PARKVIEW HOMEOWNERSHIP PROGRAM

Thank you for your interest in our Homeownership Program. We understand that you would like to take the next steps toward homeownership with Parkview Services. To get you started we’ve enclosed our Intake Application Packet.

Please fill out all the forms, sign them, and return them to me along with:

- **Proof of your income**
  - (3 month paystubs; annual Social Security Letter; most current W2; Child Support/Alimony order, VA Award Letter)
- **Last 3 years Tax Returns** (all schedules must be included)
- **Last 3 Months Bank Statements** (all pages must be provided)
- **Copy of Driver’s license and/or state ID**
- **Proof of Disability**
  - (Letter from a medical doctor. See attached example letter for details.)
- **Copy of Homebuyer Education Certificate**
- **Copy of Utility bills**
  - (Preferably one utility bill such as electricity or waste, and a non-utility bill such as cell phone or cable/internet bill)

**PLEASE REMOVE ALL STAPLES BEFORE SUBMITTING YOUR DOCUMENTS!**

Once we receive your complete package we can schedule a time to meet. At that time we can discuss what down payment assistance your family qualifies for and determine the best option to proceed.

Feel free to call us if you have any questions. We look forward to working with you.

Sincerely,

Loretta Cael
Director of Homeownership
(509) 861-3330
(877) 541-9846
loretta@parkviewservices.org
PARKVIEW HOMEOWNERSHIP PROGRAM

Parkview’s Homeownership Program Offers home buying assistance in most counties in the State of Washington to people with disabilities and family members who will live with them. We offer budget and credit management counseling to prepare you for homeownership in addition to down payment assistance options to increase your purchasing power.

Pre Purchase Program Overview

There are three major components to Parkview's program. These are home buyer education, pre-purchase budget counseling and down payment assistance. We offer first time home buyer classes sponsored by the WSHFC which are located at www.wshfc.org for scheduling purposes. We also offer home choice down payment assistance counseling and post purchase home maintenance and financial management counseling.

Program Eligibility

- Purchase a house, townhouse or condominium unit in the State of Washington.
- Be an individual with a permanent disability or have a family member with a permanent disability that will live with you. Although some down payment assistance programs are specifically reserved for individuals or families with a member who has a developmental disability, our counseling services are available for everyone.
- Be able to secure approval for fixed rate conforming first mortgage.
- Complete HUD housing counseling and return the required intake package with disclosures.
EXAMPLE OF LETTER FROM MEDICAL DOCTOR (Proof of disability)

Please have your Medical Doctor write on his/her letterhead paper and feel free to quote from this example.

Date___________________

To Whom It May Concern:

This letter is to confirm that __________________________ (patient’s name)

(Please choose below that applies)

☐ Has a disability that meets the criteria under RCW71A.10.020 for a developmental disability.

☐ Has a permanent disability that meets the American’s with Disabilities Act (ADA) of 1990.

Sincerely,

Dr. _______________________________ (print name) M.D.

_______________________________________
(M.D. Signature)
**HOUSING COUNSELING INTAKE FORM**

Parkview Services is a non-profit corporation designed to facilitate homeownership for potential first-time home buyers with disabilities. Parkview Services is an Equal Housing Opportunity Provider that is sanctioned by the U.S. Department of Housing & Urban Development (HUD) as a "Housing Counseling Agency". The purpose of this Application is to meet HUD reporting requirements as well as to determine whether you meet eligibility requirements for Parkview Services and/or mortgage lending standards. Your information is confidential.

**THIS APPLICATION IS 5 PAGES IN LENGTH. THE COVER PAGES ASSIST PARKVIEW SERVICES MEET HUD REPORTING REQUIREMENTS. IF YOU CHOOSE PARKVIEW SERVICES TO GUIDE YOU THROUGH THE HOMEOWNERSHIP PROCESS (INCLUDING REFINANCING YOUR MORTGAGE), THE COVER PAGE WILL BE THE FIRST PAGE OF YOUR HOME LOAN AND/OR PRE-PURCHASE COUNSELING RECORD.**

<table>
<thead>
<tr>
<th>CLIENT</th>
<th>CO-CLIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Name:</strong></td>
<td><strong>Full Name:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong></td>
<td><strong>Date of Birth:</strong></td>
</tr>
<tr>
<td><strong>Gender (M/F):</strong></td>
<td><strong>Gender (M/F):</strong></td>
</tr>
<tr>
<td><strong>Mobile or Daytime Number:</strong></td>
<td><strong>Mobile or Daytime Number:</strong></td>
</tr>
<tr>
<td><strong>With Area Code</strong>*</td>
<td><strong>With Area Code</strong>*</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td><strong>Email Address:</strong></td>
</tr>
<tr>
<td><strong>SSN:</strong></td>
<td><strong>SSN:</strong></td>
</tr>
<tr>
<td><strong>Marital Status:</strong></td>
<td><strong>Marital Status:</strong></td>
</tr>
<tr>
<td>□ Single □ Married □ Separated □ Divorced</td>
<td>□ Single □ Married □ Separated □ Divorced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CLIENT CURRENT ADDRESS</strong></th>
<th><strong>CO-CLIENT CURRENT ADDRESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Property Address:</strong></td>
<td><strong>Property Address:</strong></td>
</tr>
<tr>
<td><strong>City, State ZIP:</strong></td>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Housing</strong> □ Own □ Rent $__________</td>
<td><strong>Date of Move In:</strong> / /</td>
</tr>
</tbody>
</table>

<p>| <strong>Former address, if less than 2 years at current residence:</strong> |</p>
<table>
<thead>
<tr>
<th><strong>CLIENT FORMER ADDRESS</strong></th>
<th><strong>CO-CLIENT FORMER ADDRESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Property Address:</strong></td>
<td><strong>Property Address:</strong></td>
</tr>
<tr>
<td><strong>City, State ZIP:</strong></td>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Housing</strong> □ Own □ Rent $__________</td>
<td><strong>Date of Move In:</strong> / /</td>
</tr>
</tbody>
</table>

*Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.*
## CLIENT DEMOGRAPHICS

### ETHNICITY
- □ Hispanic or Latino (Check one or more)
  - □ Mexican
  - □ Puerto Rican
  - □ Cuban
  - □ Other Hispanic or Latino:
    - □ Not Hispanic or Latino
    - □ I do not wish to provide this information

