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**City of El Paso**  
**Department of Community and Human Development**

<http://www.elpasotexas.gov/commdev/nsp.asp>



**NEIGHBORHOOD  
STABILIZATION  
PROGRAM(NSP)**

**Application Packet for Homebuyers**

current as of 07/15/10

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Interested applicants should mail or hand deliver the completed application packet to Art Gloria. Please verify hours of operation if delivering by hand.

City of El Paso- City Hall  
Attn: Art Gloria  
2 Civic Center Plaza, 8<sup>th</sup> floor  
El Paso, TX 79901  
(915) 541-4697  
(915) 541-4370 Fax



CITY OF EL PASO  
COMMUNITY AND HUMAN DEVELOPMENT NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

**APPLICATION CHECKLIST**

- \_\_\_\_\_ 1-2. Application Checklist & Required Documentation Checklist
- \_\_\_\_\_ 3-5. Application
- \_\_\_\_\_ 6. Additional Information
- \_\_\_\_\_ 7. Affidavit of Household Members
- \_\_\_\_\_ 8. Zero Income Verification Form (if applicable)
- \_\_\_\_\_ 9-10 Authorization to Release Information & Privacy Act Statement
- \_\_\_\_\_ 11. Information Verification Request
- \_\_\_\_\_ 12-13 HUD Lead Paint Notification (English & Spanish)
- \_\_\_\_\_ 14. Lead-Notice of Receipt, Evaluation & Receipt of Clearance Report (if applicable)
- \_\_\_\_\_ 15. Demographic Information
- \_\_\_\_\_ 16. Listing of non-contending family members (if applicable)
- \_\_\_\_\_ 17. Permission to Release Facts about Social Security Records
- \_\_\_\_\_ 18. Post Purchase Counseling Agreement
- \_\_\_\_\_ 19. Receipt of Neighborhood Stabilization Program (NSP) Guidelines
- \_\_\_\_\_ 20. Neighborhood Stabilization Program (NSP) Guidelines
- \_\_\_\_\_ 21. Sign-off from HUD Approved Housing Counseling Agency below
- \_\_\_\_\_ 22. Evidence of Lease Agreements (if applicable)

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On \_\_\_\_\_ I completed review of the \_\_\_\_\_  
(date) (applicant's name)  
application for NSP homebuyer assistance and attest to its accuracy and completeness in form and inclusion of all applicable supporting documentation.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Organization

CITY OF EL PASO  
COMMUNITY AND HUMAN DEVELOPMENT NEIGHBORHOOD STABILIZATION PROGRAM (NSP) 1

**REQUIRED DOCUMENTATION CHECKLIST**

**All household members should submit copies of each of the following items, if applicable:**

1.  Copy of identification for applicant and co-applicants (TX Driver’s License, Resident Card, or U.S. Government issued ID only)
2.  Copy of ID and Social Security cards for all members of the household and evidence of student status (if applicable) (i.e., class schedule for current year enrollment, plus student ID)
3. Proof of income (current check stubs – last 3 months, and income tax returns for the last 2 years)
  - 1040 tax return and W-2 forms
  - Current check stubs – last 30 days
  - Social Security/Supplementary income
  - Pension income
  - Food stamps / TANF (showing qualification amount)
  - For adult household members with no income (non-students) additional Notarized Affidavit required stating he/she receives zero income (see pg. 8)
  - Latest 6 months of Checking Account(s) Statement(s)
  - Most recent savings account(s) Statement(s)
  - Proof other income/pensions
4.  Evidence of divorce decree (if applicable)
5. Evidence of child support (if applicable) in the form of the following:
  - Child support letter from Attorney General’s office stating that custodial parent is not receiving child support.
  - Child support letter from County District Clerk stating that custodial parent is not receiving child support letter from custodial parent stating that he/she is not receiving child support.
  - Other household income
6.  Copy of credit report(s) for applicant and co-applicants (Internal Use Only). Report must be pulled within last 3 months from date application is submitted.
7.  Homebuyer Counseling Certificate: proof of completing a HUD approved Homebuyer Education course (minimum course of 8 hours)
8.  Pre-qualification Letter from first mortgage lender if interested in the HUD NSP.

