

RELOCATION ASSISTANCE GRANT APPLICATION

In an effort to assist more families to relocate to safer housing, the Coalition to End Childhood Lead Poisoning (CECLP) is offering a grant ranging from \$100-\$1000 with possible exceptions for more if needed, to any family that qualifies to help pay for expenses related to their relocation. Any family currently receiving case management and/or another Coalition service may qualify for the grant. Each grant applicant must have applied for all other available financial assistance (DSS, RAP) prior to applying for the Coalition grant. If the family doesn't receive any assistance from the other sources or the assistance is insufficient cost, the family may apply for the Coalition grant. The grant application is available by calling 410-534-6447 or going to www.lead-safe.org. Below you will find an outline of the grants priority groups and criteria for approval.

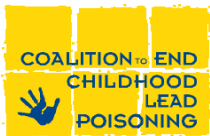
Priority Groups for receiving funds:

1. Families with children scheduled to be discharged from the hospital or currently going through outpatient chelation due to lead poisoning.
2. Children under age 6 with an EBL $\geq 10\mu\text{dLg}$ living in a noncompliant rental unit or owner-occupied unit where lead hazards are present and the owner is not willing to or lacks the capacity to correct the hazards.
3. Pregnant women living in a noncompliant rental unit or owner-occupied unit where lead hazards are present and the owner is unwilling to or lacks the capacity to correct the hazards.

Criteria & Required Attachments:

- A. Proof of child's blood lead level from the doctor (If applicable)
- B. Low income verification for family: including pay stubs & public assistance benefit letters (TCA, SSI, DSS, etc.) for all family members in the home.
- C. Family must have exhausted all other financial assistance programs (i.e. TCA, SSI, DSS, RAP, etc.) before applying for the grant.
- D. Family must reside in **Baltimore City**.
- E. Copy of the Lead Risk Reduction Certificate and proof of registration with the Maryland Department of the Environment for the home the family will move into. This applies to all properties built before 1978 unless there is proof that the unit is Lead Free. Properties built after 1978 are not required to have a Risk Reduction Certificate or proof that the unit is lead free.
- F. Head(s) of household must participate and complete Budgeting Training and Lead Poisoning Prevention Training (group or one-on-one).
- G. \$1000.00 maximum grant per family.
- H. Tenants may use the grant to cover security deposits, first month rent and moving expenses (i.e., truck, storage). Grant is paid directly to the new landlord, moving company, storage company, etc.
- I. Tenants and homeowners may use the grant to pay for a temporary hotel stay while lead hazard reduction work is being completed in their home.

If you need help completing this form please call the Coalition at 410-534-6447



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Completion of this application and receipt of this application by the Coalition does not guarantee that you are approved for assistance. After the Coalition has reviewed your application you will be notified if you have been awarded relocation assistance funds.

Applicant Information

Name: _____

Address: _____ Phone: _____

Current Rental Payment: \$ _____ Section 8? Yes ___ If so, how much? _____

Income Information: Total Monthly Household Income: \$ _____ Source of Income: Employment: \$ _____
TCA: \$ _____ SSI: \$ _____
Other: Child Support \$ _____

Children: Total # of children: ___ Total # of adults: ___ Pregnant Woman?

Children's Names, Ages and EBLs

NAME	AGE	EBL (Lead Level)	Date of Test

New Home Information:

Address: _____

New Rental Payment: \$ _____ Section 8?

Grant Information: Amount Requested: \$ _____ (maximum \$1000.00)
Budget Training Complete? Date: _____ Lead Poisoning Training Complete? Date: _____

If awarded, for what purpose will this grant be used (Be specific)?

Name of property owner or management company to whom check should be made?