### RACE
- □ Asian
  - □ Asian Indian
  - □ Chinese
  - □ Filipino
  - □ Japanese
  - □ Korean
  - □ Vietnamese
  - □ Other Asian:
- □ Black or African American
  - □ Native Hawaiian
  - □ Guamanian or Chamorro
  - □ Samoan
  - □ Other Pacific Islander:
- □ White
  - □ I do not wish to provide this information

### Preferred Language:
- □ Hispanic or Latino
  - □ Mexican
  - □ Puerto Rican
  - □ Cuban
  - □ Other Hispanic or Latino:
    - □ Not Hispanic or Latino
    - □ I do not wish to provide this information

## CO-CLIENT DEMOGRAPHICS

### ETHNICITY
- □ Hispanic or Latino (Check one or more)

### RACE
- □ Asian
  - □ Asian Indian
  - □ Chinese
  - □ Filipino
  - □ Japanese
  - □ Korean
  - □ Vietnamese
  - □ Other Asian:
- □ Black or African American
  - □ Native Hawaiian
  - □ Guamanian or Chamorro
  - □ Samoan
  - □ Other Pacific Islander:
- □ White
  - □ I do not wish to provide this information

### Preferred Language:

## CITIZENSHIP
- □ Yes □ No
  - □ Yes □ No

### HOUSEHOLD INCOME
- Number of People in the household:
- Total Household Income: $

## LEGAL DEPENDANTS

(Family members and/or others who will be residing at the residence)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender M / F</th>
<th>Relationship</th>
<th>Claim as Dependent on Taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>□ Yes □ No</td>
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<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

## SPECIAL NEEDS
- □ Interpretation/Translation Services
- □ Someone in my household is a person with disabilities as defined by the Americans with Disabilities Act of 1990.
- □ Someone in my household is a person with developmental disabilities as defined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000.
- □ Wheel Chair Access □ Other (Please Describe):

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.
# INCOME

(Include ALL household income regardless of the amount or the frequency you receive it.)

<table>
<thead>
<tr>
<th>COUNSELING CLIENT</th>
<th>CO-COUNSELING CLIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Employment</td>
</tr>
<tr>
<td>Hourly Wage: $</td>
<td>Hours Per Week:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Salary: $</td>
<td>Annual Salary: $</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime Wage: $</td>
<td>Monthly:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissions/Bonus: $</td>
<td>Part-Time Income: $</td>
</tr>
</tbody>
</table>

Other Sources

<table>
<thead>
<tr>
<th>Social Security Benefits: $</th>
<th>Social Security Benefits: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends/Interest: $</td>
<td>Dividends/Interest: $</td>
</tr>
<tr>
<td>Net Rental Income: $</td>
<td>Net Rental Income: $</td>
</tr>
<tr>
<td>Alimony*: $</td>
<td>Alimony*: $</td>
</tr>
<tr>
<td>Child Support*: $</td>
<td>Child Support*: $</td>
</tr>
</tbody>
</table>

TOTAL MONTHLY INCOME $  TOTAL MONTHLY INCOME $  
*Attach copy of Final Divorce Decree and/or Child Support Order. Attach other supporting documentation, if applicable.

# PLEASE ANSWER THE FOLLOWING QUESTIONS

<table>
<thead>
<tr>
<th>CLIENT</th>
<th>QUESTIONS</th>
<th>CO-CLIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
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<tr>
<td>☐ Yes</td>
<td>☐ No ☐ N/A</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
</tbody>
</table>

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.
## ASSETS

<table>
<thead>
<tr>
<th>Counseling Client</th>
<th>Co-Counseling Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Bank</td>
<td>Name of Bank</td>
</tr>
<tr>
<td>Account Number</td>
<td>Account Number</td>
</tr>
<tr>
<td>□ Checking □ Savings Balance $</td>
<td>□ Checking □ Savings Balance $</td>
</tr>
<tr>
<td>Name of Bank</td>
<td>Name of Bank</td>
</tr>
<tr>
<td>Account Number</td>
<td>Account Number</td>
</tr>
<tr>
<td>□ Checking □ Savings Balance $</td>
<td>□ Checking □ Savings Balance $</td>
</tr>
<tr>
<td>Retirement Accounts $</td>
<td>Retirement Accounts $</td>
</tr>
<tr>
<td>Account Number</td>
<td>Account Number</td>
</tr>
<tr>
<td>Other assets ( ) $</td>
<td>Other assets ( ) $</td>
</tr>
<tr>
<td>Life Insurance Net Cash Value $</td>
<td>Life Insurance Net Cash Value $</td>
</tr>
<tr>
<td>Face Amount $</td>
<td>Face Amount $</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong> $</td>
<td><strong>TOTAL ASSETS</strong> $</td>
</tr>
</tbody>
</table>

## CREDIT & DEBT

<table>
<thead>
<tr>
<th>Counseling Client</th>
<th>Co-Counseling Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditor</td>
<td>Creditor</td>
</tr>
<tr>
<td>Balance $</td>
<td>Per Month $</td>
</tr>
<tr>
<td>Creditor</td>
<td>Creditor</td>
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<tr>
<td>Balance $</td>
<td>Per Month $</td>
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<td>Creditor</td>
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<td>Balance $</td>
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<td>Balance $</td>
<td>Per Month $</td>
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<td>Creditor</td>
<td>Creditor</td>
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<tr>
<td>Balance $</td>
<td>Per Month $</td>
</tr>
<tr>
<td><strong>TOTAL MONTHLY DEBT</strong> $</td>
<td><strong>TOTAL MONTHLY DEBT</strong> $</td>
</tr>
</tbody>
</table>

**Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.**

---

17544 Midvale Ave N Ste LL Shoreline, WA 98133 • Ph 206.542.6644 • Fx 206.542.6608

www.parkviewservices.org
### List Any Additional Names Under Which You Have Received Credit In The Past:
(Example with a nickname or a “Jr” or prior married name(s)

<table>
<thead>
<tr>
<th>COUNSELING CLIENT</th>
<th>CO-COUNSELING CLIENT</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### AGREEMENT:

By signing below, you represent and warrant that information provided is true and complete and Parkview Services may consider such information as continuing to be true and correct unless a written notice of change is given to Parkview Services by the Undersigned. If any information you provided on the Application Cover Page has changed since signing the Cover Page, you have updated that information on this Application. By signing below you also represent and warrant that you have provided Parkview Services with all documentation deemed applicable within this Application to determine your eligibility.

