San Antonio's Green and Healthy Homes (SAGHH)

The City of San Antonio's Green and Healthy Homes (SAGHH) provides assistance to owners and landlords of residential properties (up to a four-plex) in creating healthy, safe, energy-efficient and sustainable homes for families and children. The SAGHH is working to prevent and correct housing-related health and safety hazards, such as addressing lead-based paint, mold, household asthma triggers and fire hazards.

You must qualify for the services to receive assistance. The requirements for services are listed on the following page. The homes must be structurally sound to receive assistance through the SAGHH. **We are not a home repair program, and would therefore, not be able to address repairs that need to be made to the home.**

If you are interested in applying for the SAGHH, please fill out this application and return it to the Department of Planning and Community Development at the address listed below. Upon receipt of the application, the City will determine your eligibility for each service listed above. If your house meets the eligibility criteria, the City will determine the timeline for assistance based accordingly. The extent of the work and the approximate time required to accomplish the work will be explained in detail once a project is deemed to be eligible for assistance. The funding is limited, which restricts the **SAN ANTONIO'S GREEN AND HEALTHY HOMES** to a minimum number of residential structures. The projects will be chosen on the basis of priority such as children with lead poisoning and clients with asthma. ***Please complete and return the application as soon as possible.***

All applications should be sent to: **SAN ANTONIO'S GREEN AND HEALTHY HOMES,** Department of Planning and Community Development, 1400 S. Flores, San Antonio, TX 78204. If you need further information please contact the San Antonio's Green and Healthy Homes at **(210) 207-GHHI** (207-4444). Hablamos Español.

Eligibility Requirements

Lead-Based Paint (LBP) Services:

1. House must be built *prior* to 1978; AND
2. House must be located within Bexar County; AND
3. A child age 5 and under must reside in the home or spend at least 6 hours per week in the home; AND
4. Children under the age of six should be tested for lead; AND
5. Have a clear title to property; AND
6. Must be current with property taxes; AND
7. Household must meet HUD established Income Guidelines for families earning 80% or below of Area Median Income.

Size of Family	LBP
1	$34,350
2	$39,250
3	$44,150
4	**$49,050**
5	$53,000
6	$56,900
7	$60,850
8	$64,750

What happens when your application is approved?

1. When your application is approved, you will receive a letter stating that you were approved for the program. You will be contacted by our Consultants. One of our Consultants will conduct a Lead Inspection/Risk Assessment on your home while the second consultant conducts an environmental review. The results may take about 3-5 weeks to receive. A title search will also be conducted to ensure a clear title.
2. (For children who test positive for lead and/or asthma) During the time we are waiting for the results of the testing of the home, you will be contacted by University of Texas Health Science Center San Antonio (UTHSCSA) to complete a **mandatory** 3 part education course and/or lead testing of the child. Completion of the Healthy Homes Education course is **mandatory** to receive assistance to the property. After completion of this course, UTHSCSA will notify the staff of SA's Green and Healthy Homes.
3. Next, you will be contacted by the Construction Specialist (CS) who has been assigned to your case. The CS will provide you the copy of the Lead Inspection/Risk Assessment conducted on your home. The CS will conduct a Healthy Homes Inspection of the home, and provide you more information as to what will be done to the home.

CITY OF SAN ANTONIO
Department of Planning and Community Development
1400 SOUTH FLORES
SAN ANTONIO, TEXAS 78204

The following documents MUST accompany your application before it can be processed.

- ☐ Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
- ☐ Copies of pay stubs for the last ***three months*** for both husband and wife, and **all** members in household who are working or receiving any source of income.
- ☐ Copy of all award letters dated for the current year from Social Security (i.e. SSI, Survivor Benefits, Disability, etc.) and/ or retirement checks (Social Security, Civil Service, Pension, etc.). **(IF APPLICABLE).**
- ☐ If you are divorced, and the property is still under both names, a copy of the divorce decree and the Deed from your spouse is required. **(IF APPLICABLE**).
- ☐ If you receive Child support, verification is required **(IF APPLICABLE).**
- ☐ Copy of child(ren)'s lead test results for children between 1 and 5 years old. Also a copy of the child(ren)'s birth certificate for lead services.
- ☐ If you are applying for Lead Safe San Antonio, a copy of your social security card must accompany your application.

Please call **(210) 207-GHHI** **(207-4444)** if you need assistance in completing this application. If you wish to speak to someone in person regarding the application, please visit our office at 1400 South Flores (between Cevallos and S. Alamo), Monday - Friday, between the hours of 8:00 a.m. to 4:30 p.m.

IF YOU WISH TO COME TO OUR OFFICE WITH QUESTIONS OR TO TURN IN AN APPLICATION, YOU MUST SCHEDULE AN APPOINTMENT FIRST BY CALLING (210) 207-GHHI (207-4444) TO ENSURE THAT SOMEONE WILL BE THERE TO ASSIST YOU.

