



Program Application
Aplicación de Programa



Name of Landlord/Real Property Owner: _____

Address of Property: _____

Name of Tenant(s): _____

By signing below, I acknowledge and agree to the following terms and conditions. These terms are applicable for up to a three (3) year period following completion of the Lead-Safe work.

1. I agree to allow the City of Fort Worth (CFW) to list the rental unit in the Lead-Safe Program Registry List. I understand that the registry list will be made available to the public.
2. I agree to market and make the rental unit available unit to low-income tenants

Household income levels must not exceed:

Household size	1	2	3	4	5	6	7	8
Yearly Income	\$50,650	\$57,850	\$65,100	\$72,300	\$78,100	\$83,900	\$89,700	\$95,450

3. I agree to inform the CFW as soon as the rental unit (s) becomes available for rent.
4. I agree to provide the CFW with the identity of all persons occupying the rental unit. This information will include: Name, Date of Birth, Age, Income Information and Ethnicity.
5. I agree to grant CFW access to the rental unit (on a yearly basis) for up to 3 years following the completion of the work to ensure that the house free of lead based paint hazards.

Signature of Landlord/Real Property Owner

Date



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Owner Name: _____ Phone: _____

Email: _____

Mailing Address: _____

Rental Property Address: _____ Fort Worth, TX _____

Total Rental Units at the Address: _____

LEAD-SAFE WORKSHOP

In order for any lead hazard reduction work to be done on rental property, Owners and Tenants must attend a Lead-Safe Workshop. (Multi-Family units only will be allowed to send a maintenance worker). The workshop will educate Property Owners and Renters on how to recognize lead hazards in the future, how to clean and maintain a home/unit with lead-based paint and how to recognize the health effects of lead exposure to members of the household. By signing below you are agreeing to attend a Lead-Safe Workshop.

Owner/Representative/Maintenance Worker

Date

Co-Owner/Maintenance Worker

Date

PUBLIC INFORMATION ACKNOWLEDGEMENT

By signing below, I understand that all information I give to Program Staff, except for social security numbers, medical information and possibly income, will be subject to federal, state and local government privacy laws, and may be released to the public if requested.

Owner's Signature

Date

Co-Owner's Signature

Date