**\*\* MISSING REQUIRED DOCUMENTS WILL CAUSE APPLICATION TO BE RETURNED TO APPLICANT \*\***

**THIS APPLICATION HAS BEEN REVIEWED WITH THE APPLICANT AND ALL REQUIRED DOCUMENTATION IS INCLUDED.**

\_\_\_\_\_  
Reviewed by City Staff 1

\_\_\_\_\_  
Date



CITY OF EL PASO  
COMMUNITY AND HUMAN DEVELOPMENT NEIGHBORHOOD STABILIZATION PROGRAM

**APPLICATION**

PLEASE PRINT

**BORROWER:**

FULL LEGAL NAME: \_\_\_\_\_

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER NAMES PREVIOUSLY USED BY BORROW: \_\_\_\_\_

MARITAL STATUS:  SINGLE-NEVER MARRIED  SINGLE-DIVORCED  WIDOWED  MARRIED (includes Common Law)

ADDRESS: \_\_\_\_\_ CITY: EL PASO STATE: TX ZIP: 799

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ HOW MANY YEARS/MONTHS: \_\_\_\_\_

IF LESS THAN TWO YRS AT CURRENT JOB, PROVIDE ADDT'L WORK HISTORY IN THE COMMENTS SECTION.

GROSS INCOME PER PAY PERIOD \$ \_\_\_\_\_ PER YEAR: \$ \_\_\_\_\_

HOW OFTEN DO YOU GET PAID?  WEEKLY  BI-WEEKLY  TWICE A MONTH  MONTHLY

PLEASE PRINT

**CO-BORROWER:**

FULL LEGAL NAME: \_\_\_\_\_

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER NAMES PREVIOUSLY USED BY BORROW: \_\_\_\_\_

MARITAL STATUS:  SINGLE-NEVER MARRIED  SINGLE-DIVORED  MARRIED  WIDOWED

ADDRESS: \_\_\_\_\_ CITY: EL PASO STATE: TX ZIP: 799

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ HOW MANY YEARS/MONTHS: \_\_\_\_\_

IF LESS THAN TWO YRS AT CURRENT JOB, PROVIDE ADDT'L WORK HISTORY IN THE COMMENTS SECTION.

GROSS INCOME PER PAY PERIOD \$ \_\_\_\_\_ PER YEAR: \$ \_\_\_\_\_

HOW OFTEN DO YOU GET PAID?  WEEKLY  BI-WEEKLY  TWICE A MONTH  MONTHLY

IF ANY FAMILY MEMBER HAS A DISABILITY, PLEASE STATE NAME AND TYPE OF DISABILITY BELOW: \_\_\_\_\_

**NEIGHBORHOOD STABILIZATION PROGRAM  
INCOME VERIFICATION**

**LIST ALL HOUSEHOLD MEMBER(S) LIVING IN HOME:**

Name	Soc. Sec. No.	Relation	Age	Sex	Gross Wages	Source/ Occupation
1.						
2.						
3.						
4.						
5.						
6.						

**INCOME**

SOURCE OF INCOME	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER (A)	OTHER HOUSEHOLD MEMBER (B)
Employer Name	\$	\$	\$	\$
Wages	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Tips, Bonuses, Commissions, etc.	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Social Security, SSI, SSD	\$	\$	\$	\$
Pensions, Disability, VA	\$	\$	\$	\$
Workers Comp, Unemployment	\$	\$	\$	\$
TANF, Food Stamps, General Assistance	\$	\$	\$	\$
Child Support, Alimony	\$	\$	\$	\$
Other	\$	\$	\$	\$

**ASSETS**

SOURCE	INSTITUTION NAME	ACCOUNT	BALANCE/VALUE	OWNER(S)
Checking				
Savings				
Individual Development Account (IDA)				
Cash Saved at Home				
Investments				
401(k), IRA, stocks or bonds				
Whole life insurance				
Gifts from family or friends				
Other				

\*If more than one household member holds assets of the same type, which are not joint accounts, use an additional sheet to provide the appropriate information.