By signing below you authorize Parkview Services to make all inquiries and to obtain such information as Parkview Services deems necessary to verify the accuracy of the statements made in this Application to determine the Undersigned's eligibility. This Application and all requested documents will be retained by Parkview Services even if participation is not granted.

By signing below, you agree to attend and complete the Parkview Services First-Time Home Buyer Program (classes and counseling) prior to closing on any and all purchase assistance loan(s).

By signing below you agree to provide Parkview Services with a copy of your settlement statement upon closing on your new home.

You certify and declare under penalty of perjury under the laws of the State of Washington that the statements and representations made herein are true and correct.

*Parkview Services maintains an up-to-date Grievance Policy. If you feel that Parkview Services's Application and qualification processes have treated you unfairly or if you have any questions, you may contact the Executive Director of Parkview Services in order to request a copy of this Policy.*
Rent vs Own Questionnaire

Dear Prospective Homeowner,

The following questionnaire will help us assess what's important to you in regard to homeownership and will help us better address your housing and counseling needs. Please complete the entire questionnaire and return with your intake packet. Thank you and we look forward to working with you.

1. Why would you like to own a home versus renting one?

_____________________________________________________________________________
_____________________________________________________________________________

2. How soon are you looking to transition into a new home and when does your current lease expire?

_____________________________________________________________________________
_____________________________________________________________________________

3. Are you looking for a condo or single family home? What type of home would you like to buy and why?

_____________________________________________________________________________
_____________________________________________________________________________

4. How long do you plan to live there?

_____________________________________________________________________________
_____________________________________________________________________________

5. How important is location to you when considering your future home and why?

_____________________________________________________________________________
_____________________________________________________________________________

6. Describe how you plan to manage your monthly and seasonal maintenance and how do you plan to address repairs?

_____________________________________________________________________________
_____________________________________________________________________________
7. How much do you have in savings? __________________
8. How much do you typically save each month towards future expenses? __________________
9. How much have you saved towards buying a home? _______________________
10. Have you spoke with a loan officer or realtor about purchasing a home?

_____________________________________________________________________________
_____________________________________________________________________________
11. Do you have at least $3000 in savings, specifically dedicated to purchasing a home and for relocation expenses e.g. moving supplies and U-Haul?

_____________________________________________________________________________
12. Have you decided how much you feel comfortable paying each month for your future home? __________________

Please use the following space to share any other thoughts about homeownership you wish to share.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Rev. 04.24.19 MDC
INSTRUCTIONS FOR COMPLETING THE BUDGET WORKSHEET

You must complete pages two and three of this worksheet if you are applying for a loan. (Your homebuyer education counselor should be able to tell you whether this applies to you). You will have to submit this worksheet with your loan application and the lender will be required to verify your income and expense figures. Be sure to provide as much information as possible to help the lender understand all your sources of income and support and all your expenses.

Following is a line-by-line description of the budget worksheet.

PAGE ONE:
Monthly Income Analysis

A Wage/Salary Income (Gross) - Enter the gross amount of any income you earn at a job (before taxes or other deductions).

B Benefit Income (Nontaxable) - Enter all government benefits that you receive, such as Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Food Stamps, Veterans Benefits, Aid to Families with Dependent Children (AFDC or ADC), and any state or local supplements to federal benefits.

C Other Funds Designated Specifically for Mortgage - Include any funds that may be used only to make a mortgage or other housing payment. Examples of such funds are the housing portion of room and board payments for a live-in personal assistant made through a state Medicaid Home and Community-Based Services (HCBS) Waiver program, or housing payments designated from a special needs trust.

D Total Monthly Income - Add the first three categories (A + B + C) together.

E Other Sources of Support - List any other sources of cash or noncash support that help with your daily living expenses (such as food, transportation, or home maintenance), and record their dollar amount or value. Examples of items to include are regular monthly financial support from a parent or family member, funds from a government or private source for personal assistance, food club, or food voucher assistance, transportation vouchers, and other sources of support you receive through a housing or support service organization. All items must be verifiable with documentation from the source of support. Although the lender will not count these types of resources as true income for purposes of calculating how much mortgage you qualify for, listing them will help the lender better understand your overall financial situation.

PAGE TWO:
Monthly Expense Analysis

F Total Effective Income - Add D + E. This is the total amount of resources you have to meet your personal needs, including your proposed mortgage payment and the housing-related expenses.

G Living Expenses - The best way to develop an accurate monthly expense budget is to keep track of everything you spend for a period of six months to a year. Add any expense categories under “Other” that apply to your situation but are not listed. Remember to account for any expenses that may increase or decrease when you live in your own home. Also be sure that you have included an expense to match each specific resource listed on page one. For example, if you listed $60 under "Transportation" in your monthly expense list. If you’re actual transportation costs are greater than the voucher amount, list the total or actual cost of transportation.

H Monthly Bills (Debt) - List your monthly payments for credit card debt, student loans, car payment or other consumer loans, and any other monthly payments you are making that are not for current living expenses. Your credit history should also reflect that you are making these payments.

I Total Non-Housing Expenses - Calculate your total living expenses, not including housing (G + H).

J Housing Expenses - In the first column labeled (Current), enter the amount you currently pay for rent in the second column labeled (Proposed), enter the expected amount of your mortgage payment.
# BORROWER BUDGET EXPENSES WORKSHEET

## MONTHLY INCOME ANALYSIS

<table>
<thead>
<tr>
<th></th>
<th>CURRENT</th>
<th>PROPOSED</th>
</tr>
</thead>
</table>

### A LIST ALL INCOME

**List Wage/Salary (Gross) Income**

<table>
<thead>
<tr>
<th>Wage/Salary (Gross) Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Wages/Salary Income</td>
<td>$</td>
</tr>
</tbody>
</table>

### B LIST BENEFIT INCOME (NONTAXABLE)

**SSI, State SSI Supplement**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL BENEFIT INCOME</td>
<td>$</td>
</tr>
</tbody>
</table>

### C List other Funds Designated Specifically for Mortgage

(Attach Documentation)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Other Funds</td>
<td>$</td>
</tr>
</tbody>
</table>

### D TOTAL MONTHLY INCOME (A) = (B) + (C)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MONTHLY INCOME</td>
<td>$</td>
</tr>
</tbody>
</table>

### E List Other Sources of Support

*(Dollar Amount or Value of Services)*

**Note:** These amounts are included in the income and expense analysis, but may NOT be used to calculate qualifying ratios. Any income sources designated for a specific type of support must also be reflected in monthly expenses on page 2.

