



Internal Use Only	
Date App. Received:	_____
In Target Area:	_____
App. ID#	_____
Environmental Review:	_____
Intake conducted by:	_____

Operation LEAP
NCDC Application for Lead Hazard Reduction Services

How did you learn about this program?

- ____ NCDC Brochure/Website/Training
- ____ Douglas County Health Department
- ____ Omaha Healthy Kids Alliance
- ____ Other (Specify) _____

Mail or Deliver Application To:

New Community Development Corporation
 1701 N. 24th Street, Suite 102
 Omaha, NE 68110
 Attention: Jacqueline Hankins

Part I – Property Information - Property Type: Rental Unit Owner Occupied

Property Address: _____
 Name of Titleholder(s) as it appears on the Deed to the Property: _____
 Date of construction of property: _____
 Dwelling Size:
 ____ (1) Bedroom ____ (2) Bedroom ____ (3) Bedroom ____ (4) Bedroom ____ (5) Bedroom
 Number of Units in Building: _____
 Number of Children Under Age 6 in applicant unit: _____
 Number of Pregnant Women in applicant unit: _____

Part II – Owner Information

Applicant Name: _____ Co-Applicant Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-mail address: _____ Fax: _____ Cell: _____
 Applicant Race: _____
 Name of contact person: _____ Phone: _____

Part III – Required Attachments and Information (Please check off your enclosures):

1. Income Verification of Owner(s) **OR** Adult Occupants (See Page 2) _____
 - 3 recent pay stubs, most recent tax return, or public assistance
 letter (DSS, SSI, etc.) if applicable
2. Age of Occupants, Head of Household or Lessee (See Page 2) _____
3. Race of occupant and Ethnicity of occupant _____
4. Copy of Birth Certificate(s) & Blood Lead Level of children under age 6 _____
5. Copy of Driver's License or state picture ID of owner and occupant _____
6. Copy of Deed or Proof of Ownership _____
7. Copy of Open Lead Violation Notice (If Applicable) _____

PLEASE CALL NCDC AT 402-451-2939 IF YOU HAVE QUESTIONS



**ABOUT COMPLETING THE APPLICATION FORM
Operation LEAP
NCDC Application for Services (Continued)**

Unit Address: _____

Part IV - Income Eligibility Information

	Owner Names	Annual Income	Source (s)
1			
2			

Part V – Occupant Information *(please list the income of all adults in the property)*

Name	Date of Birth	Race	Blood Lead Level (if child)	Phone Number	Annual Income	Source (s)

Signature of Applicant

Date

(As funding from this project comes in part, from HUD, Federal Guidelines require that information on income, race, and ethnicity are collected as part of the application process)

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ABOUT COMPLETING THE APPLICATION FORM**



FFY' 2008 Family Income Limits
Verifiable Certification

Income Limits Effective: **February 13, 2008**

Area Median Family Income: **67,100**

Source: U.S. Department of Housing and Urban Development

In determining the appropriate income range for your family or household, include the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period. Please check the income in the box below that accurately indicates the annual (gross) income of your family or household based upon your family size.

Omaha, NE										
FY 2008 Income Limit Area	Median Income	FY 2008 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Omaha	\$67,100	Extremely Low (30%) Income Limits	14,100	16,100	18,150	20,150	21,750	23,350	25,000	26,600
		Very Low (50%) Income Limits	23,500	26,850	30,200	33,550	36,250	38,900	41,600	44,300
		Low (80%) Income Limits	37,600	42,950	48,350	53,700	58,000	63,200	66,600	70,900

I hereby certify that the information checked above is my current annual individual, family or household income (circle one). Incomes indicated above are subject to verification.

Client's Name (Please Print)

Client's Name (Please Print)

Client's Signature

Client's Signature

Date

Date