Does any household member own real estate? \_\_\_ Yes \_\_\_ No Please describe: \_\_\_\_\_

**INCOME VERIFICATION (Cont'd)**

DEBTS	CURRENT BALANCE	MO. PAYMENT
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**AUTOMOBILE(S)**

(1) MAKE \_\_\_\_\_ YR \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

(2) MAKE \_\_\_\_\_ YR \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

ARE YOU OR ANY OF YOUR RELATIVES CURRENTLY EMPLOYED BY THE CITY OF EL PASO?

INCLUDE ELECTED CITY OFFICIALS. \_\_\_\_\_

HAVE YOU PREVIOUSLY RECEIVED A REHABILITATION GRANT OR LOAN FROM THE CITY OF EL PASO?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE INDICATE THE YEAR: \_\_\_\_\_

**C O M M E N T S**

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

**I/We understand the information provided above is collected to determine if I/we are eligible to receive Federal or State assistance. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for denial and termination of Federal assistance and is punishable under federal law. I/We authorize the City of El Paso to verify all information provided on this application. The applicant has received a copy of the terms and conditions and agrees to abide by those requirements in connection with any loan that may be made by the City of El Paso pursuant to this application. The applicant further certifies that the property assisted by these Neighborhood Stabilization Program funds will serve as his/her/their principle residence.**

Signature of Applicant: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

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

NEIGHBORHOOD STABILIZATION PROGRAM

**ADDITIONAL INFORMATION**

Are you a first-time homebuyer? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*You do not need to be a first-time homebuyer to qualify for the Neighborhood Stabilization Program (NSP).\*

A first-time homebuyer is based on HUD's definition, which includes any of the following:

- An individual who has had no ownership in a principal residence during the 3-year period ending on the date of purchase of the property. This includes a spouse (if either meets the above test, they are considered first-time homebuyers).
- A single parent who has only owned with a former spouse while married.
- An individual who is a displaced homemaker and has only owned with a spouse.
- An individual who has only owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations.
- An individual who has only owned a property that was not in compliance with State, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure.

Have you successfully completed a HUD certified Homebuyer's Program offered by a HUD approved organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of HUD Approved Housing Counseling Agency \_\_\_\_\_

Homebuyer Education Completion Certificate Date \_\_\_\_\_



My commission expires: \_\_\_\_\_

NEIGHBORHOOD STABILIZATION PROGRAM

**ZERO INCOME VERIFICATION**

**APPLICANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:**

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment – Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance [TANF), etc.]
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NO.

**WARNING:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**AUTHORIZATION TO RELEASE INFORMATION**

***Requested by:***

NEIGHBORHOOD STABILIZATION PROGRAM  
COMMUNITY AND HUMAN DEVELOPMENT  
CITY OF EL PASO  
TWO CIVIC CENTER PLAZA- 8TH FLOOR  
EL PASO, TEXAS 79901  
Phone: (915) 541-4697  
Fax: (915) 541-4370

***Purpose:*** Your signature(s) on this Authorization to Release Information, authorizes the City of El Paso to obtain information from a third party relative to your eligibility and continued participation in the following CDBG Program:

NEIGHBORHOOD STABILIZATION PROGRAM

***Privacy Act Notice Statement:***

The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a NSP Program and the amount of assistance necessary using NSP funds. This information will be used to establish level of benefit on the NSP Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. However, the information will not otherwise be disclosed or released outside of HUD or this agency, except as required and permitted by law.

***Authorization:***

To Whom It May Concern:

I/we have applied for housing assistance with the City of El Paso, Community and Human Development Department.