**Personal Home Care Assistant**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Other Sources of Support</td>
<td>$</td>
</tr>
</tbody>
</table>

### F TOTAL EFFECTIVE INCOME (D)+(E)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EFFECTIVE INCOME</td>
<td>$</td>
</tr>
</tbody>
</table>
## MONTHLY EXPENSE ANALYSIS

<table>
<thead>
<tr>
<th>G</th>
<th>List All Living Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food</td>
</tr>
<tr>
<td></td>
<td>Household Supplies</td>
</tr>
<tr>
<td></td>
<td>Utilities <em>e.g. gas, electric, water, sewer, trash</em></td>
</tr>
<tr>
<td></td>
<td>Property Maintenance &amp; Repair</td>
</tr>
<tr>
<td></td>
<td>Transportation <em>e.g. gasoline, public transit</em></td>
</tr>
<tr>
<td></td>
<td>Telephone/Cell phone service</td>
</tr>
<tr>
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<td>Cable Television</td>
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<td>Recreational/ Entertainment</td>
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<td>Health Care</td>
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<td></td>
<td>Insurance <em>e.g. renters, auto, etc.</em></td>
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<td>Taxes <em>e.g. Income, FICA, Personal Property Taxes</em></td>
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<tr>
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<td><strong>Other <em>e.g. personal assistance, child care, pet costs, gifts, donations, religious offerings, etc.</em></strong></td>
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<td>List here or itemize on separate sheet and enter total amount</td>
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|   | Total Monthly Living Expenses $ | $ |

| H | List Monthly Bills/Debts *e.g. Auto Loan, Credit Cards* |

|   | Total Monthly Bills $ | $ |

| I | TOTAL NON-HOUSING EXPENSES: ADD (G) + (H) $ | $ |

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<th>J</th>
<th>Housing Expenses</th>
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<td></td>
<td><strong>CURRENT COLUMN</strong> Enter current Rent;</td>
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<tr>
<td></td>
<td><strong>PROPOSED COLUMN</strong> Enter proposed mortgage $</td>
</tr>
</tbody>
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| K | TOTAL MONTHLY EXPENSES: ADD (I) + (J) $ | $ |
HOMEOWNERSHIP RESPONSIBILITIES ACKNOWLEDGEMENT

FINANCIAL
Make mortgage payments on time.
Budget and save for home maintenance and repair.
If you are having financial difficulties, reach out to us.
Visit us at: www.parkviewservices.org/mortgage-default-program/get-help/

HOME MAINTENANCE/REPAIR
Attend Home Maintenance Workshop delivered by Parkview Services within 90 days of purchasing your home.
Perform routine maintenance on your home.
Make repairs in a timely manner to ensure they do not become more expensive or cause more damage to the home.
Maintain your property by keeping the loan mowed and the areas around your home neat and orderly.

COMMUNITY
Understand where health and emergency services are located. Connect with neighbors.
I/We understand the responsibilities noted above as the primary responsibilities of homeownership. I/We feel we are prepared to take on the responsibility of homeownership and look forward to the opportunity to enjoy the benefits of homeownership. Additionally, I/we are prepared to do the work required to meet my/our financial responsibilities as well as maintain the physical structure of the home.

Signature Date Signature Date
CLIENT AUTHORIZATION FORM

Client Name: ________________________________

Parkview Services' Counselor Name: Loretta Cael

Parkview Services Homeownership Client Authorization for Home Counseling

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me and other representatives of financial institutions or agencies, as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and lender and/or other representatives of my choosing and the housing counseling agency will work with such representatives in assisting me to improve my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing situation, I agree to hold harmless the housing counseling agency and its agents and/or employees from any and all claims or causes of actions arising, or which may arise from mistakes or errors or omissions in regards to said counseling.

I/we hereby authorize Parkview Services to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application or default counseling as the case may be. I/we further authorize Parkview Services to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

______________________________  ____________________________
Applicant Signature  Date

______________________________  ____________________________
Co-Applicant Signature  Date

______________________________  ____________________________
Applicant Address  City  State  Zip
AUTHORIZATION TO PULL CREDIT

Date: ______________________________

I authorize Parkview Services; a Washington State Housing Finance Commission approved counseling agency, to order a consumer credit report from Executive Reporting Services or American Reporting Company (ARC) for pre-purchase counseling purposes.

- I further authorize all relevant entities to accept a copy of this document as permission to release such information to Parkview Services.
- I also give consent for you to discuss my case with all Parkview Services’ representative listed below as they are in process of helping me address my current credit and financial condition.

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<tr>
<th>BORROWER</th>
<th>CO-BORROWER</th>
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<td>Full Name (Print):</td>
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Parkview Services Authorized Representatives:
Loretta Cael

CREDIT REPORT AUTHORIZATION - PARKVIEW INTERNAL USE ONLY:

Date Received By Counselor: ____________________________
Counselor Initials: ____________________________

☐ $17.06 Individual Borrower  ☐ $34.12 Two Borrowers

Form of Payment:  ☐ Cash  ☐ Check  ☐ Money Order  ☐ Credit Card

☐ No Charge Fee Waived By: ____________________________
Reason for waiver: ____________________________

Name of person paying for credit report if other than individual(s) named above: ____________________________

Signature of person authorizing payment of fee for credit report if other than individual(s) named above: ____________________________

Fee Waiver Policy
Parkview Services charges fees for some services to those who can afford to pay. We determine that a person can afford to pay if their household income is greater than or equal to the greater of 200% of the poverty level or 50% of the area median income (AMI). If your household income is greater than the waiver limit you will be required to pay the fees according to the schedule listed above.
CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return to Parkview Services.
All information will be kept safe and confidential.

