



**NIAGARA COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
RENTAL REGISTRY PROGRAM**

TROTT ACCESS CENTER, ROOM H-2016

1001 11TH STREET

NIAGARA FALLS, NY 14301

Phone: (716)-278-8480

Email: rental.registry@niagaracounty.gov

NEW YORK STATE HOUSING TRUST FUND CORPORATION LEADING IN LEAD PREVENTION PROGRAM



Dear Homeowner,

You are receiving this packet because you have expressed interest in applying for the **New York State Housing Trust Fund Corp. – Leading in Lead Prevention Program**. This program can help you protect yourself and/or your tenants from the dangers of lead poisoning by replacing windows, painting, and fixing dangerous lead-based paint hazards. In order to continue processing the application, **a few documents are needed from you:**

- This completed application packet signed by all property owners**
- Photo ID for all property owners**
- Copy of current Homeowners' Insurance Binder (Declaration Page is acceptable)**
- Copy of the Deed of Trust for the property**
- Signed Draft of Declaration of Interest (Attachment #1)**

You can either mail all completed forms Niagara County or call us to arrange a pick-up. If you do not provide this information, the property cannot participate in the program. If you need help with these forms, including making copies of any required documentation, please call us at (716) 278-8268.

Sincerely,

Program Administrator
Niagara County DOH Rental Registry Program/HCR Funding
Main: (716) 278-8268
Fax: (716) 278-8646



**NIAGARA COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
RENTAL REGISTRY PROGRAM**

TROTT ACCESS CENTER, ROOM H-2016
1001 11TH STREET
NIAGARA FALLS, NY 14301
Phone: (716)-278-8480

Email: rental.registry@niagaracounty.gov

NEW YORK STATE HOUSING TRUST FUND CORPORATION LEADING IN LEAD PREVENTION PROGRAM



Application

Date: _____

Property Owner Name: _____ Email: _____ Phone #: _____

Additional Owner Name: _____ Email: _____ Phone#: _____

Property Information:

Type of Property: Multi-family, # of units in building: _____ # of Buildings: _____

Address: _____

Occupancy:

Unit Configuration (Bedrooms/unit) & Number of Current Residents in Each Unit:

Unit # _____ ; # Bedrooms _____ #Residents _____	Unit # _____ ; # Bedrooms _____ #Residents _____
Unit # _____ ; # Bedrooms _____ #Residents _____	Unit # _____ ; # Bedrooms _____ #Residents _____
Unit # _____ ; # Bedrooms _____ - #Residents _____	Unit # _____ ; # Bedrooms _____ #Residents _____

Total # of residents are living at the above address? _____

Are there children under 6 years of age living in any units? Yes No

If yes, how many? _____

Is any unit on the property being used as a daycare? Yes No

Are you and other owner(s) current* on all monies owed to the County of Niagara, for all properties, including but not limited to the subject property?

YES NO



**NIAGARA COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
RENTAL REGISTRY PROGRAM**

TROTT ACCESS CENTER, ROOM H-2016

1001 11TH STREET

NIAGARA FALLS, NY 14301

Phone: (716)-278-8480

Email: rental.registry@niagaracounty.gov

NEW YORK STATE HOUSING TRUST FUND CORPORATION LEADING IN LEAD PREVENTION PROGRAM



Date: _____

Are you currently carrying active Homeowner's Insurance on this property? Yes No

(***If not, you must secure prior to your acceptance for this assistance program regardless of mortgage status)

You are required to submit copies of documented evidence for consideration into the program. If you have any questions please call us at (716) 278-8268.

I hereby certify under penalty of law that the information provided on this form is true, accurate and complete to the best of my knowledge. I understand there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I also authorize the Niagara County Department of Health to verify the information I have provided. This may include providing additional information for verification purposes. Niagara County may contact any source of information supplied for verification purposes.

Owner's Signature _____ **Date:** _____

Owner's Signature _____ **Date:** _____

Owner's Signature _____ **Date:** _____