the "Healthy Homes Program Managers") to have the right of access and to enter in and onto the property described above for the purpose of educating those affected by household hazards, performing property and environmental and historic preservation review inspections, taking sample materials for specialized testing for the purposes of providing financial assistance to implement mitigation efforts making the housing unit healthier and safer using the Healthy Homes Grant Program

It is fully understood that this Right of Entry Permit (ROE) does not create any obligation on the part of the Healthy Homes Program Managers, or its contractors to perform inspections or undertake repairs to the Property.

Applicant understands and agrees:

- 1) *Completion of ROE*: No inspections and repairs will be performed until this ROE is completed in full.
- 2) *Full Access*: The property owner is solely responsible for insuring that full access is provided to the healthy homes evaluation services company for scheduled on-site testing of the subject property. Full access shall mean providing access to all habitable and non-habitable areas within the subject property, garages, storage areas, outbuildings, lands, and grounds. Should the healthy homes evaluation services company be unable to complete scheduled on-site testing of the subject property due to the owner's failure to provide full access, the owner shall be held responsible for paying a no-show/no-entry fee as described in Item 6(a), below. For the purposes of this section, partial access shall mean any limitations on access to the subject property which precludes the Healthy Homes evaluation services company from completing a Healthy Homes Program assigned inspection or testing procedure. Partial access shall be treated as no access.
- 3) *Lighting/Visibility*: The property owner is solely responsible for insuring adequate lighting is available at the subject property during scheduled testing. Should the Healthy Homes evaluation services company



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**Healthy Homes Program
Greater Bergen Community Action**

294 Union Street
Hackensack, NJ 07601

973-968-0200 x7217

www.GreaterBergen.org

Healthy Homes Grant Program

Confirmation of Receipt of Lead Pamphlet

Certification:

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, from (_____) informing me of the potential risk of lead hazard exposure. I received this pamphlet prior to my application submission to the Department of Housing and Urban Development (HUD) Healthy Homes Grant Program.

Printed Name of Recipient

Date

Signature of Recipient

Healthy Homes Program Applications
Greater Bergen Community Action
294 Union Street Hackensack N.J.
973-968-0200 Ext 7212

Required Application Documents

The following documents are required to apply:

1. Proof of residential ownership or tenancy

- a. Copy of mortgage, tax bill, or deed.
- b. Probate sale contract
- c. Current signed lease agreement

2. Proof of Income: all earned income for everyone 18 years and older who resides in the household.

- a. Earned income
 - i. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs
 - ii. If self-employed: Copy of latest federal income tax statement with supporting documentation.
 - iii. Pension, veteran, social security, or SSI benefits (including children benefits): Copy of checks or benefit award letter.
 - iv. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.
 - v. Child support/alimony: Statement of total monthly support.
 - vi. Rental Income: Lease for all tenants or rent receipts.
 - vii. TANF or General Assistance (welfare): Award Letter or printout.
 - viii. Interest or Dividends: Bank statement, Investment Company Statement
- b. Unemployed household members age 18 and over must have the following:
 - i. Zero Income Statement
 - ii. If full time student, a letter which must be on school letterhead.

3. Social Security Card:

- a. Copy of social security cards for all household members.

4. Proof of Residence at Property

- a. current driver license or current utility bill

Please return completed application and documents to Bruce Reizen using one of the following:

By Mail: 294 Union Street, Hackensack NJ 07601

Email: bruce.reizen@greaterbergen.org

If you have any questions, please call 201-968-0200 ext. 7217



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Healthy Homes Application Program

Faulty Plumbing

Ventilation; poor air quality

Please briefly describe the repairs or mitigation efforts you believe can be done to make your home healthier and safer.

Applicant Signature: _____ Date: _____



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Healthy Homes Application Program

Employment:	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Employed – Fulltime	<input type="checkbox"/> Retired
<input type="checkbox"/> Employed – Part time	<input type="checkbox"/> Not in Labor Force
Year of Building Construction?	
Housing Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo	
<input type="checkbox"/> 2 Family <input type="checkbox"/> Mobile Home	
<input type="checkbox"/> Multi-Dwelling <input type="checkbox"/>	
Exterior Type: (vinyl, aluminum siding, etc.)	
Historic Property? Yes or No (circle one)	
Does any member of your household have asthma or other respiratory issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe in a few sentences how your household is impacted by health and safety issues in the home?	
What type of health and safety concerns need to be addressed?	<input type="checkbox"/> Windows or Doors
<input type="checkbox"/> Roof, leaders, and/or gutters	<input type="checkbox"/> Mold/Water Damaged Interior
<input type="checkbox"/> Uneven or broken driveways, steps, and/or patios	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Faulty Electrical	<input type="checkbox"/> Pests
	<input type="checkbox"/> Other _____



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Healthy Homes Application Program

Pay Cycle: Weekly, Bi-weekly, Monthly, Bi-Monthly, Annual

Income Source(s): Wages, Unemployment, Workers Comp, Social Security benefits, SSI Benefits, Pension, Veteran's Benefits, TANF, Alimony, Child Support, Interest/Investment, Family Contributions, Gifts, Rental Income

Non-Cash benefits:

- Food stamps or SNAP
- MEDICAID
- MEDICARE
- WIC
- Other source



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Healthy Homes Application Program

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Insurance <input type="checkbox"/> Employment-based <input type="checkbox"/> Other			
Language(s): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Asian and Pacific Island Language <input type="checkbox"/> Other Indo-European Language			
How many people live in your household (including yourself)? _____			
Are you the Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, who is? _____ (name) _____ (relationship)			
Please list all other family members in the household:			
Name	Date of Birth (mm/dd/yy)	Relationship	
Name(s)	Pay Cycle*	Amount	Income Source*



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Healthy Homes Application Program

Application Date: ___ / ___ / _____		Are you the homeowner of the property you are applying for or a tenant? Homeowner or Tenant (please circle)	
First Name:			
Middle Name:			
Last Name:		Suffix:	Alias:
Address: _____		State _____ Zip _____	
City: _____		County: _____	
Block #: _____ Lot # _____			
Primary Phone:		Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
E-mail Address:			
Date of Birth: ___ / ___ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary / Other	
Social Security #: _____ - _____ - _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Not Latino	
Race/Ethnic Background:			
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Unspecified	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Other	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Marital Status:			