I/we hereby authorize the City of El Paso and HUD to obtain information about me/us that is pertinent to eligibility or participation in the NSP Program for purposes of verifying information provided in my/our application, loan request and in other documents required in connection with the application and request. You are authorized to release to the City's authorized representative(s) and to HUD, for verification purposes, including, but not limited to the following applicable information: income (all sources), assets (all sources), employment, pension, federal, state, tribal or local benefits, child care expenses, medical expenses, banking, child support, unemployment compensation from employers and government agencies, residences and rental history, agency or persons assisting applications, credit reports, copies of tax returns, any source named in the housing assistance program application.

**-Cont'd on next pg-**

**AUTHORIZATION TO RELEASE INFORMATION (Cont'd)**

I/we agree and acknowledge that a copy of this authorization may be accepted as the original.

This authorization is valid for the life of the loan.

*Notice to Applicant(s):* This serves as notice to you, as required by the Right to Financial Privacy Act of 1978, that HUD has a right to access your financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

I/we hereby state that I/we have read and fully understand the above statements and do herein express my consent to disclose for the purpose or need and the extent or nature as stated above.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** The maker of any false, fictitious or fraudulent statement, entry, or representation on any loan document may be subjected to prosecution under applicable Federal, State, and local laws to the full extent of the law.

I/we declare that I/we have examined this request for housing assistance, understand the above statement and, to the best of my/our knowledge and belief, the information contained therein, is true, correct, and complete.

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

COMMUNITY AND HUMAN DEVELOPMENT  
NEIGHBORHOOD STABILIZATION PROGRAM  
TWO CIVIC CENTER PLAZA - 8TH FLOOR  
EL PASO, TX 79901-1196  
(915) 541-4697

**INFORMATION VERIFICATION REQUEST**

APPLICANT NAME: \_\_\_\_\_ SOC.SEC. NO: \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ SOC.SEC.NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I/We hereby authorize the release of information from your records to the NSP office of the City of El Paso to the attention of: \_\_\_\_\_, to verify the status of my/our benefits.

This authorization is made in connection with an application made by me/us or a family member for home assistance under Community and Human Development, Neighborhood Stabilization Program administered by the City of El Paso. Your prompt reply will be appreciated.

Sincerely,

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Applicant's Signature/Date

\*\*\*\*\*

**INFORMATION VERIFICATION REPORT**

The records of this agency disclosed the following:

NAME OF BENEFICIARIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF AWARD: \_\_\_\_\_ AMOUNT PER MONTH: \$ \_\_\_\_\_

TYPE OF MONTHLY BENEFITS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

To: Owners, and Tenants & Purchasers  
of Housing Constructed before 1978

**NOTIFICATION**

**Watch Out for Lead-Based Paint Poisoning**

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

**Sources of Lead Based Paint**

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

**Hazards of Lead-Based Paint**

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

**Symptoms of Lead-Based Paint Poisoning**

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

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

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment if available. Contact your doctor or local health department for help or more information. Lead screening and or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary stems can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

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

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

- (a) Cover all furniture and appliances; (b) Dust containing lead can be a health hazard. DO NOT vacuum loose paint. Sweep and damp mop; (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM; (d) Do not leave paint chips on the floor in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important, and; (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

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

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

**Tenants and Homebuyer Responsibilities**

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's efforts to repair the unit.

\_\_\_\_\_ I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning".

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
SIGNATURE

A: Propietarios, Inquilinos y Compradores de  
Viviendas Construidas antes de 1978**NOTIFICACION****Atencion Al Envenenamiento Por Pinturas  
A Base De Plomo**

Si esta propiedad fue construida antes de 1978, existe la posibilidad de que contenga pintura a base de plomo. Lea la siguiente informacion..

**Fuentes de la pintura a base de plomo.** El interior de las casas y departamentos mas antiguos con frecuencia presenta capas de pintura a base de plomo en las paredes: los cielorrasos, los alfeizares de las ventanas, las puertas y los marcos de las puertas. La pintura y los aprestadores a base de plomo tambien pueden haber sido utilizados en balcones exteriores, barandales, cocheras, escaleras de incendio y postes de iluminacion. Cuando la pintura se astilla, se descascara o se desprende, puede existir un verdadero peligro para los ninos pequenos. Los ninos pueden llevarse a la boca las astillas de pintura al morder los barandales pintados, los alfeizares de las ventanas u otras partes pintadas cuando sus padres no estan cerca. Tambien pueden ingerir el plomo aun cuando no se hayan llevado especificamente a la boca las astillas de pintura. Por ejemplo, cuando juegan en un lugar en el que hay astillas sueltas de pintura o particulas de polvo que contienen plomo, estas pueden adherirse a las manos, y al llevarselas a la boca, ingerir una cantidad peligrosa de plomo.

