Lead Safe Westchester ("LSW")
APPLICATION

The Lead Safe Westchester (LSW) Program finances repairs to remediate lead-based paint hazards in eligible units throughout Westchester County. Units can be vacant tenant-occupied or owner-occupied and repairs may include interior and exterior paint stabilization, window and door replacements. Priority consideration given to units with children under six years old and/or pregnant women. LSW funds are limited.

TO QUALIFY, THE PROPERTY MUST:

~Have been built before 1978 ~Have chipped or peeling paint; AND ~Have income eligible residents

MAXIMUM HOUSEHOLD INCOME = 80% Area Median Income (AMI)*

# in Household	1	2	3	4	5	6
Maximum Income	$88,100	$100,700	$113,300	$125,800	$135,950	$146,000

HOME Income Limits and 80% Uncapped Income Limits, June 1, 2026

* HUD Programs including, but not limited to HOME, CDBG, LSW and Section 8 pursuant to FR-6436-M-01 Income limit ceiling applies.

SECTION I – APPLICANT INFORMATION:

Who is completing this form?

☐ Owner ☐ Resident/Tenant ☐ Management Company ☐ Other? _____

Name: _____

Name of Company (if applicable): _____

Mailing Address: _____

Phone # _____ Email: _____

How did you hear about LSW? (be specific) _____

SECTION II – PROPERTY OWNER INFORMATION:

Property Owner Name: _____

Name of Company (if applicable): _____

Mailing Address: _____

Phone # _____ Email: _____

SECTION III - PROPERTY INFORMATION:

Property Address: _____ Unit # _____

City _____ Zip Code: _____ Year Built: _____

Property Type: ☐ Single-Family House ☐ 2-4 Family House ☐ 5 -10 Units ☐ Other

Total Number of Units _____ ☐ Unknown Number of Vacant Units _____ ☐ Unknown

1. Are there any easements, deed restrictions or restrictive covenants on the property? ☐ Yes ☐ No
   If yes, provide a copy.
2. Are there any open permits or zoning/code violations against the property? ☐ Yes ☐ No
   If yes, provide a copy.

SECTION IV – TO BE COMPLETED BY RESIDENTS, FOR EACH UNIT:

Property Address: _____ **Unit #** _____

City _____ Zip Code: _____

SECTION V – HOUSEHOLD MEMBERS, INCLUDE ALL RESIDENTS:

Name: _____ **Date of Birth:** _____

Phone #: _____ **Email:** _____

Head of Household? ☐ **YES** ☐ **NO** **Annual Income:** _____

Employer: _____

Employer Address: _____

Name: _____ Date of Birth: _____

Relationship to Head of Household? _____ Annual Income: _____

Type of Income: ☐ Employment/Salary ☐ Social Security, SSDI or SSI Benefits ☐ Alimony

☐ Pension ☐ Child Support ☐ None ☐ Other _____

Name: _____ Date of Birth: _____

Relationship to Head of Household? _____ Annual Income: _____

Type of Income: ☐ Employment/Salary ☐ Social Security, SSDI or SSI Benefits ☐ Alimony

☐ Pension ☐ Child Support ☐ None ☐ Other _____

Name: _____ Date of Birth: _____

Relationship to Head of Household? _____ Annual Income: _____

Type of Income: ☐ Employment/Salary ☐ Social Security, SSDI or SSI Benefits ☐ Alimony

☐ Pension ☐ Child Support ☐ None ☐ Other _____

Name: _____ Date of Birth: _____

Relationship to Head of Household? _____ Annual Income: _____

Type of Income: ☐ Employment/Salary ☐ Social Security, SSDI or SSI Benefits ☐ Alimony

☐ Pension ☐ Child Support ☐ None ☐ Other _____

Name: _____ Date of Birth: _____

Relationship to Head of Household? _____ Annual Income: _____

Type of Income: ☐ Employment/Salary ☐ Social Security, SSDI or SSI Benefits ☐ Alimony

☐ Pension ☐ Child Support ☐ None ☐ Other _____

Attach additional pages, if necessary

PROPERTY ADDRESS: _____

Unit # ____ City _____ Zip Code: _____

SECTION VI – RESIDENTS: DO YOU RECEIVE ASSISTANCE FROM A GOVERNMENT FUNDED PROGRAM OR HOUSING AGENCY? ☐ Yes ☐ No

If yes, Complete this section: **CONSENT FOR RELEASE OF INFORMATION**

Full Name: _____ Date of Birth: _____

I, _____ hereby authorize the County of Westchester Department of Planning/Lead Safe Westchester (LSW) Program to obtain all necessary information for the sole purpose of verifying my household income, employment and financial records from the Agency.

I understand that this information will not be disclosed to a party other than the one named above without further permission from me. I understand that I may revoke this consent at any time, upon written notice, but that such revocation may affect my eligibility for the LSW Program.

Name (Print): _____ Date: _____

Signature _____

SECTION VII – IS THERE A VISITING CHILD? ☐ Yes ☐ No

Priority assistance through the LSW Program shall be to units occupied by a child under the age of six or where a child under the age of six spends a significant amount of time visiting.

Complete this section when a child visits but does not live in the unit. "Visiting" is defined as three hours a day on two separate days a week AND a total of 60 hours per year.

