

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS**  
**EMERGENCY LEAD POISONING RELOCATION (ELPR) PROGRAM**  
**GRANT APPLICATION**

**PART I APPLICANT INFORMATION:**

A. Enter name and social security number of applicant. Applicant must be head of household

Name	
Social Security#	

B. Mailing address and telephone numbers of head of household:

Street Address	
City, State, Zip Code	
( )	( )
Daytime phone number	Evening phone number
( )	( )
FAX phone number	Cell phone number
@	@
E-mail Address	E-mail Address

**PART II PROPERTY INFORMATION (CURRENT RESIDENCE):**

A. Indicate the type of dwelling that best describes your current residence:

	Single-family detached or mobile home	
	Duplex or two-family	
	Garden apartment, low-rise, high-rise, row house or townhouse	
	Emergency Shelter	Name:
	Hotel/Motel	Name:
	Other:	

B. Address of your current residence:

\_\_\_\_\_ Street address

\_\_\_\_\_ Municipality (township, city, borough) \_\_\_\_\_ County

C. Number of bedrooms: \_\_\_\_\_

D. What is the monthly rent \$ \_\_\_\_\_

E. The rent is paid by:

	The Tenant alone		Section 8 Rental Assistance
	Another Assistance Program. Program Name: _____ Agency Name: _____		

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F. Indicate the utilities and appliances that the **LANDLORD** provides in your current residence without any additional charge to you:

	Gas Heat		Oil Heat		Electric Heat
	Gas Hot water		Oil Hot water		Electric Hot water
	Gas cooking				Electric cooking
	Other Electricity				Central Air conditioning
	Water				Sewer
	Trash Collection				Refrigerator
	Range/Microwave				Other:

G. Indicate the utilities and appliances that **YOU** are responsible for paying or providing in your current residence:

	Gas Heat		Oil Heat		Electric Heat
	Gas Hot water		Oil Hot water		Electric Hot water
	Gas cooking				Electric cooking
	Other Electricity				Central Air conditioning
	Water				Sewer
	Trash Collection				Refrigerator
	Range/Microwave				Other:

**PART III QUALIFYING CHILD**

A. Provide the following information on the qualifying child. A qualifying child is one who is a member of your household, under the age of 6, who has blood test results that document he/she has been exposed to dangerous levels of lead:

Name of qualifying child		
Age of qualifying child	Blood lead level	Date of blood test

B. Describe the qualifying child's current housing situation:


**PART IV NOTICE OF VIOLATION**

A. Has the local board of health issued an order to abate lead-based paint hazards and/or notice of violation?

	No	
	Yes	Provide Date of Order Address Where Lead Must Be Abated

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**PART V ORDER TO VACATE/REMOVAL DUE TO IMMEDIATE RISK**

A. Has the local board of health issued an order to vacate or order for your removal from your home?

	No	
	Yes	If Yes provide a copy of the Order

B. Has the local board of health, primary care physician or attending physician issued a written opinion that the health of the qualifying child dictates that the child must be removed due to an immediate risk of continuing exposure to lead hazards in your home?

	No	
	Yes	If Yes provide a copy of written opinion

**PART VI NEW RESIDENCE INFORMATION (moving to):** Provide the following information for the residence you will relocate **TO**.

A. Do you or anyone in your household require any special housing accommodations such as wheelchair access due to a disability or handicap?

	No	
	Yes	If Yes, describe the special housing accommodations your household requires:

B. Indicate the type of dwelling that you will move to:

	Single-family detached or mobile home	
	Duplex or two-family	
	Garden apt., low-rise, high-rise, row house or townhouse	
	Emergency Shelter	Name:
	Hotel/Motel	Name:
	Other:	

C. Address of the property you are moving to:

\_\_\_\_\_ Street address

\_\_\_\_\_ Municipality (township, city, borough)

\_\_\_\_\_ County



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**PART VIII HOUSEHOLD INCOME:**

Provide the following information for the **applicant and all members of the applicant's household**. All questions must be answered. Enter not applicable or N/A for the questions which do not apply.