**Peligros de la pintura a base de plomo.** El envenenamiento con plomo es peligroso, especialmente para ninos menores de 6 anos. Pueden llegar a producir atraso mental, ceguera o aun la muerte.

**Sintomas del envenenamiento por pintura a base de plomo.** Acaso su nino ha estado especialmente caprichoso o irritable? Come normalmente? Tiene dolores de estomago a vomito? Se queja de dolores de cabeza? No quiere jugar? Estos pueden ser sintomas de envenenamiento con plomo. Sin embargo, muchas veces no se presenta ningun sintoma. El hecho de que no se presenten sintomas no quiere decir que usted no debe preocuparse si su nino ha estado expuesto a la pintura a base de plomo.

**Conviencia y disponibilidad de los exámenes para determinar el nivel de plomo en la sangre.** Si usted sospecha que su nino se ha llevado a la boca cascaras de pintura o alguien se lo dijo, debe llevarlo al medico o a una clinica para que lo examinen. Si el examen muestra que el nino tiene un alto nivel de plomo en la sangre, existen tratamientos para ello. Solicite ayuda o mas informacion a su medico o el departamento de salud mas cercano. El programa Medicaid paga por el examen y el tratamiento de plomo para las personas elegibles. Si se identifica un alto nivel de plomo en la sangre de su nino, notifique inmediatamente a la Oficina de Desarrollo Comunitario u otra organizacion al que usted o el propietario de su

edificio hayan solicitado asistencia para rehabilitacion, para que puedan tomarse las medidas necesarias para inspeccionar la unidad y detectar el riesgo de pintura a base de plomo. Si la unidad tiene pintura a base de plomo, usted puede recibir asistencia para eliminar ese riesgo.

**Precauciones para prevenir el envenenamiento por pintura a base de plomo.**

El envenenamiento por pintura a base de plomo puede evitarse tomando algunas medidas de mantenimiento preventivo. Observe las paredes, los cielorrasos, los marcos de las puertas y los alfeizares de las ventanas. Existen lugares en los que la pintura este descascarandose, astillandose, desprendiendose o pulverizandose? En esos casos, hay ciertas medidas que puede tomar de inmediato para proteger a su nino: (a) Cubra todos los muebles y artefactos; (b) Polvo que contenga plomo puede ser danino para la salud. No use aspiradoras mecanicas para remover las particulas sueltas de pintura. Barra y limpie con su estropajo humedo. (c) Barra todas las particulas de pintura y de revoque y colóquelas en una bolsa de papel o envuélvalas en un diario y arroje los paquetes a la basura. NO LOS QUEME; (d) No deje astillas de pintura en el suelo de los fosos de las ventanas. Limpie con un estropajo humedo el suelo y el alfeizar de las ventanas alrededor de los lugares afectados para eliminar todo el polvo y particulas de pintura. Es facil y muy importante mantener esas areas limpias de astillas de pintura, polvo y suciedad, y; (e) No deje al alcance de sus ninos trozos sueltos de pintura, ya que los ninos pueden arrancar la pintura suelta de la parte inferior de las paredes.