Cardholder Name:

Billing Address:

City: ______________________ State: ______________________ Zip: ______________________

Credit Card Type: [ ] Visa [ ] Master Card [ ] Discover

Card Number: ______________________ Expiration Date: ______________________

3 – Digit CVV Code: ______________________

Check ONLY the one that applies [ ] $17.06 Individual [ ] $34.12 Joint

Purpose: Credit Report Fee

I authorize Parkview Services to charge the above-listed amount to my credit card. I agree to pay for this purchase in accordance with the issuing bank’s cardholder agreement.

Cardholder: Print name, sign and date below

Printed Name: ______________________

Signed: ______________________

Date: ______________________

NOTE:
Once we have charged your credit or debit card, we redact your personal card information.

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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Parkview Services to release/exchange information from my records in order to assist me.

This information will be released only to those institutions, companies and agencies that Parkview Services believes can provide assistance in resolving a default. Examples of such entities include mortgage servicers, mortgage investors, public agencies, public utility companies, and other non-profit organizations. If necessary, information on file at another entity may also be released to Parkview Services. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by me.

I understand that the provision of services at Parkview Services is not contingent upon my decision concerning the release/exchange of information.

The doctrine of informed consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original.

__________________________________________________
Client’s Name Printed

__________________________________________________
Client’s Signature Date

__________________________________________________
Co-Client’s Name Printed

__________________________________________________
Co-Client’s Signature Date

__________________________________________________
Counselor (signed) Date

CONFIDENTIALITY AND SECURITY

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their job, including underwriting and servicing of loans and/or down payment assistance, making loan decisions, aiding you in renting or obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

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AUTHORIZATION & PRIVACY POLICY

1. I understand that Parkview Services provides several services including down payment assistance after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

2. I understand that Parkview Services receives funds through the Washington State Housing Finance Commission and indirectly funds from HUD programs and various other sources and, as such, is required to share some of my personal information with HUD and the Washington State Housing Finance Commission and other program administrators or their agents for purposes of program monitoring, compliance and evaluation.

3. I give permission for HUD and the Washington State Housing Finance Commission program administrators and/or their agents to follow-up with me between now and December 31, 2020 for the purposes of program evaluation.

4. I understand that client files, electronic and paper are kept confidential. Our agency ensures the confidentiality of each client's personal and financial information including credit reports, whether the information is received from client or from another source. Hard copies of client files are kept in a locked filing cabinet and electronic client files are kept secure and only accessible by authorized employees.

5. I acknowledge that I have previously received a copy of Parkview Services Privacy Policy.

PLEASE NOTE:

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified.

I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance or can seek the same on your own.

I understand that Parkview Services provides information and education on numerous loan products and housing programs and I further understand I/we are not obligated to receive any other services offered by Parkview Services and/or any of its affiliates/partners.

I understand that the housing counseling I receive from Parkview Services in no way obligates me to choose any of these particular loan products or housing programs.
PRIVACY POLICY

Parkview Services is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will not be provided to creditors, program monitors, and others without your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU

• Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, demographic information and income documentation;
• 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-IN" OF CERTAIN DISCLOSURES

• You have the opportunity to "opt-in" for disclosures of your nonpublic personal information to third parties (such as your creditors), that is, allow us to make those disclosures.

If you choose to "opt-in", we will be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to our "opt-in" policy, you will need to notify us in writing and call 206.745.1034 to do so. However, if you do not "opt-in", this will affect our ability to provide homeownership services to you. To "opt-in", e-mail: privacy@parkviewservices.org or write us at: 17544 Midvale Avenue North, Suite LL Shoreline, Washington, 98133.

Non-affiliated third parties are entities that are not owned nor controlled, in whole or in part, nor are they a subsidiary of, Parkview Services. However, these third party entities are essential to our ability to provide homeownership services to you. You are not obligated to receive any other services offered by Parkview Services and/or any of its affiliates/partners.
RELEASE OF YOUR INFORMATION TO THIRD PARTIES

1. If you "opt-in", we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

OPTING IN OF DISCLOSURES

• By signing this form below: I/We hereby choose to "opt-in" of disclosures of my nonpublic personal information to third parties as previously described.

__________________________________________________________________________________
Print Client's Name

__________________________________________________________________________________
Client's Signature Date

__________________________________________________________________________________
Print Co-Client's Name

__________________________________________________________________________________
Co-Client's Signature Date
PARKVIEW SERVICES DISCLOSURE STATEMENT

I, _____________________________ understand that Parkview Services provides Pre-Purchase Counseling during which I will receive recommendations for handling my finances, budgeting for the future and possibly including referrals for services within Parkview Services or with another agency.

I understand that Parkview Services receives funding from the Washington State Housing Finance Commission, indirectly through HUD and Congressional funds through the National Foreclosure Mitigation Counseling program and it is required to share some of my personal information with NeighborWorks America, the Department of Housing and Urban Development, the Washington State Housing Finance Commission, or their agents for the purposes of program monitoring, management, compliance, and evaluation. I understand that a counselor may answer questions and provide information, but not give legal advice.

I understand that, in addition to Pre-Purchase Homeownership Counseling, Parkview Services also provides the following types of services:

- Foreclosure Intervention Counseling
- Down Payment Assistance
- Mortgage Delinquency and Default Counseling
- Affordable Rental Housing for People with Developmental Disabilities

I understand that Parkview Services is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that Parkview Services or one of its homeownership counselors may have one of the following conflicts through referral or in fact:

We receive Federal Neighborhood Stabilization Program funds to, redevelop, and sell, bank and government owned properties to provide affordable housing for people with disabilities;

We receive financial support from mortgage servicers or investors.

I understand that I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand and have been advised that I am not obligated to use any of the services offered to me.

_____________________________________  ____________________________________________
Homeownership Client Printed Name           Homeownership Client Signature    Date

_____________________________________  ____________________________________________
Homeownership Co-Client Printed Name        Homeownership Co-Client Signature    Date

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

______________________________________  ______________________________
Counselor’s Printed Name                  Date

______________________________________  ______________________________
Counselor’s Printed Name                  Date

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CONDOMINIUM HOMEOWNERSHIP ACKNOWLEDGEMENT

I hereby acknowledge that when buying a condominium, one of my responsibilities is to review
the Condominium’s Homeowner Association Insurance Policy so that I am aware of any liability I
may have should there be an event that triggers a claim concerning the condominium unit I
plan to purchase.

