

**Greensboro Lead Safe Housing Program
Rental Property Eligibility Screening Form**

How did you learn about the program? _____

Date Screening Form completed: _____

Name of Property Owner, Landlord, or Property Management Company

Contact Number(s): _____

____ Tenant occupied ____ Vacant rental ____ In-home Childcare

____ Single family ____ Multifamily (No. of units ____)

Address of Property: _____

Number of Bedrooms per Unit _____

Reason why lead hazard is suspected and description of potential hazard area(s): _____

Other rehab needs (non-lead hazard): _____

Is there a child under the age of six that lives in the rental home or that visits frequently*?
____ Yes ____ No

****In order for children to be counted as visiting frequently, they must visit at least 2 days a week, at least 6 hours per week, and at least 60 hours a year***

ALL questions below must be answered. If answers to all questions are yes and once you have submitted an application, your property will be placed on the waiting list to be considered for lead hazard control grant assistance...

Was your property built prior to 1978? ____ Yes ____ No

Is your property in the City of Greensboro city limits? ____ Yes ____ No

Are the tenants low to moderate income as noted below?* ____ Yes ____ No
(If unit is vacant please leave this question blank)

***NOTE** – Occupant income must not exceed 80% of the area median income adjusted for family size (see income table). Application processing is subject to the U.S. Department of Housing and Urban Development's priority requirements.

If unit is not occupied by young children at this time, and the unit is vacant or becomes vacant, will the unit be available to low-moderate income* families with young children? *Note: If the rental property is approved and receives Lead Grant assistance, the landlord may be required to provide compliance information up to 3 years after unit receives assistance.*

____ Yes ____ No

If any unit requires non-lead major health or safety repairs, the Property Owner, Landlord, or Property Management Company understands and agrees that they will have to take care of the work items identified in order to be considered for lead hazard control grant assistance.

____ Yes ____ No