A. Name of head of household: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

B. Name of **first** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

C. Name of **second** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

D. Name of **third** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

E. Name of **fourth** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

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F. Name of **fifth** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

G. Name of **sixth** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

H. Name of **seventh** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

I. Name of **eighth** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

J. Name of **ninth** household member: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

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K. Name of **tenth** household member: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Relationship to head of household: \_\_\_\_\_  
 Source(s) of Income: \_\_\_\_\_  
 Gross Annual Income: \$ \_\_\_\_\_

**L. Total Household Income: (A-K): \$ \_\_\_\_\_**

**PART IX COORDINATION OF SERVICES** The Emergency Lead Poisoning Relocation (ELPR) Program requires that we coordinate services with other agencies involved with the qualifying child, head of household and other household members. Please provide the following information:

Name of Individual and Title (case manager, social worker, health official, etc.)	
Name of Agency (Health Dept., Board of Social Services, HMO, DYFS)	
( )	( )
Office phone number	FAX phone number
Name of Household Member this person assists	

Name of Individual and Title (case manager, social worker, health official, etc.)	
Name of Agency (Health Dept., Board of Social Services, HMO, DYFS)	
( )	( )
Office phone number	FAX phone number
Name of Household Member this person assists	

**PART X PRIVACY ACT NOTICE:**

Privacy Act Notice: The information collected on this form is to be used by the New Jersey Department of Community Affairs to determine whether you qualify for relocation assistance under the ELPR Program. The information requested on this form is authorized to be collected by the N.J.S.A.52:27D-437.1 et seq.. Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the New Jersey Department of Community Affairs for the following purposes:

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**PART X PRIVACY ACT NOTICE (continued):**

A. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

B. A record from this system of records may be disclosed to a Member of State Legislature or to a Legislative staff member in response to an inquiry of the Legislative office made at the written request of the constituent about whom the record is maintained.

C. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) of the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

D. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.

E. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (1) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the State of New Jersey is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

F. Referral of legally enforceable debts to the Department of the Treasury, Division of Taxation, to be offset against any tax refund or homeowner rebate that may become due the debtor for the tax year in which the referral is made, in accordance with the New Jersey Division of Taxation regulations.

G. Referral to private attorneys under contract with either the agency or with the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

H. Disclosure of project address and household income information to the state legislature in accordance with N.J.S.A. 52:27D-437.1 et seq.

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**PART XI ACKNOWLEDGMENTS AND CERTIFICATIONS:**

Applicant must acknowledge and/or certify to the following:		Enter Initials Or N/A
A.	I certify that I am the head of household	
B.	I certify that I have accurately reported all household income	
C.	I certify that my household includes a qualifying child	
D.	I acknowledge that I must immediately report changes in my household income of greater than \$2,000 per year to the ELPR Program, Division of Community Resources, P.O. Box 811, Trenton, NJ 08625	
E.	I acknowledge that in order to continue my eligibility for the ELPR Program, my household composition must continue to include the qualifying child	
F.	I acknowledge that I must immediately report changes in my household composition to the ELPR Program, Division of Community Resources, P.O. Box 811, Trenton, NJ 08625	
G.	I acknowledge that, if assisted, I must use the dwelling unit for which assistance is granted as my primary residence and the primary residence of the qualifying child	
H.	I acknowledge that the Emergency Lead Poisoning Relocation (ELPR) Program can only assist my household with relocation assistance when I am moving to a lead-safe dwelling.	
I.	I am not nor have I been within the last 12 months in a position to participate in a decision making process or gain inside information with regard to the ELPR Program.	
J.	I am not nor are any members of my immediate household employed by the New Jersey Department of Community Affairs	

**PART XII PROGRAM STIPULATIONS AND DECLARATIONS:**

Each of the undersigned specifically represents to the Emergency Lead Poisoning Relocation (ELPR) Program and agrees and acknowledges that:

A. The information provided in this application is true and complete as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of N.J.S.A. 2C:28-2 and also that the New Jersey Department of Community Affairs, Division of Community Resources, at its option, may declare all contracts associated with relocation of the applicant's household of which I am a party, void and unenforceable;

B. The ELPR Program may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to execution of any contracts;

C. My transmission of this application as an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

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D. I authorize the New Jersey Department of Community Affairs, Division of Community Resources, to verify any answer(s) contained herein through a search of its records, or records to which it has access. I understand that information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends) and (c) agencies listed at Part IX Coordination of Services.

State of New Jersey

County of \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME (print) \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 2007, by \_\_\_\_\_.  
(name of signer)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_