



## Media Fellowship House

302 S. Jackson Street

Media, PA 19063

610-565-0434 FAX: 610-565-8567

[www.mediafellowshiphouse.org](http://www.mediafellowshiphouse.org)

### Delaware County First Time Homebuyer Program Administered by Media Fellowship House

Dear First Time Homebuyer:

Thank you for your inquiry regarding Delaware County's First Time Homebuyer Programs:

**Homeownership First** and **Revitalization Homeownership First**. The purpose of these programs is to provide financial assistance to qualified low and moderate income families interested in purchasing their first home in specific areas of Delaware County. This financial assistance is designed to help with down payment and/or closing costs.

To qualify for these programs:

- You must be 18 years of age or older
- Have not owned a property in the last 3 years (Displaced homemakers may still qualify)
- Meet income requirements on attached chart
- Have no more than \$15,000 in assets
- Have NOT signed an Agreement of Sale prior to completing group and individual counseling
- Be available for initial and follow-up sessions with the housing counselor. At a minimum, these will occur every 3 months, but could be more frequent depending on your circumstances.
- Provide at least \$1,000 towards the purchase of your home
- Only single family homes can be purchased with this assistance (detached, twin, rowhouse, townhouse or condominium)
- Purchase price must not exceed \$290,000
- You cannot purchase in Chester City, Haverford Township or Upper Darby Township
- Total financial assistance will not exceed \$10,000

The differences between the two programs are:

#### **Homeownership First:**

- Must pay back the financial assistance upon sale or transfer of the property.
- Homes must be purchased in the following communities: *Aston, Bethel, Brookhaven, Chadds Ford, Chester Heights, Concord, Edgmont, Marple, Media, Middletown, Nether Providence, Newtown, Radnor, Rose Valley, Springfield, Swarthmore, Thornbury, Upper Chichester and Upper Providence.*

#### **Revitalization Homeownership First Program:**

- Financial assistance does not have to be paid back if you live in the house for 5 years.
- Homes must be purchased in the following communities: *Aldan, Chester Township, Clifton Heights, Collingdale, Colwyn, Darby, East Lansdowne, Eddystone, Folcroft, Glenolden, Lansdowne, Lower Chichester, Marcus Hook, Millbourne, Morton, Norwood, Parkside, Prospect Park, Ridley Township, Ridley Park, Rutledge, Sharon Hill, Tinicum, Trainer, Upland and Yeadon.*

If you are interested in either program and meet the qualification requirements listed above, please complete and return the enclosed application and the required documents.

Use only ONE application for each program and we'll contact you after receiving it.

**DO NOT FAX** the application and only send us **COPIES** of the required documents.

**DELAWARE COUNTY  
HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**IMPORTANT DISCLAIMERS**

**Lead Based Paint:**

Due to Lead Based Paint Hazard regulations, the Delaware County Homeownership First Revitalization Program can not accept properties that have deteriorated interior or exterior painted surfaces. The regulations define deteriorated paint as "any interior or exterior or other coating that is peeling, chipping, chalking, or any paint or coating located on an interior or exterior surface or fixture that is otherwise damaged or separated from the substrate."

These regulations have serious ramifications for all Delaware County Homeownership First applicants and clients. If your selected property (with an MFH approved Agreement of Sale) fails item *11. Lead Based Paint* on the HQS inspection form, it will no longer be considered an eligible property for the program. You will need to begin shopping for another home. You will not be reimbursed for the cost of the initial home inspection. If, in spite of the LBP regulation, you elect to purchase the failing property, you will forfeit any and all financial assistance from the Delaware County Homeownership First Revitalization Program.

**Funding:**

Funding for the program is limited. Funds will be made available on a first-come, first served basis until all funds are exhausted

**2024 Income Limits:**

To qualify for either program, your current household income may not exceed 80% of the Median Family Income (MFI) for the area. Remember that household income includes the income of all household members, at least 18 years old, who will be residing in the new property. The MAXIMUM gross annual income limits are as follows:

<b>Household Size</b>	<b>Maximum Annual Income</b>
<b>1</b>	<b>\$64,250</b>
<b>2</b>	<b>\$73,400</b>
<b>3</b>	<b>\$82,600</b>
<b>4</b>	<b>\$91,750</b>
<b>5</b>	<b>\$99,100</b>
<b>6</b>	<b>\$106,450</b>
<b>7</b>	<b>\$113,800</b>
<b>8</b>	<b>\$121,150</b>

## **DELAWARE COUNTY HOMEOWNERSHIP FIRST PROGRAM**

<b>Purpose:</b>	To provide homeownership opportunities to first time homebuyers in Delaware County through pre and post purchase homeownership counseling, as well as, downpayment and closing cost assistance.	
<b>Eligible Homebuyers:</b>	Low- and moderate-income first-time homebuyers, purchasing a home in Delaware County. A first-time homebuyer is someone who has not owned a home in the last three (3) years or is a displaced homemaker. Homebuyers are only eligible for funds through the Homeownership First Program once.	
<b>Eligible Properties:</b>	Single family, residential, owner-occupied houses (detached, twin, rowhouse, townhouse or apt. condominium) which are in compliance with County housing quality standards. <u>Renter occupied properties, duplexes and properties that are located in and pay property taxes to Chester City, Haverford Township or Upper Darby Township are not eligible.</u>	
<b>Homebuyer Assistance:</b>	Each applicant will be evaluated based upon income, credit history, and available assets. Total assistance will not exceed \$10,000 and may be used for down-payment and/or closing costs.	
<b>Terms of Assistance:</b>	0% interest loan that is repayable upon sale or transfer of the property or if the loan is refinanced for debt consolidation. The loan may be subordinated if refinanced for a lower interest rate. Loans that are made in County designated Revitalization Areas are forgiven if the homeowner remains in the home for 5 years.	
<b>Primary Lenders:</b>	Applicants are required to secure a first mortgage. Local banks or mortgage companies will be encouraged to offer discounted interest rates and fees for first time buyers. First mortgages must be 30-year fixed, at or below market interest rate, with no more than three (3) points charged and have a minimum 90% loan to value ratio. Applicant may be eligible to use rehabilitation mortgage loan programs.	
<b>Minimum Contribution:</b>	A minimum of \$1,000 toward the purchase of the home must come from the borrower. Typically, lenders will require at least 3.5% of the sales price from the borrower's savings. A borrower's liquid assets at the time of application and after settlement, excluding retirement funds, may not exceed \$15,000.	
<b>Additional Requirements:</b>	Eight hours of group homeownership counseling and at least one individual counseling session are mandatory. A Certificate of Achievement for the successful completion of the homeownership counseling will be issued once the client establishes good credit and completes their Action Plan.	
<b>Maximum Sale Price:</b>	\$290,000	
<b>Contact:</b>	Chester Community Improvement Project Media Fellowship House Affordable Housing Centers of PA	(610) 876-8663 (610) 565-0434 (215) 765-1221