Child's Name: _____

Property Address Visited: _____

Unit # _____ City _____ Zip Code: _____

Number of Hours Per Week Child Visits Property:_____

Number of Hours Per Year Child Visits Property: _____

Date of Birth: _____

Child's Relationship to You (i.e. son/daughter, grandchild, niece/nephew): _____

Name of Parent/Guardian (Print): _____ Date: _____

Signature of Parent/Guardian: _____

PROPERTY ADDRESS: _____

Unit # ____ **City** _____ **Zip Code**: _____

SECTION VIII – PROPERTY OWNER LSW APPLICATION CHECKLIST

PROPERTY OWNER(S) WITH RENTAL UNITS: LSW Application - Pages 1 and 5;

Submit copies of the following:

- Deed to Property;
- Photo Identification;
- Homeowner's Insurance Policy – with Declarations Page;
- For each rental unit, provide a copy of the executed Lead-Based Paint Disclosure. See Lead-Based Paint Disclosure Rule Fact Sheet https://www.epa.gov/system/files/documents/2024-09/lead-disclosure-rule-fact-sheet.pdf
- Easements, Deed restrictions or restrictive covenants, if applicable; and
- Open permits, zoning/code violations, if applicable.

OWNER-OCCUPIED PROPERTIES: LSW Application - Pages 1, 2 and 5; Page 3, as needed;

In addition to the items listed above, include copies of the following for All residents 18+ years old:

- Proof of Income (i.e. Paystubs, Social Security, Pension, Child Support, Alimony, etc.);
- 2025 Federal Tax Return with All Schedules;
- 2025 W-2s;
- 3 months Bank Statements for All Checking, Savings, Credit Union Accounts - All pages;
- Most recent Retirement Account Statements (i.e. 401K, 457B, 403B, etc.)
- Passports or Birth Certificates for All residents under 18 years old and any visiting children;
- Photo Identification for All residents 18+ years old; and
- Proof of Full-time Student Status (for anyone 18+ years old) – Current Transcript, if applicable.

SECTION IX – RESIDENT/TENANT LSW APPLICATION CHECKLIST

RESIDENTS/TENANTS: LSW Application - Pages 1, 2 and 5. Page 3, as needed;

Include copies of the following for All residents 18+ years old:

- Proof of Income (i.e. Paystubs, Social Security, Pension, Child Support, Alimony, etc.);
- 2025 Federal Tax Return with All Schedules;
- 2025 W-2s;
- 3 months Bank Statements for All Checking, Savings, Credit Union Accounts - All pages;
- Most recent Retirement Account Statements (i.e. 401K, 457B, 403B, etc.)
- Passports or Birth Certificates for All residents under 18 years old and any visiting children;
- Photo Identification for All residents 18+ years old; and
- Proof of Full-time Student Status (for anyone 18+ years old) – Current Transcript, if applicable.

PROPERTY ADDRESS: _____

Unit # ____ **City** _____ **Zip Code**: _____

SECTION X – PROPERTY OWNER CERTIFICATION:

I/We, the undersigned, certify that I/we am/are the legal owner(s) of the property listed above. By signing below, I/we certify to the County of Westchester Department of Planning that all information, statements and documentation provided in this application are true, accurate and complete to the best of my/our knowledge.

Verification: I/We authorize the LSW Program or its designated agents to verify any and all information provided in this application with third-party sources, including employers, financial institutions and government agencies.

Recapture / Repayment: I/We understand that if it is determined that assistance was granted based on false or inaccurate information, I/we may be required to repay the full amount of the federal funds expended on the property.

Federal Penalty Warning: I/We understand that making false statements or providing misleading information on this application is a violation of federal law. Under 18 U.S.C. § 1001, making willfully false statements or misrepresentations to a department or agency of the United States is a criminal offense punishable by fines up to $10,000, imprisonment for up to five years, or both.

Program Compliance: I/We understand that LSW assistance is subject to federal regulations and guidelines, and that any misrepresentation may result in the immediate disqualification from the program, disapproval of the application or termination of any ongoing rehabilitation work.

Monitoring and Inspections: I/we grant permission for LSW Program inspectors and any authorized service providers to enter the property at mutually agreed-upon times to conduct assessments and work verifications.

No Guarantee of Funding: I/we acknowledge that submitting this LSW application does not guarantee approval or funding and that assistance is subject to the availability of LSW Program funds.

_____	_____	_____
Print Name of Owner	Print Name of Owner	Date
_____	_____	
Signature of Owner	Signature of Owner	

SECTION XI – RESIDENT/TENANT CERTIFICATION:

By signing below, I/we certify to the County of Westchester Department of Planning that all information, statements and documentation provided in this application are true, accurate and complete to the best of my/our knowledge.

I/We hereby acknowledge that any false statement or certification made herein or failure to disclose any material information required by this Certification shall be grounds for the termination of any award (including the revocation of any award already granted) and/or the disqualification from participation in the LSW Program and may subject any individual supplying such false statement or failing to disclose such material information to criminal or civil liability.

Program Compliance: I/We understand that LSW assistance is subject to federal regulations and guidelines, and that any misrepresentation may result in the immediate disqualification from the program, disapproval of the application or termination of any ongoing rehabilitation work.

Monitoring and Inspections: I/we grant permission for LSW Program inspectors and any authorized service providers to enter the property at mutually agreed-upon times to conduct assessments and work verifications.

_____	_____	_____
Print Name of Tenant	Print Name of Tenant	Date
_____	_____	
Signature of Tenant	Signature of Tenant	

Questions? Call **914-995-4150**

Submit LSW Application via email: PLAN-LSW@westchestercountyny.gov

Or mail to:

Westchester County Department of Planning

148 Martine Avenue, Room #422

White Plains, NY 10601