I also am aware that the condominium’s Homeowners association insurance policy does not
cover the inside of my condominium and that it is highly recommended for me to purchase “walls
in” coverage for my condominium including liability insurance.

As an example of this, I want to be aware of any deductible I may be liable for and plan
accordingly such as purchasing supplemental condominium insurance to cover myself financially
should any damage be done to my condominium.

Additionally, I acknowledge that I will keep apprised of the financial condition of my condominium
association by reading all condominium documents provided to me prior to purchasing a
condominium and I will keep apprised of activities of the Condominium association as a
homeowner of a condominium. I am aware that there is the possibility for a condominium to
impose a special assessment which would require me to pay an amount in addition to my
monthly HOA dues and by keeping up with the goings on of the Homeowner’s Association I can
be prepared for such a financial event should the time arise.

___________________________________________________________
Homebuyer Signature       Date

___________________________________________________________
Homebuyer Signature       Date
FAIR HOUSING ACT OF 1968 ACKNOWLEDGEMENT

I, the undersigned do hereby acknowledge that I have received a copy of, “Fair Housing – It’s Your Right”

The primary prohibition of the Fair Housing Act of 1968 (& 1988 amendments) makes it unlawful to refuse to sell, rent to, or negotiate with any person because of that person’s inclusion in a protected class.

This pamphlet, published by the Department of Housing and Urban Development, provides basic facts, significant recent changes and what to do if you think your rights have been violated.

____________________________________________________________________________
Signature Date

____________________________________________________________________________
Signature Date

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Fair Housing-It's Your Right

Learn about the Fair Housing Act

HUD has played a lead role in administering the Fair Housing Act since its adoption in 1968. The 1988 amendments, however, have greatly increased the Department's enforcement role. First, the newly protected classes have proven significant sources of new complaints. Second, HUD's expanded enforcement role took the Department beyond investigation and conciliation into the area of mandatory enforcement.

Complaints filed with HUD are investigated by the Office of Fair Housing and Equal Opportunity (FHEO). If the complaint is not successfully conciliated, FHEO determines whether reasonable cause exists to believe that a discriminatory housing practice has occurred. Where reasonable cause is found, the parties to the complaint are notified by HUD's issuance of a Determination, as well as a Charge of Discrimination, and a hearing is scheduled before a HUD administrative law judge. Either party - complainant or respondent - may cause the HUD-scheduled administrative proceeding to be terminated by electing instead to have the matter litigated in Federal court. Whenever a party has so elected, the Department of Justice takes over HUD's role as counsel seeking resolution of the charge on behalf of aggrieved persons, and the matter proceeds as a civil action. Either form of action - the ALJ proceeding or the civil action in Federal court - is subject to review in the U.S. Court of Appeals.

1.) Get basic facts about the Fair Housing Act

1.) What Housing Is Covered?

The Fair Housing Act covers most housing. In some circumstances, the Act exempts owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

2.) What Is Prohibited?

In the Sale and Rental of Housing: No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap:

- Refuse to rent or sell housing
- Refuse to negotiate for housing
- Make housing unavailable
- Deny a dwelling
- Set different terms, conditions or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Falsely deny that housing is available for inspection, sale, or rental
- For profit, persuade owners to sell or rent (blockbusting)
- Deny anyone access to or membership in a facility or service (such as a multiple listing service) related to the sale or rental of housing.

In Mortgage Lending: No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap (disability):
• Refuse to make a mortgage loan
• Refuse to provide information regarding loans
• Impose different terms or conditions on a loan, such as different interest rates, points, or fees
• Discriminate in appraising property
• Refuse to purchase a loan or
• Set different terms or conditions for purchasing a loan.

In Addition: It is illegal for anyone to:

• Threaten, coerce, intimidate or interfere with anyone exercising a fair housing right or assisting others who exercise that right
• Advertise or make any statement that indicates a limitation or preference based on race, color, national origin, religion, sex, familial status, or handicap. This prohibition against discriminatory advertising applies to single-family and owner-occupied housing that is otherwise exempt from the Fair Housing Act.

3.) Additional Protection if You Have a Disability

If you or someone associated with you:

• Have a physical or mental disability (including hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex and mental retardation) that substantially limits one or more major life activities
• Have a record of such a disability or
• Are regarded as having such a disability your landlord may not:

• Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing. (Where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move.)
• Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.

Example: A building with a no pets policy must allow a visually impaired tenant to keep a guide dog.

Example: An apartment complex that offers tenants ample, unassigned parking must honor a request from a mobility-impaired tenant for a reserved space near her apartment if necessary to assure that she can have access to her apartment.

However, housing need not be made available to a person who is a direct threat to the health or safety of others or who currently uses illegal drugs.
4.) **Requirements for New Buildings**

In buildings that are ready for first occupancy after March 13, 1991, and have an elevator and four or more units:

- Public and common areas must be accessible to persons with disabilities
- Doors and hallways must be wide enough for wheelchairs
- All units must have:
  - An accessible route into and through the unit
  - Accessible light switches, electrical outlets, thermostats and other environmental controls
  - Reinforced bathroom walls to allow later installation of grab bars and
  - Kitchens and bathrooms that can be used by people in wheelchairs.

If a building with four or more units has no elevator and will be ready for first occupancy after March 13, 1991, these standards apply to ground floor units.

These requirements for new buildings do not replace any more stringent standards in State or local law.

5.) **Housing Opportunities for Families**

Unless a building or community qualifies as housing for older persons, it may not discriminate based on familial status. That is, it may not discriminate against families in which one or more children under 18 live with:

- A parent
- A person who has legal custody of the child or children or
- The designee of the parent or legal custodian, with the parent or custodian's written permission.

Familial status protection also applies to pregnant women and anyone securing legal custody of a child under 18.

Exemption: Housing for older persons is exempt from the prohibition against familial status discrimination if:

- The HUD Secretary has determined that it is specifically designed for and occupied by elderly persons under a Federal, State or local government program or
- It is occupied solely by persons who are 62 or older or
- It houses at least one person who is 55 or older in at least 80 percent of the occupied units, and adheres to a policy that demonstrates an intent to house persons who are 55 or older.