# APPLICATION CHECKLIST

To review your application, certain documents need to be submitted to Media Fellowship House for evaluation. Before submitting your application, please be sure to include the following documents:

- \_\_\_\_\_ Current preapproval from a lender (if applicable to your situation)
- \_\_\_\_\_ Eight (8) most recent, consecutive pay stubs for all household members, 18 years & older, who will reside in the new property.
- \_\_\_\_\_ Six (6) months current banks statements (all pages) for all accounts for all household members, 18 years & older, who will reside in the new property. No summaries.
- \_\_\_\_\_ Most recent statements for all retirement and investment accounts.
- \_\_\_\_\_ Two (2) most recent Federal Tax returns (1040s) and all Schedules for all household members, 18 years & older, who will reside in the new property.  
**AND**  
All w2s and 1099s for the submitted Federal Tax returns for all household members, 18 years & older, who will reside in the new property.  
**OR**  
If you do not have this paperwork or did not file for the past two years, please request documents from the IRS at [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript)  
For each household member 18 years & older who filed, please request for each year:
  - Tax Return Transcript
  - Wage & Income TranscriptFor each household member 18 years & older who did not file, please request for each year:
  - A non-filing letter
- \_\_\_\_\_ Documentation of any other sources of income (Social Security, Child Support, Pensions, etc.) for all household members, 18 years & older, who will reside in the new property.
- \_\_\_\_\_ Copy of Driver's License or picture ID for all household members, 18 years & older
- \_\_\_\_\_ Copy of Social Security Card for all household members.
- \_\_\_\_\_ Signed Qualification Form (Pages 5 to 12 of the application)
- \_\_\_\_\_ Signed Certification Form (Page 13 of the application)
- \_\_\_\_\_ Signed Counseling Agreement (Page 14 of the application)
- \_\_\_\_\_ Signed Lead Based Paint Notice (Page 15 of the application)
- \_\_\_\_\_ Signed 3-in-1 Form (Page 16 to 19 of the application)
- \_\_\_\_\_ Signed Equal Housing Opportunity Form (Page 20 of the application)
- \_\_\_\_\_ Signed Termination of Assistance Policy (Page 21 of the application)
- \_\_\_\_\_ Completed "Are you Ready to be a Homeowner?" (Page 22 of the application)
- \_\_\_\_\_ Signed "For Your Protection get a Home Inspection" (Page 23 of the application)

Do not send originals. Please make **a COPY** of all requested documents.

**Your application will not be processed until all required documents have been sent to Media Fellowship House.**





Applicant Information				Co-Applicant Information			
Name:				Name:			
Email:				Email:			
Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Best Time to Contact:		Preferred method: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email		Best Time to Contact:		Preferred method: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email	
Preferred Language:				Preferred Language:			
DOB:		SSN:		DOB:		SSN:	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race:				Race:			
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran				Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran			
Highest Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____				Highest Education: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Living Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Friends <input type="checkbox"/> Homeless <input type="checkbox"/> Live with Parents				Living Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Friends <input type="checkbox"/> Homeless <input type="checkbox"/> Live with Parents			
Household Makeup:  <input type="checkbox"/> Single <input type="checkbox"/> Married without Dependents <input type="checkbox"/> Married with Dependents  <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2+ Unrelated Adults				Household Makeup:  <input type="checkbox"/> Single <input type="checkbox"/> Married without Dependents <input type="checkbox"/> Married with Dependents  <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2+ Unrelated Adults			
Address: Street: City:                      State:                      Zip Code:				Address: <input type="checkbox"/> Same as Applicant Street: City:                      State:                      Zip Code:			
Municipality:		County:		Municipality:		County:	
Monthly Rent:		Date of Occupancy:		Monthly Rent:		Date of Occupancy:	
Landlord:				Landlord:			
Landlord Phone:				Landlord Phone:			
Landlord Email:				Landlord Email:			

How did you hear about us?

These questions are in reference to **EVERYONE** who will live in the house you will purchase.  
Provide information for **ALL** Individuals (including yourself) who will live in the house you will purchase.

Total Number of people in household:  Total Number who are Dependents:

Number of temporarily absent household members (i.e. Short-term incarcerated, Seasonal workers, Active military):

	Applicant	Co-Applicant	HH Member #1	HH Member #2	HH Member #3	HH Member #4
Name:						
Relationship to Applicant?						
Date of Birth?						
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Source of Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Home Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a Foster Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this person regularly receive \$ from family/friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Jobs:						
Is this person Self-Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this person do Gig Work? (i.e. Lyft, Uber, Door Dash, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Savings Accounts						
# of Checking Accounts						
Investment Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach another sheet for additional household members if necessary

# Qualification Form: Income

Assets for all household members 18 years old and older must be disclosed regardless of who is purchasing the home.