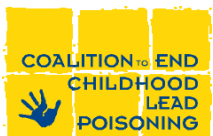
Owner MDE#: _____ Inspection Certificate#: _____ Certificate Date: _____

Applicant's Signature: _____ Date: _____

For CECLP Staff Use Only: (Do Not Write In This Box)

- Approved.
- Denied. Explanation:

CECLP Staff's Signature: _____ Date: _____



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Statement of Intent: (To be completed and signed at time grant is awarded)

I, _____, agree to accept this grant in the amount of \$_____

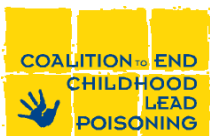
(name of applicant)

from the Coalition to End Childhood Lead Poisoning (Coalition) for the purpose of moving into _____ and/or the purposes outlined above. Because this is a grant, I do not have to return any portion of these funds to the Coalition. However, if I choose to return all or any portion of these funds to the Coalition, I will do so knowing that the Coalition is not obligated to offer me or anyone else in my household another grant.

Applicant's Signature: _____ Date
of Receipt: _____

Authorized CECLP Staff's Signature: _____ Date: _____

CECLP Staff's Title: _____



RELOCATION ASSISTANCE GRANT APPLICATION

Financial Literacy Counseling

Budgeting takes dedication The purpose of a budget is to manage your money, reduce your debt and establish a savings plan. If after completing the budget form on the other side, you determine that your monthly output (expenses) is higher than your monthly input (income) you need to set up a plan for decreasing your expenses. If possible, eliminate unnecessary expenses and shop around for equal service at a lower cost. If you have credit cards, cut them up! As long as you have open credit card accounts and your monthly expenses are higher than your monthly income, you will get yourself in more trouble by spending money you don't have. Never use your charge card if you cannot pay it off when the bill comes. Charges that you cannot pay off completely when the bill comes should be for emergencies only! If you choose to have an open credit card account, you should have a major credit card (i.e., Visa, MasterCard, Discover). Major credit cards are accepted everywhere and usually have an interest rate that is much lower than a department store credit card.

Budget Q & A

How about my hair?

Beauty appointments for hair and nails, clothes shopping and eating out are luxuries. To manage your debt, you must manage yourself. If your DEBT MANAGEMENT REPORT indicates that you have no money or limited funds left over after you pay all of your monthly expenses, you will have to reduce your luxury spending or eliminate it all together until you have balance your income and expenses.

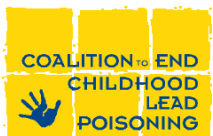
What about emergencies?

Everyone has unexpected expenses (emergencies). That is why you should discipline yourself to save 10% of your monthly income. You may not be able to do this today, but it should be a goal of yours. You may have to start at 1%, but you should save as much as you can for emergencies. Emergencies are not an outfit for a special date! If you have a special event or occasion you would like to save for, do not save the money with your emergency savings. Once you start mingling your money, it is hard to separate it appropriately.

What if I am "broke" after all my bills are paid?

If you find that you have no money left over after you have decreased your expenses and are saving little to no money, you must come up with a plan to increase your monthly income. You can do this by working a part-time job. Even if you can't leave home to work, there are a number of jobs you can do at home. Discipline yourself so that you do not spend unnecessarily. As you begin to pay down your debt, you will start to see more money available for you to spend as you wish.

OVER



RELOCATION ASSISTANCE GRANT APPLICATION

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My Budget

Income: (List all sources of income.)

Income (i.e., earned wages, TCA, SSI):	\$ _____
Child Support:	\$ _____
Food Stamps:	\$ _____
Total:	\$ _____

Monthly Expenses: (List all expenses.)

Rent:	\$ _____
BGE:	\$ _____
Phone (home/cell):	\$ _____
Credit Card #1:	_____
Credit Card #2:	_____
Child Care:	_____
Food:	\$ _____
Other (ex. transportation, healthcare, personal hygiene items):	\$ _____
Savings:	_____
Total:	\$ _____

Subtract Total Expenses from Total Income: _____ - _____ = _____

NOTE: (If your expenses are higher than you income, consider adjusting expenses. If that is not possible, consider increasing your income.)

Applicant's Signature: _____ Date: _____