A transition period permits residents on or before September 13, 1988, to continue living in the housing, regardless of their age, without interfering with the exemption.

2.) **Significant Recent Changes**

- The Housing for Older Persons Act of 1995 (HOPA) makes several changes to the 55 and older exemption. Since the 1988 Amendments, the Fair Housing Act has exempted from its familial status provisions properties that satisfy the Act's 55 and older housing condition.
First, it eliminates the requirement that 55 and older housing have significant facilities and services designed for the elderly. Second, HOPA establishes a good faith reliance immunity from damages for persons who in good faith believe that the 55 and older exemption applies to a particular property, if they do not actually know that the property is not eligible for the exemption and if the property has formally stated in writing that it qualifies for the exemption.

HOPA retains the requirement that senior housing must have one person who is 55 years of age or older living in at least 80 percent of its occupied units. It also still requires that senior housing publish and follow policies and procedures that demonstrate an intent to be housing for persons 55 and older.

An exempt property will not violate the Fair Housing Act if it includes families with children, but it does not have to do so. Of course, the property must meet the Act's requirements that at least 80 percent of its occupied units have at least one occupant who is 55 or older, and that it publish and follow policies and procedures that demonstrate an intent to be 55 and older housing.

A Department of Housing and Urban Development rule published in the April 2, 1999, Federal Register implements the Housing for Older Persons Act of 1995, and explains in detail those provisions of the Fair Housing Act that pertain to senior housing.

Changes were made to enhance law enforcement, including making amendments to criminal penalties in section 901 of the Civil Rights Act of 1968 for violating the Fair Housing Act.

Changes were made to provide incentives for self-testing by lenders for discrimination under the Fair Housing Act and the Equal Credit Opportunity Act. See Title II, subtitle D of the Omnibus Consolidated Appropriations Act, 1997, P.L. 104 - 208 (9/30/96).

3.) If You Think Your Rights Have Been Violated

HUD is ready to help with any problem of housing discrimination. If you think your rights have been violated, the Housing Discrimination Complaint Form is available for you to download, complete and return, or complete online and submit, or you may write HUD a letter, or telephone the HUD Office nearest you. You have one year after an alleged violation to file a complaint with HUD, but you should file it as soon as possible.

Step 1: What to Tell HUD:
- Your name and address
  - The name and address of the person your complaint is against (the respondent)
  - The address or other identification to the housing involved
  - A short description to the alleged violation (the event that caused you to believe your rights were violated)
  - The date(s) to the alleged violation

Step 2: Where to Write or Call:

Send the Housing Discrimination Complaint Form or a letter to the HUD Office nearest you or you may call that office directly.
If You Are Disabled:

HUD also provides:

- A toll-free TTY phone for the hearing impaired: **1-800-927-9275**.
- Interpreters
- Tapes and braille materials
- Assistance in reading and completing forms

4.) What Happens when You File a Complaint?

HUD will notify you when it receives your complaint. Normally, HUD also will:

- Notify the alleged violator of your complaint and permit that person to submit an answer
- Investigate your complaint and determine whether there is reasonable cause to believe the Fair Housing Act has been violated
- Notify you if it cannot complete an investigation within 100 days of receiving your complaint

Conciliation

HUD will try to reach an agreement with the person your complaint is against (the respondent). A conciliation agreement must protect both you and the public interest. If an agreement is signed, HUD will take no further action on your complaint. However, if HUD has reasonable cause to believe that a conciliation agreement is breached, HUD will recommend that the Attorney General file suit.

Complaint Referrals

If HUD has determined that your State or local agency has the same fair housing powers as HUD, HUD will refer your complaint to that agency for investigation and notify you of the referral. That agency must begin work on your complaint within 30 days or HUD may take it back.

What if You Need Help Quickly?

If you need immediate help to stop a serious problem that is being caused by a Fair Housing Act violation, HUD may be able to assist you as soon as you file a complaint. HUD may authorize the Attorney General to go to court to seek temporary or preliminary relief, pending the outcome of your complaint, if:

- Irreparable harm is likely to occur without HUD’s intervention
- There is substantial evidence that a violation of the Fair Housing Act occurred

Example: A builder agrees to sell a house but, after learning the buyer is black, fails to keep the agreement. The buyer files a complaint with HUD. HUD may authorize the Attorney General to go to court to prevent a sale to any other buyer until HUD investigates the complaint.
What Happens after a Complaint Investigation?

If, after investigating your complaint, HUD finds reasonable cause to believe that discrimination occurred, it will inform you. Your case will be heard in an administrative hearing within 120 days, unless you or the respondent want the case to be heard in Federal district court. Either way, there is no cost to you.

The Administrative Hearing:

If your case goes to an administrative hearing HUD attorneys will litigate the case on your behalf. You may intervene in the case and be represented by your own attorney if you wish. An Administrative Law Judge (ALA) will consider evidence from you and the respondent. If the ALA decides that discrimination occurred, the respondent can be ordered:

- To compensate you for actual damages, including humiliation, pain and suffering.
- To provide injunctive or other equitable relief, for example, to make the housing available to you.
- To pay the Federal Government a civil penalty to vindicate the public interest. The maximum penalties are $16,000 for a first violation and $70,000 for a third violation within seven years.
- To pay reasonable attorney's fees and costs.

Federal District Court

If you or the respondent choose to have your case decided in Federal District Court, the Attorney General will file a suit and litigate it on your behalf. Like the ALA, the District Court can order relief, and award actual damages, attorney's fees and costs. In addition, the court can award punitive damages.

In Addition

You May File Suit: You may file suit, at your expense, in Federal District Court or State Court within two years of an alleged violation. If you cannot afford an attorney, the Court may appoint one for you. You may bring suit even after filing a complaint, if you have not signed a conciliation agreement and an Administrative Law Judge has not started a hearing. A court may award actual and punitive damages and attorney's fees and costs.

Other Tools to Combat Housing Discrimination:

If there is noncompliance with the order of an Administrative Law Judge, HUD may seek temporary relief, enforcement of the order or a restraining order in a United States Court of Appeals.