	Applicant	Co-Applicant	HH Member #1	HH Member #2	HH Member #3	HH Member #4
Client's Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Source of Income	\$	\$	\$	\$	\$	\$
Salaries/Wages/Tips:	\$	\$	\$	\$	\$	\$
Bonuses:	\$	\$	\$	\$	\$	\$
Overtime:	\$	\$	\$	\$	\$	\$
Commission:	\$	\$	\$	\$	\$	\$
Fees:	\$	\$	\$	\$	\$	\$
Armed Forces:	\$	\$	\$	\$	\$	\$
Unemployment:	\$	\$	\$	\$	\$	\$
Alimony/Child Support:	\$	\$	\$	\$	\$	\$
Welfare/TANF:	\$	\$	\$	\$	\$	\$
Social Security:	\$	\$	\$	\$	\$	\$
SSI:	\$	\$	\$	\$	\$	\$
SSDI:	\$	\$	\$	\$	\$	\$
Death Benefits:	\$	\$	\$	\$	\$	\$
Disability Income:	\$	\$	\$	\$	\$	\$
Worker's Comp:	\$	\$	\$	\$	\$	\$
Pension:	\$	\$	\$	\$	\$	\$
Retirement Income:	\$	\$	\$	\$	\$	\$
Annuities:	\$	\$	\$	\$	\$	\$
Insurance Policies:	\$	\$	\$	\$	\$	\$
Business Income:	\$	\$	\$	\$	\$	\$
Interest Dividends:	\$	\$	\$	\$	\$	\$

Please attach another sheet for additional household members if necessary

# Qualification Form: Bank Accounts

Assets for all household members 18 years old and older must be disclosed regardless of who is purchasing the home.

	Applicant	Co-Applicant	HH Member #1	HH Member #2	HH Member #3	HH Member #4
Client's Name:						
Checking Acct #1 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Checking Acct #2 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Checking Acct #3 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Savings Acct #1 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Savings Acct #2 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Savings Acct #3 Balance	\$	\$	\$	\$	\$	\$
Bank Name:						
Retirement Acct #1 Balance	\$	\$	\$	\$	\$	\$
Held by:						
Retirement Acct #2 Balance	\$	\$	\$	\$	\$	\$
Held by:						
Investment Acct #1 Balance	\$	\$	\$	\$	\$	\$
Held by:						
Investment Acct #2 Balance	\$	\$	\$	\$	\$	\$
Held by:						
Other: _____	\$	\$	\$	\$	\$	\$
Held by:						

Please attach another sheet for additional household members if necessary

## Delaware County Homeownership First Revitalization Program: Media Fellowship House Qualification Form: Employment Information

<b>APPLICANT:</b>		<b>CO-APPLICANT:</b>	
How many jobs do you have?		How many jobs do you have?	
<b>Applicant Employer #1</b>		<b>Co-Applicant Employer #1</b>	
Employer Name:		Employer Name:	
Employer Phone Number:		Employer Phone Number:	
Employer Address:		Employer Address:	
Job Title:		Job Title:	
Start Date:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Start Date:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Years with Current Employer:		Years with Current Employer:	
Type of Position:		Type of Position:	
Years in Profession:		Years in Profession:	
Type of Business:		Type of Business:	
<b>Applicant Employer #2</b>		<b>Co-Applicant Employer #2</b>	
Employer Name:		Employer Name:	
Employer Phone Number:		Employer Phone Number:	
Employer Address:		Employer Address:	
Job Title:		Job Title:	
Start Date:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Start Date:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Years with Current Employer:		Years with Current Employer:	
Type of Position:		Type of Position:	
Years in Profession:		Years in Profession:	
Type of Business:		Type of Business:	
<b>Applicant Self Employment</b>		<b>Co-Applicant Self Employment</b>	
Do you have <i>any</i> self employment income? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have <i>any</i> self employment income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of business is the income from?		What type of business is the income from?	
How long have you had this business?		How long have you had this business?	

<b>Bankruptcy</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chapter 7 or Chapter 13?		
When?		
Has the bankruptcy been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Expenses	Monthly Payment	Expenses	Monthly Payment	Expenses	Monthly Payment
Rent		Groceries		Alimony payments	
Renter Insurance		Cleaning Supplies		Child Support payments	
Storage Unit		Eating Out		\$ to family/friends	
Gas & Electric		School Lunches		Alcohol	
Water & Sewer		Clothing		Gambling/Lottery Tickets	
Trash/Recycling		Laundromat		Bank Charges/Fees	
Heating Oil		Dry Cleaning		IRS pmt (income taxes)	
Lawn Care		Hair Cuts		Court Costs/Fines	
Cell Phone		Toiletries		Retirement deductions	
Home Security		Manicure/Pedicure		Health Saving deductions	
Landline		Massages		Life Insurance	
Internet		Prescriptions/Co-Pays		Medical Insurance	
Cable/Streaming		Religious/Charity		# of Student Loans: _____	
Car Payment 1		Entertainment		Total Min. pmt. (all loans)	
Car Payment 2		Gym Membership		# of Credit Cards: _____	
Auto Insurance		Day Care/Babysitter		Total min. pmt. (all cards)	
Fuel/gas		Vacation		# of Installment Loans: _____	
Car Repair		Hobbies		Total min. pmt. (all loans)	
Toll Roads		Presents		# of Personal Loans: _____	
Parking		Pets		Total min. pmt. (all loans)	
Bus/Taxi/Uber		Children's Activities		Other:	
Union Dues		Allowance		Other:	
Uniforms/Tools		Tuition		Other:	
Coffee		App Purchases		Other:	
Tobacco		Family/School Pictures		Other:	
Formula/Diapers		School/Sport Fundraisers		Other:	

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

## Qualification Form: Monthly Recurring Debt Sheet

Fill in the names of those creditors where you have balances and/or payments.

Examples as listed are a sample of those accounts to be considered for completion of information.

