| **Applicant Information** | | | |
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| **Applicant Name:** | | **Co-Applicant Name:** | |
| **Physical Address:** | | | |
| **City:** | **State: Texas** | | **Zip Code:** |

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| The Lead Safe Housing Rule regulations (24 CFR 35.115) allow homeowners who are 62 years of age or older to choose to remain in their homes while housing rehabilitation work is being performed which may disturb lead-based paint, provided that the homeowner(s) are fully informed of the work to be done and the potential hazards. | | |
| The rehabilitation work is being performed on my home at the above-listed address. I/We, the undersigned: | | |
| Choose to remain in my home | |  |
| Choose to relocate to another housing unit | |  |
| I have made this choice having read and understood the following:   1. I am at least 62 years old; 2. My home was built before 1978; 3. I have received the pamphlet “Protecting Your Family From Lead in Your Home (Appendix A-16)” and I am aware of the health hazards that are posed by lead-based paint; 4. I have been given a description of work that will be done in my home and understand that during the course of the work, lead hazards may be created in the work area. These hazards will be fixed before the job is considered complete; 5. I may stay in my home but I may not enter the work area while work is being performed; 6. I certify that no children under age six (6) or women of childbearing age currently live in the unit or spend significant amounts of time in the unit; 7. I understand that allowing children under the age of six (6) or women of childbearing age to visit my home while work is being done may pose a risk to their health; 8. I waive rights to all damages. I agree to hold harmless the Subrecipient administering the Community Development Block Grant Disaster Recovery Program contract for any damages due to lead poisoning that may occur on these premises during the course of the work. | | |
| **Signature(s)** | | |
| Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. | | |
| **Applicant Signature:** | **Date:** | |
| **Co-Applicant Signature:** | **Date:** | |