The Attorney General may file a suit in a Federal District Court if there is reasonable cause to believe a pattern or practice of housing discrimination is occurring.

For Further Information:

The Fair Housing Act and HUD’s regulations contain more detail and technical information. If you need a copy of the law or regulations, contact the HUD Office nearest you.
I, the undersigned do hereby acknowledge that I have received a copy of, “A Brief Guide to Mold, Moisture, and Your Home.”

This Guide, published by the U.S. Environmental Protection Agency, provides information and guidance for homeowners and renters on how to clean up residential mold problems and how to prevent mold growth.

______________________________________ ____________  ______________
Signature       Date

______________________________________ ____________  ______________
Signature       Date
I, the undersigned do hereby acknowledge that I have received the pamphlet (EPA747-K-12-001) entitled, “Protect Your Family from Lead in Your Home”. I understand that if I purchase a home built prior to 1978, it may have paint that contains lead.

______________________________________ ____________
Signature  Date

______________________________________ ____________
Signature  Date
For Your Protection: Get a Home Inspection

Name of Buyer ____________________________

Property Address ____________________________

What the FHA Does for Buyers... and What We Don't Do

What we do: FHA helps people become homeowners by insuring mortgages for lenders. This allows lenders to offer mortgages to first-time buyers and others who may not qualify for conventional loans. Because the FHA insures the loan for the lender, the buyer pays only a very low down-payment.

What we don't do: FHA does not guarantee the value or condition of your potential new home. If you find problems with your new home after closing, we can not give or lend you money for repairs, and we can not buy the home back from you.

That's why it's so important for you, the buyer, to get an independent home inspection. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information than an appraisal--information you need to make a wise decision. In a home inspection, a qualified 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 or replaced
• estimate the remaining useful life of the major systems, equipment, structure, and finishes

What Goes into a Home Inspection

A home inspection gives the buyer an impartial, physical evaluation of the overall condition of the home and items that need to be repaired or replaced. The inspection gives a detailed report on the condition of the structural components, exterior, roofing, plumbing, electrical, heating, insulation and ventilation, air conditioning, and interiors.

Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.

I understand the importance of getting an independent home inspection. I have thought about this before I signed a contract with the seller for a home.

X       X

Signature & Date Signature & Date

Form HUD-92564-CN (8/99)
Protect Your Family From Lead in Your Home
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.

• 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 avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium.

• 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.
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
**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.*
Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

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

Lead can be found:

• In homes and childcare 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.

¹ “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.

² “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, chalking, 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 (μg/ft²) and higher for floors, including carpeted floors
- 250 μg/ft² 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 sample 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, or call 1-800-424-LEAD (5323) for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.
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 avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium. Children with good diets absorb less lead.
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.
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 (μg/ft²) for floors, including carpeted floors
- 250 μg/ft² for interior windows sills
- 400 μg/ft² 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, or call 1-800-424-LEAD.
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, or read The Lead-Safe Certified Guide to Renovate Right.
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.4

• 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.

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4 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 (76 FR 44463).
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 and 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 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 or 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, 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.

<table>
<thead>
<tr>
<th>Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)</th>
<th>Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Lead Contact U.S. EPA Region 1</td>
<td>Regional Lead Contact U.S. EPA Region 6</td>
</tr>
<tr>
<td>5 Post Office Square, Suite 100, OES 05-4</td>
<td>1445 Ross Avenue, 12th Floor</td>
</tr>
<tr>
<td>Boston, MA 02109-3912</td>
<td>Dallas, TX 75202-2733</td>
</tr>
<tr>
<td>(888) 372-7341</td>
<td>(214) 665-2704</td>
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<tr>
<th>Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)</th>
<th>Region 7 (Iowa, Kansas, Missouri, Nebraska)</th>
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<tr>
<td>Regional Lead Contact U.S. EPA Region 2</td>
<td>Regional Lead Contact U.S. EPA Region 7</td>
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<tr>
<td>2890 Woodbridge Avenue Building 205, Mail Stop 225</td>
<td>11201 Renner Blvd. WWPD/TOPE</td>
</tr>
<tr>
<td>Edison, NJ 08837-3679</td>
<td>Lenexa, KS 66219</td>
</tr>
<tr>
<td>(732) 321-6671</td>
<td>(800) 223-0425</td>
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<tr>
<th>Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)</th>
<th>Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Lead Contact U.S. EPA Region 3</td>
<td>Regional Lead Contact U.S. EPA Region 8</td>
</tr>
<tr>
<td>1650 Arch Street</td>
<td>1595 Wynkoop St.</td>
</tr>
<tr>
<td>Philadelphia, PA 19103</td>
<td>Denver, CO 80202</td>
</tr>
<tr>
<td>(215) 814-2088</td>
<td>(303) 312-6966</td>
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<tr>
<th>Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)</th>
<th>Region 9 (Arizona, California, Hawaii, Nevada)</th>
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<tbody>
<tr>
<td>Regional Lead Contact U.S. EPA Region 4</td>
<td>Regional Lead Contact U.S. EPA Region 9</td>
</tr>
<tr>
<td>AFC Tower, 12th Floor, Air, Pesticides &amp; Toxics 61 Forsyth Street, SW Atlanta, GA 30303</td>
<td>75 Hawthorne Street</td>
</tr>
<tr>
<td>(404) 562-8998</td>
<td>San Francisco, CA 94105</td>
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<tr>
<td></td>
<td>(415) 947-4280</td>
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<tr>
<th>Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)</th>
<th>Region 10 (Alaska, Idaho, Oregon, Washington)</th>
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</thead>
<tbody>
<tr>
<td>Regional Lead Contact U.S. EPA Region 5</td>
<td>Regional Lead Contact U.S. EPA Region 10</td>
</tr>
<tr>
<td>77 West Jackson Boulevard</td>
<td>Solid Waste &amp; Toxics Unit (WCM-128)</td>
</tr>
<tr>
<td>Chicago, IL 60604-3666</td>
<td>1200 Sixth Avenue, Suite 900</td>
</tr>
<tr>
<td>(312) 886-7836</td>
<td>Seattle, WA 98101</td>
</tr>
<tr>
<td></td>
<td>(206) 553-1200</td>
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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 or 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 for 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/

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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 and babies 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).