- Credit Cards
- Department Stores
- Auto Loans
- Credit Unions
- Delinquent State or Local Tax Payments
- IRS
- Legal Fees
- Delinquent Real Estate Taxes
- Bankruptcy Trustee Payments
- Personal Loans
- Delinquent Medical Bills
- School Loans
- Unsecured Loans
- Payments on Fines

<b>Account Name</b>	<b>Normal Monthly Payment</b>	<b>Balance</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Date Completed:	Total Monthly Payments:	Total Balances:
	\$	\$



## Past Homeownership

	Applicant	Co-Applicant
Have you owned a home in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever owned a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes please answer the following questions</b>		
When?		
Where?		
Dates of Ownership:		
Date of Sale:		
Any additional information:		

## Current Housing Search

<b>Do you have a current preapproval from a lender?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, when does it expire?</b>	
Are you currently working with a realtor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Office Name	
Agent's Name	
Agent's Phone Number	
Agent's Email address	
Are you currently work with a Mortgage Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Company	
Mortgage Representative Name	
Mortgage Representative Phone Number	
Mortgage Representative Email address	

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We have given this information to Media Fellowship House for the purpose of purchasing a home in Delaware County. I/We understand that Media Fellowship House will verify the information I/We have provided in this application, and I/We give Media Fellowship House permission to obtain a credit report about me/us and that approval under the Program is subject to the verification of the information through the credit report and other means available to Media Fellowship House.

Applicant Name	Applicant Signature	Date
Co-Applicant Name	Co-Applicant Signature	Date

# Delaware County Homebuyer First Program Certifications

The following certifications are required by law for federally funded programs:

1. I certify that I as the potential recipient of Homebuyer First funds am:  

☐ A citizen of the United States      ☐ A legal resident Alien
2. I certify that all information in this application, and all information furnished in support of this application, is given for the purpose of assistance in purchasing a home in Delaware County under Title I of the Housing and Community Development Act of 1974 and is true and complete to the best of the Applicant(s) knowledge and belief.
3. I understand that under the U.S.C. Title 18, Section 1001, any untruthful or deliberately misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in prosecution under Federal Law, and that I can be fined, not more than \$10,000 and/or imprisoned for more than five (5) years if found guilty.
4. \_\_\_\_\_ / \_\_\_\_\_ (Initials) I/we understand that the Media Fellowship House  

AppCo-App

will verify information provided and will obtain a credit report for each applicant.
5. \_\_\_\_\_ / \_\_\_\_\_ (Initials) I/we understand that income documentation may need to  

AppCo-App

be updated to be current within 6-months of settlement date. I/we will provide required supplemental documentation as required for this application and understand that additional documentation may be required to verify eligibility and, if approved, process mortgage assistance.
6. \_\_\_\_\_ / \_\_\_\_\_ (Initials) I/we acknowledge that the amount of funds offered by the  

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Delaware County Homeownership First Program to assist first-time homebuyers is limited. I/we understand that the down payment and closing cost assistance is offered on a first come first serve basis. I further acknowledge that there is **no guarantee** that households who comply with all Homeownership First Program requirements, including all counseling sessions, will receive down payment and/or closing cost financial assistance.
7. \_\_\_\_\_ / \_\_\_\_\_ (Initials) I/we certify our household income meets the eligibility  

AppCo-App

requirements for low and moderate-income applicants as defined by the U.S. Department of Housing and Urban Development (HUD). The parameters have been given to me by Media Fellowship House and as a result I understand the qualifying definitions of the low to moderate-income households. Furthermore, I understand any changes to my household income must be reported to the counseling agency. Failure to do so may result in the cancellation or disqualification of my eligibility to receive counseling services provided by the agency.

---

*Applicant Signature*

*Applicant Name*

*Date*

---

*Co-Applicant Signature*

*Co-Applicant Name*

*Date*

# Delaware County Homebuyer First Program Counseling Agreement

Homebuyer(s): \_\_\_\_\_

Housing Counselor: \_\_\_\_\_

Agency: Media Fellowship House

## Housing Counselor Responsibility

The Housing Counselor is responsible for providing guidance and education to the Homebuyer(s) to facilitate the homebuying process. The Counselor may answer questions and provide information but cannot give legal advice. The Housing Counselor and Agency representatives agree to the following:

1. Review Homebuyer financial and credit information and develop an Action Plan.
2. Timely completion of counseling services.
3. Protect and promote the best interests of the Homebuyer(s).
4. Provide services with confidentiality, honesty, respect and professionalism.
5. Will not make decisions or take action without the knowledge and consent of the Homebuyer(s).
6. Share information with the Delaware County Office of Housing and Community Development for program monitoring and reporting purposes.
7. Provide a written reason in the event that the counseling relationship is terminated.

## Homebuyer Responsibility

The Homebuyer agrees to cooperate with the counseling process and agrees to the following:

1. Provide honest and complete information to the Counselor and provide any additional follow-up documentation within the requested timeframe.
2. Attend eight (8) group and one (1) individual pre-purchase counseling sessions. An additional individual counseling session may be required.
3. Gives permission to obtain a merged credit report and pay the \$ 0 (effective 11/1/2022) per person credit report fee.
4. Approves the Counselor and Agency to act on behalf of Homebuyer.
5. Immediately contact the Counselor about any changes in homebuying or financial situations.
6. Understands that failure to complete counseling and program requirements will result in termination from the Homeownership First Program.

I/we understand that the staff providing counseling services are not attorneys and will not provide legal advice regarding agreements of sale or mortgage financing documents entered into by the client.

In consideration for receiving assistance from Media Fellowship House, I/We hold their staff to be free and harmless from any claims, damages, liabilities or injuries arising from these services.

**Homeownership First Program funds are provided on a first-come first-served basis. Signing this Counseling Agreement does not constitute a commitment of financial assistance.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Delaware County Homebuyer First Program

## IMPORTANT NOTICE

### Lead Based Paint

Due to federal Lead Based Paint Hazard regulations, properties with visually deteriorated interior or exterior painted surfaces are ineligible to be purchased with assistance through the Delaware County Homeownership First Program.

Regulations define deteriorated paint as “any interior or exterior or other coating that is peeling, chipping, chalking, or any paint or coating located on interior or exterior surface or fixture that is otherwise damaged or separated from the substrate.”