City of San Antonio
Department of Planning and Community Development
APPLICATION FOR SA GREEN AND HEALTHY HOMES

DATE OF APPLICATION _____

REFFERED BY _____

☐ RENTAL
☐ OWNER-OCCUPIED

FOR OFFICE USE ONLY
Childs BLL: _____µg/dL

APPLICANT'S NAME	DATE OF BIRTH	*SPOUSE*	*DATE OF BIRTH*
ADDRESS (Number, Street, Zip)	Phone Number	*NAME, ADDRESS & PHONE OF EMPLOYER (SPOUSE'S)*	
NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER			
POSITION OR TITLE	NUMBER OF YEARS	*POSITION OR TITLE*	*NUMBER OF YEARS*

PROPERTY OWNER NAME (IF DIFFERENT):

ADDRESS:

PHONE NUMBER:

Family Size:_____
Income:_____
Has applicant(s) received Weatherization Services?
Yes No
If not, does applicant qualify for Weatherization Services?
Yes No
Has applicant(s) received assistance through SAWS?
Yes No
Does the applicant(s) have smoke alarms?
Yes No
Do the children in the home have asthma?
Yes No
Are there children under the age of 6?
Yes No
Have the children been tested for lead?
Yes No

DEPENDENTS LIVING IN HOUSEHOLD:

Name	Date of Birth	Receives Income?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

OTHER INDIVIDUALS IN HOUSEHOLD:

Name	Date of Birth	Receives Income?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

CHILDREN BEING CARED FOR:

Name	Date of Birth	Receives Income?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

APPLICANT'S CERTIFICATIONS

The applicant (whether one or more) certifies that all information in the application and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief.

_____ _____
APPLICANT'S SIGNATURE DATE

_____ _____
SPOUSE'S SIGNATURE DATE

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. USC Title 18, Sec. 1001, provides; "Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.

INITIAL _____ _____

CONSENT TO RELEASE INFORMATION

My answers to all of the previous questions and to the statements I have made are true and correct to the best of my knowledge. I authorize the City of San Antonio's Green and Healthy Homes Program to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the SAGHH with any information necessary to verify my eligibility.

I will cooperate fully with SAGHH personnel to obtain information from any source to verify statements I made. I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

_____ _____

Signature of Applicant Signature of Spouse

_____

Applicant's Home Address

CONSENT TO CONDUCT A RISK ASSESSMENT/COMPREHENSIVE LEAD INSPECTION

(*Upon approval for* ***LBP services only***) I hereby authorize the City of San Antonio's Green and Healthy Homes, to have a Texas State Certified Lead Firm conduct a Risk Assessment/Comprehensive Lead Inspection on the address listed below.

_____ _____

Signature of Applicant Signature of Spouse, Co- Owner or Landlord (If Applicable)

_____

Applicant's Home Address

San Antonio's Green and Healthy Homes Consent Form
Blood Lead Testing & Asthma Referral

Child's Name:
First _____ MI_____ Last_____

Date of Birth: ____ / ____ / ____ (*Month/Day/Year*) **Age:** _____ **Sex:** ☐ Male ☐ Female

Street _____

City_____ State _____ ZIP _____

Phone: (____) _____

Ethnicity:
☐ Hispanic ☐ Non-Hispanic

Race:
☐ White ☐ Black ☐ Asian or Pacific Islander
☐ Native American or Alaska Native ☐ Multi-Racial

Medicaid #: _____ (if applicable)

I give consent for my child to receive blood lead testing and to be referred to UTHSCSA:

- □ To receive lead testing and/or lead education.
- □ Asthma education.

I am the legal parent/guardian of the child listed above, and I am authorized to grant such consent.

I understand that this screening is voluntary. I also understand the results of the screening test are confidential, but will be reported to the Texas Department of State Health Services, as required by law.

To screen for lead, a nurse will prick my child's finger to collect a few drops of blood. The blood will be tested using a portable machine. If the result is 5 µg/dL or higher, a venous blood sample will be drawn from a vein in my child's arm and sent to the state laboratory for confirmation. If a high (greater than 5 µg /dl) blood lead level is confirmed, I give my consent to UTHSCSA to contact me for health consultation and case management. If my child's result is higher than 5 µg/dL, I acknowledge that it is my responsibility to follow-up with my child's primary care provider.

While this testing poses no serious risks to my child, my child may experience temporary tenderness or stinging as a result of the finger stick. In addition, some bruising below the skin might occur if a venous blood sample is collected from my child. Standard precautions will be used to minimize the very small risk of an infection.

I have been given a chance to ask questions about the lead screening and all my questions have been answered to my satisfaction.

I have received a copy of HIPAA privacy notification dated April 14, 2003.

_____
Signature of Parent/Guardian Date

_____
Printed name of Parent/Guardian Relationship to child

Rev. 11/20/2013

Release of Information for SAGHH Partner Agencies

I authorize the City of San Antonio's Green and Healthy Homes Program to forward my complete application to their partnering agencies for additional services on my home that I may qualify for.

- ☐ San Antonio Fire Department - installation of smoke/carbon monoxide detectors (name, address and phone number)
- ☐ UT Health Science Center - for lead/asthma education (name, address and phone number)

By doing so, my approval for services by the partnering agencies may be completed without having to fill out an additional application. I will cooperate fully with SAGHH's partner agency personnel to provide any additional information in order to receive these additional services.

_____ _____

Signature of Applicant Signature of Spouse

_____

Applicant's Home Address

_____

Signature of Landlord, or Co-owner