**Mantenimiento y tratamiento para los riesgos de pintura a base de plomo.** Como propietario, usted debe de tomar los pasos necesarios para mantener su casa en buenas condiciones. Las filtraciones de agua por defectos de plomeria, techos defectuosos y agujeros o roturas exteriores pueden hacer penetrar la lluvia y la humedad en el interior de su casa. Estas condiciones danan las paredes y los cielorrasos y hacen que la pintura se desprenda, se quiebre o se descascare. Deben corregirse de inmediato. Antes de pintar, todas las superficies que se desprende, se quiebran, se astillas o se aflojan, deben limpiarse cuidadosamente, removiendo o cepillando la pintura suelta de la superficie, y pintandola con dos (2) manos de pintura que no contenga plomo. En vez de cepillar y pintar de nuevo, la superficie puede cubrirse con otro material, como madera laminada, yeso o revestimiento. Tenga en cuenta que cuando se cepilla o se lija la pintura a base de plomo, se produce polvo,

que puede ser peligroso. El polvo puede penetrar en el cuerpo al respirar o al tragar. El uso del calor o los removedores de pintura puede originar vapores o enamaciones que pueden producir envenenamiento si se inhalan por mucho tiempo. Siempre que sea posible, la eliminacion de la pintura a base de plomo debe realizarse cuando no hay ninos a mujeres embarazadas en el lugar. Pintando sobre las superficies que contienen pintura defectuosa a base de plomo no se elimina el riesgo. Recuerde que como adulto, usted desempeña un importante papel en la prevencion del envenenamiento con plomo. Sus actos y su conciencia sobre el problema del plomo pueden representar una gran diferencia.

**Responsabilidades de los inquilinos y propietarios.** Notifique inmediatamente a la Oficina de Administracion o a la Institucion a traves de la cual este comprando su casa, si la unidad tiene pintura que se desprende, se astilla, se pulveriza o se descascara, si la plomeria presenta perdidas, o si el techo tiene defectos. Coopere con el esfuerzo de esa oficina para reparar la unidad.

Recibi copia de la notificacion titulada: "Atencion al Envenenamiento por Pinturas a Base de Plomo" y el folleto "Proteja a su Familia en Contra del Plomo en su Casa."

Fecha

Nombre Completo

Firma

**Lead-Safe Housing Rule**  
**Notice of Receipt of Lead Pamphlet – “Protect your Family from Lead in your Home”;**  
**Notice of Evaluation; and Receipt of Clearance Report**

Note: This form is intended to be used for applicants purchasing a NSP home where a lead inspection/risk assessment report has been completed. If a property was constructed before 1978, there is a possibility it contains lead-based paint.

Applicant’s Name: \_\_\_\_\_

Address of property interested in purchasing: \_\_\_\_\_

Phone number: \_\_\_\_\_

\*\*\*\*\*

Lead Pamphlet received on: \_\_\_\_\_  
Date

Signature: \_\_\_\_\_

\*\*\*\*\*

Notice of Evaluation (LBP Inspection/Risk Assessment Report)

Received on: \_\_\_\_\_  
Date

Signature: \_\_\_\_\_

\*\*\*\*\*

DEMOGRAPHIC INFORMATION

SELECTED CHARACTERISTICS OF APPLICANT

NOTE: This data is obtained for statistical purposes only (data will not be considered for qualifying purposes)

BORROWER

CO-BORROWER

_____ Male	_____ Female	_____ Male	_____ Female
_____ White Not of Hispanic Origin		_____	
_____ White - Non-Hispanic		_____	
_____ White – Hispanic		_____	
_____ Black/African American – Hispanic			_____
_____ Black/African American - Non- Hispanic		_____	
_____ Asian – Hispanic		_____	
_____ Asian - Non-Hispanic		_____	
_____ American Indian/Alaskan Native – Hispanic		_____	
_____ American Indian/Alaskan Native - Non-Hispanic		_____	
_____ Native Hawaiian/Other Pacific Islander - Hispanic		_____	
_____ Native Hawaiian/Other Pacific Islander - Non-Hispanic		_____	
_____ American Indian/Alaskan Native and White – Hispanic		_____	
_____ American Indian/Alaskan Native and White - Non-Hispanic		_____	
_____ Asian and White – Hispanic		_____	
_____ Black/African American and White – Hispanic		_____	
_____ Black/African American and White - Non-Hispanic		_____	
_____ American Indian/Alaskan Native and Black – Hispanic		_____	
_____ American Indian/Alaskan Native and Black - Non-Hispanic		_____	
_____ Asian and Black/African America – Hispanic		_____	
_____ Asian and Black/African America – Hispanic		_____	
_____ Asian and Black/African America - Non-Hispanic		_____	
_____ Other Multi-racial- Hispanic		_____	
_____ Other Multi-racial- Non-Hispanic		_____	
_____ Other: _____		_____	
_____ Other: _____		_____	
_____ Disabled Applicant		_____	
_____ Elderly (65 or over)		_____	
_____ Single Head of Household		_____	
_____ No. of persons in small family (1 - 4 persons)		_____	
_____ No. of persons in large family (5 or more persons)		_____	