Please note:

1. If the property inspector visually identifies deteriorated paint, the property can no longer be considered an eligible property.
2. Property inspection occurs after the Agreement of Sale.
3. The Applicant(s) will not be reimbursed for the cost of the home inspection.
4. If you elect to purchase the property, you will forfeit any and all mortgage assistance from the Homeownership Program.

Applicant(s) have been provided a copy of the Lead-Based Paint Notice and the “Protect Your Family from Lead in Your Home” brochure.

The signature(s) below confirms receipt of these documents.

---

*Applicant Signature*

*Applicant Name*

*Date*

---

*Co-Applicant Signature*

*Co-Applicant Name*

*Date*

# Authorization, Disclosure, Privacy Statement (3-in-1)

## MY PERSONAL INFORMATION AND COUNSELING SERVICES

By signing this form I agree to share my personal financial and other private information. Signing this form also allows lenders and the Counseling Agency to discuss my accounts, credit, and finances, and to share my nonpublic personal information, described in the Privacy Policy provided with this authorization.

I understand that funders provide grants to make the counseling services possible, and that the Counseling Agency shares my information with these funders. These funders review Counseling Agency files, including my file, and may contact me to evaluate the counseling services that I receive.

I authorize my Counselor and the Counseling Agency to negotiate for me. The counseling services are offered free of charge, and neither the Counselor, nor the Counseling Agency, guarantees any result or outcome. I may be referred to other housing agencies for their services.

I understand that my Counselor cannot offer me legal or other professional advice or representation. If I need legal or other professional services I can ask my Counselor for information about referral services.

### Counseling Services Checklist

Client must **initial** all items that are applicable:

☐ I have been verbally advised of the fee schedule, if any, prior to services being provided

☐ I have discussed Home Buyer Options and related Pre-Purchase topics and I have received the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection"

☐ I have received and reviewed a copy of the Fair Housing Pamphlet

☐ I understand that the counselor will discuss my budget with me and I will receive a copy of my budget

☐ I understand that the counselor will discuss my Action Plan with me and I will receive a copy of my Action Plan

☐ I understand the counselor will explain the next steps needed to reach my financial goal to my satisfaction

☐ Homebuyer Counseling

☐ Homebuyer Education

☒ Homeowner Counseling

☒ Homeowner Education

☒ Delinquency and Default Counseling

☒ Delinquency and Default Education

☒ Reverse Mortgage Counseling

☒ Fair Housing Education

☒ Tenant Counseling

☒ Homelessness and Displacement Counseling

☐ I want to buy a home in the next six (6) months

☐ I want to buy a home, but not in the next six (6) months

☐ Other programs, services, or products:

Please choose  
**one** of these  
options

### Counseling Agency Information

Counselor Name: Jerry Duffy

Phone: 610-565-0434

Counseling Agency: Media Fellowship House

Email: info@mediafellowshiphouse.org

RX Client Number: \_\_\_\_\_

Fax: 610-565-8567

### PRIVACY POLICY

This Counseling Agency respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

# Authorization, Disclosure, Privacy Statement (3-in-1)

Your "nonpublic personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

## **Types of Information That We Gather About You:**

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

## **You May Opt-Out If You Do Not Want Us to Share Your Information:**

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling the Counseling Agency at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

## **How We Use Your Information:**

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

## **Client Authorization**

By signing below I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and the Counseling Agency. I authorize my Counselor and the Counseling Agency to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

**CLIENT NAME(S):**

**CLIENT SIGNATURE(S):**

**DATE:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Authorization, Disclosure, Privacy Statement (3-in-1)

## CLIENT ENGAGEMENT AGREEMENT

(This agreement is optional and does not impact the rest of the 3-in-1 form)

Today's consumer is searching for real-time information on how to maneuver through the maze of financial products and services, establish or rebuild credit, reduce debt and save for the future. Helping clients reach their potential through a variety of services has never been more essential.

Financial counseling is an emerging field that supports clients as they work towards goals and strive to maximize their financial potential. Through an ongoing, systematic and collaborative process, coaches that specialize in financial capabilities can facilitate changes in clients' financial habits so that they can reach financial security. Participating in a regimented course of financial counseling services can increase the client's sense of well-being and safety through knowledge, and promote changing behaviors that will improve their financial circumstance.

If you are interested in improving your financial capabilities, please agree to the following:

I am willing to commit to at least four sessions (minimum of one hour per session) over the course of 12 months and a minimum of one follow-up survey within three months of the final session.

The first session must be a face-to-face session with a counselor. Upon submission of required documentation, subsequent sessions can be conducted using alternative methods of communication such as: telephone, internet, Skype, Smart Phone, etc.

I understand that my counselor will review and discuss an updated Action Plan for each session, and I will receive a copy.

CLIENT NAME(s):

CLIENT SIGNATURE(s):

DATE:

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Please ask your counselor about these other types of counseling that may be available to you at this agency.

### One-on One Counseling

- \_\_\_ Pre-Purchase
- \_\_\_ Credit & Budget
- \_\_\_ Post Purchase – Non-Delinquency  
(Home maintenance/Financial Mgt)
- \_\_\_ Post-Purchase – Foreclosure Mitigation
- N/A Reverse Mortgage/HECM
- N/A Rental Topics
- N/A Homeless Assistance
- N/A Financial Education Coaching (after the Financial Education Workshop)

### Workshops

- N/A Financial Education
- \_\_\_ Pre-Purchase
- N/A Anti-Predatory Lending &
- N/A Foreclosure Prevention
- N/A Fair Housing/Fair Lending

Instructions for counselor: This page can be omitted if the client is not interested in the financial capability process as defined above. In the event your agency does not provide any of the above counseling services, please put "n/a" on the appropriate line.



# Authorization, Disclosure, Privacy Statement (3-in-1)

## COUNSELING AGENCY DISCLOSURES

For Client:

**Please Initial**

\_\_\_\_\_ I understand I am **not** obligated to receive, purchase, or use services or products from the Counseling Agency, its partners, or any organization I am referred to by the Counseling Agency.

\_\_\_\_\_ The Counseling Agency has described in detail the different types of services provided and any exclusive, financial or other relationship between the Counseling Agency and any other industry partners that may be relevant to my services, including the relationship between the Counseling Agency and funders.

\_\_\_\_\_ I have been offered information on alternative services, programs, and products.

For Counseling Agency:

In compliance with all programmatic disclosure and conflict of interest requirements set forth in 24 C.F.R. Part 214, 2 C.F.R. § 200.112, HUD Handbook 7610.1 REV-5, and any applicable HUD and funder requirements, below is a description of various types of services provided and financial relationships between funders and the Counseling Agency as well as any other industry partners. This list may include, but is not limited to, any other services offered by the Counseling Agency such as utility assistance, rental assistance, rental properties or lender services. This list should be tailored to the specific services sought by the client.

- Housing and Community Development - Delaware County

- Pennsylvania Housing and Finance Agency (PHFA)

- Housing and Urban Development (HUD)

- United Way

## Delaware County Homeownership First Program



**EQUAL HOUSING  
OPPORTUNITY**

### **We Do Business in Accordance with the Federal Fair Housing Law**

*(The Fair Housing Amendments Act of 1988)*

**It is Illegal to Discriminate Against Any Person Because  
of Race, Color, Religion, Sex, Gender Expression, Gender  
Identity, Sexual Orientation, Marital Status, Handicap,  
Familial Status, or National Origin**

- In the sale or rental of housing or residential lots.
- In advertising the sale or rental of housing.
- In the financing of housing.
- In the provision of real estate brokerage services.
- In the appraisal of housing.
- Blockbusting is also illegal.

***Anyone who believes they may be a victim  
of housing discrimination may contact:***

Housing Equality Center of Pennsylvania  
(267) 419-8918  
info@equalhousing.org  
equalhousing.org

U.S. Dept. of Housing and Urban Development  
(800) 669-9777  
(800) 927-9275 (TTY)  
hud.gov/fairhousing

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Media Fellowship House

### Termination of Assistance Policy

As a participant of Media Fellowship House's Housing Counseling programs, it is your responsibility to follow through and comply with the following:

- Report any changes in income, employment and assets
- Report any new household members living with you
- Meet with your counselor as required
- Actively participate with your counselor
- Actively work towards your housing goals
- Comply with all counseling program rules and regulations

### Dismissal Procedures

It is expected that any client participating in Media Fellowship House's housing programs will follow through with the policies and procedures of the programs or they may be terminated from the programs. The following is a non-exhaustive list of conditions that will result in termination of your case:

- Falsifying or withholding information
- No longer eligible for the program as per program requirements
- Choosing not to work towards your housing goals
- Not following the policies of the housing programs
- No longer communicating with or responding to communications from the housing counselor or counseling agency

THE ACT OF WITHHOLDING OR FALSIFYING INFORMATION AT ANY TIME DURING YOUR PARTICIPATION IN THIS PROGRAM (INCLUDING APPLICATION AND ASSESSMENT), IS CONSIDERED PROGRAM NON-COMPLIANCE AND WILL RESULT IN YOUR IMMEDIATE TERMINATION FROM THE PROGRAM.

Please sign below to indicate that you have read and fully understand the above stated contents.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## ARE YOU READY TO BE A HOMEOWNER?

### SELF ASSESSMENT TOOL

---

- |  |           |          |
|--|-----------|----------|
| 1. Being in debt does not bother me.   | Yes _____ | No _____ |
| 2. The thought of having long-term debt is disturbing to me.   | Yes _____ | No _____ |
| 3. I enjoy working around the house and yard.  | Yes _____ | No _____ |
| 4. I would much rather shop, go out to eat, or read a book then spend any time around the house or yard. | Yes _____ | No _____ |
| 5. I prefer finding a good job and staying with it.  | Yes _____ | No _____ |
| 6. I prefer changing jobs from time to time, finding excitement in starting all over.                    | Yes _____ | No _____ |
| 7. I prefer staying in one place and being committed to one community.                                   | Yes _____ | No _____ |
| 8. I do not like being limited to one community or location for a long period of time.                   | Yes _____ | No _____ |
| 9. I am able to handle the financial responsibilities of mortgage payments now.                          | Yes _____ | No _____ |
| 10. I would be better off waiting until I can save more money or my financial situation improves.        | Yes _____ | No _____ |

### OTHER QUESTIONS TO HELP YOU MAKE THE HOME BUYING DECISION

- |   |            |                 |          |
|---|------------|-----------------|----------|
| 1. Is owning a home important to you?             | Yes _____  | No _____        |          |
| 2. Are you currently renting a home or apartment? | Home _____ | Apartment _____ |          |
| 3. Are you paying your rent on time?              | Yes _____  | No _____        |          |
| 4. Do you have any outstanding debt?              | Yes _____  | No _____        |          |
| 5. Are you paying this debt on time?              | Yes _____  | No _____        |          |
| 6. Do you have any forms of credit?               | Yes _____  | No _____        |          |
| 7. Do you have a bank account?                    | Yes _____  | No _____        |          |
| 8. Do you have a checking account?                | Yes _____  | No _____        |          |
| 9. Are you responsible for your utilities?        | Yes _____  | No _____        |          |
| 10. Do you pay your utility bill on time?         | Yes _____  | No _____        |          |
| 11. How is your credit?                           | Good _____ | Bad _____       | Ok _____ |



# For Your Protection: Get a Home Inspection

## You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

- ✓ **Evaluate the physical condition: structure, construction, and mechanical systems;**
- ✓ **Identify items that need to be repaired and**
- ✓ **Estimate the remaining useful life of the major systems, equipment, structure, and finishes.**

## **The Appraisal is NOT a Home Inspection and does not replace an inspection.**

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

## **FHA and Lenders may not Guarantee the Condition of your Potential New Home**

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

## **Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency**

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspector, in addition to the structural and mechanical systems inspection. For more information: Radon -- call 1-800-SOS-Radon; Health and Safety -- see the HUD Healthy Homes Program at [www.HUD.gov](http://www.HUD.gov); Energy Efficiency -- see the DOE EnergyStar Program at [www.energystar.gov](http://www.energystar.gov).