\*\*\*\*\*  
\*\*\*

**\*\*FOR OFFICE USE ONLY\*\***

INCOME: \_\_\_\_\_ % OF MEDIAN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EL PASO, TX 799 \_\_\_\_\_

TOTAL ASSISTANCE AMOUNT: \$ \_\_\_\_\_

FLOOD ZONE: \_\_\_\_\_

TYPE OF ASSISTANCE: HUD NSP: DPCC\$ PRL:\$ \_\_\_\_\_ RAL:\$ \_\_\_\_\_

TYPE OF ASSISTANCE: TDHCA NSP: Permanent Financing\$ HBA:\$ \_\_\_\_\_

DATE OF CLOSING: \_\_\_\_\_ 20 \_\_\_\_\_

REPRESENTATIVE DISTRICT # \_\_\_\_\_ HOUSING PROGRAMS SPECIALIST: \_\_\_\_\_

**LISTING OF NON-CONTENDING FAMILY MEMBERS**

THE STATE OF TEXAS )  
 ) BEFORE ME, THE UNDERSIGNED NOTARY  
COUNTY OF EL PASO )

Public, personally appeared \_\_\_\_\_, presently residing at \_\_\_\_\_, El Paso, Texas 799\_\_\_\_, and after being sworn testified the following:

I, \_\_\_\_\_ certify, under Penalty of Perjury 1/, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
(Name 1)

\_\_\_\_\_  
(Name 2)

\_\_\_\_\_  
(Name 3)

\_\_\_\_\_  
(Name 4)

\_\_\_\_\_  
(Signature of Head of Household or Spouse)

\_\_\_\_\_  
(Date)

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the NSP the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

SWORN AND SUBSCRIBED TO and before me at El Paso County, State of Texas on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

current as of 3-15-10

**PERMISSION TO RELEASE FACTS ABOUT SOCIAL SECURITY RECORDS**

I authorize the Social Security Administration to release information about myself to:

**DEPARTMENT OF COMMUNITY AND HUMAN DEVELOPMENT  
NEIGHBORHOOD STABILIZATION PROGRAM  
Two Civic Center Plaza – 8<sup>th</sup> Floor  
El Paso, TX 79901-1196  
Attn: \_\_\_\_\_**

For purposes of: Income Verification

The information to be released will include (e.g. Medicare coverage): Social Security Benefits, SSI, etc

This consent is in effect until: Indefinite or until such time that I withdraw my authorization.

I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000.00 or one (1) year in prison.

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

current as of 3-15-10

**POST PURCHASE COUNSELING AGREEMENT  
NEIGHBORHOOD STABILIZATION PROGRAM**

I understand that if I qualify for the Neighborhood Stabilization Program (NSP), I may be required to participate in post purchase counseling on a designated day(s) after I close on a NSP home. I agree to fulfill this requirement as part of receiving NSP assistance through the City of El Paso.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

current as of 3-15-10

CITY OF EL PASO  
COMMUNITY AND HUMAN DEVELOPMENT  
NEIGHBORHOOD STABILIZATION PROGRAM

**RECEIPT OF THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
HOMEBUYER ASSISTANCE GUIDELINES**

I/we have received a copy of the NSP Homebuyer Assistance Guidelines on this date.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Provided by \_\_\_\_\_

Date \_\_\_\_\_