## **Selecting a Trained Professional Home Inspector**

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: [www.ashi.org](http://www.ashi.org) or by telephone at: 1-800-743-2744.

**I / We (circle one) have read this document and understand that if I/we wish to get a home inspection, it is best do so as soon as possible. The appraisal is not a home inspection. I/we will make a voluntary choice whether to get a home inspection. A home inspection will be done only if I/we ask for one and schedule it. Your lender may not perform a home inspection and neither FHA nor your lender may guarantee the condition of the home. Health and safety tests can be included in the home inspection if I/we choose.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Homebuyer Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Homebuyer Date



# Ten Important Questions to Ask Your Home Inspector

## **1. What does your inspection cover?**

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

## **2. How long have you been practicing in the home inspection profession and how many inspections have you completed?**

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

## **3. Are you specifically experienced in residential inspection?**

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

## **4. Do you offer to do repairs or improvements based on the inspection?**

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

## **5. How long will the inspection take?**

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

## **6. How much will it cost?**

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

## **7. What type of inspection report do you provide and how long will it take to receive the report?**

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

## **8. Will I be able to attend the inspection?**

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

**9. Do you maintain membership in a professional home inspector association?**

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

**10. Do you participate in continuing education programs to keep your expertise up to date?**

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.



# UNDERSTANDING YOUR FAIR HOUSING RIGHTS

## IS THE KEY TO PROTECTING THEM

The Fair Housing Act protects individuals' fair housing rights from discrimination when they are renting or buying a home, getting a mortgage, seeking housing assistance or engaging in other housing-related activities. Additional protections apply to federally-assisted housing.

### The Act prohibits discrimination in housing because of:

- Race
- Color
- National Origin
- Religion
- Sex
- Familial Status
- Disability

Most types of housing are covered by the Act. Exemptions include limited circumstances such as owner-occupied buildings with no more than four units, single-family houses sold or rented by the owner without the use of an agent and housing operated by religious organizations and private clubs that limit occupancy to members.

### Prohibited Actions That Impact Your Fair Housing Rights

It is illegal discrimination to take any of the following actions because of race, color, religion, sex, disability, familial status or national origin when it comes to renting or selling a home:

- Refusal to rent or sell housing
- Refusal to negotiate for housing
- Otherwise making housing unavailable
- Setting different terms, conditions or privileges for sale or rental of a dwelling
- Providing a person different housing services or facilities
- Falsely denying that housing is available for inspection, sale or rental
- Making, printing or publishing any notice, statement or advertisement with respect to the sale or rental of a dwelling that indicates any preference, limitation or discrimination
- Imposing different sales prices or rental charges for the sale or rental of a dwelling
- Using different qualification criteria for applications, or sale or rental standards or procedures, such as income standards, application requirements, application fees, credit analyses, sale or rental approval procedures or other requirements
- Evicting a tenant or a tenant's guest
- Harassing a person
- Failing to perform or delaying performance of maintenance or repairs
- Limiting privileges, services or facilities of a dwelling
- Discouraging the purchase or rental of a dwelling
- Assigning a person to a particular building or neighborhood or section of a building or neighborhood
- For profit, persuading, or trying to persuade, homeowners to sell their homes by suggesting that people of a particular protected characteristic are about to move into the neighborhood (blockbusting)
- Refusal to provide or discriminating in the terms or conditions of homeowners insurance because of the race, color, religion, sex, disability, familial status, or national origin of the owner and/or occupants of a dwelling
- Denying access to or membership in any multiple listing service or real estate brokers' organization

### In mortgage lending, the following actions affecting your fair housing rights are prohibited:

- Refusal to make a mortgage loan or provide other financial assistance for a dwelling
- Refusal to provide information regarding loans

- Imposing different terms or conditions on a loan, such as different interest rates, points or fees
- Discriminating in appraising a dwelling
- Conditioning the availability of a loan on a person's response to harassment
- Refusal to purchase a loan

## Harassment, Disabilities and Other Prohibitions

The Fair Housing Act makes it illegal to harass persons based on these protected characteristics. Among other things, this forbids sexual harassment.

The Act also protects the fair housing rights of persons with disabilities. Housing providers must make reasonable accommodations and allow reasonable modifications that may be necessary to allow persons with disabilities to enjoy their housing. Certain multifamily housing must be accessible to persons with disabilities.

In addition, threatening, coercing, intimidating or otherwise interfering with anyone exercising their fair housing rights or assisting others who exercise their rights counts as discrimination. Retaliating against someone who has filed a fair housing complaint or assisted in an investigation also falls under this label.

## REPORT HOUSING DISCRIMINATION

If you believe you have been discriminated against in your efforts to find housing, report your experience. You can file complaints with the following organizations:

**HUD:** *Complaints must be filed within 1 year from the date of the incident*

- Call 1-888-799-2085 (HUD's TDD number is 1-800-877-8339)
- To file an online complaint: visit [www.hud.gov](http://www.hud.gov) and click on "File a Discrimination Complaint"
- Email a complaint to [complaintsoffice03@hud.gov](mailto:complaintsoffice03@hud.gov)
- Mail a complaint to HUD FHEO, Attn: Intake Branch, 100 Penn Square East, Philadelphia, PA 19107

**PA Human Relations Commission:** *Complaints must be filed within 180 days of the incident*

- Call 215-560-2496
- Visit [www.phrc.pa.gov](http://www.phrc.pa.gov) to download complaint forms

**Housing Equality Center of Pennsylvania:**

- Call 267-419-8918
- Visit [www.equalhousing.org](http://www.equalhousing.org)

**Disability Rights PA**

- Visit [www.disabilityrightspa.org](http://www.disabilityrightspa.org)
- Email [intake@disabilityrightspa.org](mailto:intake@disabilityrightspa.org)
- Contact the office closest to you:

Philadelphia Office:

The Philadelphia Building, 1315 Walnut Street, Suite 500, Philadelphia, PA 19107-4798

Phone: Call 215-238-8070 Email: [drnpa-phila@drnpa.org](mailto:drnpa-phila@drnpa.org)

**DELAWARE COUNTY HOMEOWNERSHIP FIRST REVITALIZATION PROGRAM  
MEDIA FELLOWSHIP HOUSE**

**Lead-Based Paint Notification Letter**

Please read the following information concerning lead-based paint poisoning.

**Sources of Lead-Based Paint**

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes, and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands; put their hands into their mouths, and ingest a dangerous amount of lead.

**Hazards of Lead-Based Paint**

Lead poisoning is dangerous - especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

**Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

**Advisability and Availability of Blood Lead Level Screening**

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the housing counseling agency to which you are applying for homebuyer assistance so the necessary steps can be taken to test the residence for lead-based paint hazards.

Lead-Based Paint Notification Letter-7.2009 – MFH Revitalization

**Precautions to Prevent Lead-Based Paint Poisoning**

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child?

- (a) Cover all furniture and appliances;
- (b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. **DO NOT BURN THEM.**
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

### **Homeowner Maintenance and Treatment of Lead-Based Paint Hazards**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repairing, all surfaces that are peeling, cracking, chipping or loose, the surface should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainting with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you, as an adult, play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.



# Protect Your Family From Lead in Your Home



United States Environmental  
Protection Agency



United States Consumer Product  
Safety Commission



United States Department of Housing  
and Urban Development

June 2017

I acknowledge receipt and review of this LBP Pamphlet.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Protect Your Family From Lead in Your Home



**EPA** United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

December 2012

## Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have lead-based paint? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

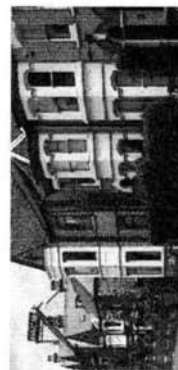
- How lead gets into the body
- About health effects of lead
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## Lead Gets into the Body in Many Ways

### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

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## Health Effects of Lead

**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

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## Check Your Family for Lead

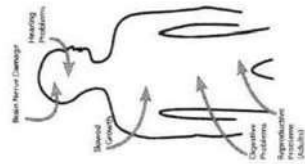
### Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**



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## Where Lead-Based Paint Is Found

In general, the older your home or child-care facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally assisted, federally owned housing, and child-care facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

### Lead can be found:

- In homes and child-care facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

## Identifying Lead-Based Paint and Lead-Based Paint Hazards

**Deteriorating lead-based paint (peeling, chipping, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

## Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:

- Portable x-ray fluorescence (XRF) machine
- Lab tests of paint samples



- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:

- Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
- Sample dust near painted surfaces and sampling bare soil in the yard
- Get lab tests of paint, dust, and soil samples

- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

## Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor.
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance).
- Presume that lead-based paint is present and use lead-safe work practices.

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>1</sup>

<sup>1</sup> Hearing or speech challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.

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## What You Can Do Now to Protect Your Family

**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

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## Reducing Lead Hazards

**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can temporarily reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting, by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials, just painting over the hazard with regular paint is not permanent control.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

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## Reducing Lead Hazards, continued

**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

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## Renovating, Remodeling, or Repairing (RRP) a Home with Lead-Based Paint

**If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:**

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment and
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.

- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects visit [epa.gov/getleadSAFE](http://epa.gov/getleadSAFE), or read *The Lead-Safe Certified Guide to Renovate Right*.

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## Other Sources of Lead

**While paint, dust, and soil are the most common sources of lead, other lead sources also exist:**

- **Drinking water.** Your home might have plumbing with lead or lead solder. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might contain lead:
  - Use only cold water for drinking and cooking.
  - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.
 Call your local health department or water supplier to find out about testing your water, or visit [epa.gov/lead](http://epa.gov/lead) for EPA's lead in drinking water information.
- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- **Old toys and furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.\*
- **Food and liquids** cooked or stored in **lead crystal or lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

\* In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint (16 CFR 1303). In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products (16 CFR 14465).

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## For More Information

### The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

### Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at 1-800-877-8339.

## U.S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

### Region 1

Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont  
Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100 (CPT) One Congress Street  
Boston, MA 02114-2023  
(617) 918-1524

### Region 2

New Jersey, New York, Puerto Rico, Virgin Islands  
Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

### Region 3

Delaware, Maryland, Pennsylvania, Virginia, D.C., West Virginia  
Regional Lead Contact  
U.S. EPA Region 3  
MSB  
Philadelphia, PA 19103  
(215) 814-2088

### Region 4

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee  
Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30335  
(404) 562-8998

### Region 5

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin  
Regional Lead Contact  
U.S. EPA Region 5 (OTR RJ)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-7836

### Region 6

Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes  
Regional Lead Contact  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 689-2704

### Region 7

Iowa, Kansas, Missouri, Nebraska  
Regional Lead Contact  
U.S. EPA Region 7  
11201 Reno Blvd.  
WFO/D/TOPE  
Lenexa, KS 66219  
(800) 223-0425

### Region 8

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming  
Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-0986

### Region 9

Arizona, California, Hawaii, Nevada  
Regional Lead Contact  
U.S. EPA Region 9 (CMO 4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

### Region 10

Alaska, Idaho, Oregon, Washington  
Regional Lead Contact  
U.S. EPA Region 10  
Solid Waste & Toxics Unit (WCM-128)  
1000 Broadway, Suite 300  
Seattle, WA 98101  
(206) 553-1200

## Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### CPSC

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

### U.S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule which protects families in pre-1978 assisted housing and the lead hazard control and research grant programs.

### HUD

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)

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U.S. EPA Washington DC 20460  
U.S. CPSC Bethesda MD 20814  
U.S. HUD Washington DC 20410  
EPA 742-K-12-001  
December 2012

## **IMPORTANT!**

### **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children, babies, and fetuses even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).