



Lead Action for Medicaid Primary Prevention  
LAMPP PROGRAM  
**for**  
**PROPERTY OWNERS**

LAMPP will provide to the following:

- ❑ **Financial assistance to address lead hazards, forgiven over 3 years.**
- ❑ Average \$6,500 per unit assistance and up to \$12,500 for a unit with an abatement order.
- ❑ Inspections and plans for lead hazard removal.
- ❑ Relocation assistance during hazard control work.
- ❑ Education for owners and tenants.
- ❑ Professional guidance and technical assistance throughout entire process.

**Property Owner/ Landlord agrees to the following:**

- ❑ Contribute \$600.00 per unit at time of contract signing (waived for units with a low-income owner-occupant).
- ❑ Assist with temporary relocation of occupants.

**For period of 3 years owner agrees to:**

- ❑ Give priority to families with children under age 6 when renting lead safe units.
- ❑ Maintain the units in accordance with the federal Housing Quality Standard
- ❑ Maintain affordable rent levels. (HUD Existing Fair Market Rent)
- ❑ Rent units to low-income households as defined by HUD

LAMPP works in the following communities:  
**Stamford, Norwalk, Danbury, New Haven, Bridgeport, West Haven,  
Waterbury, Hartford, Enfield, Meriden, New Britain.**

**LAMPP PROJECT- DANBURY**

Registration # \_\_\_\_\_

**OWNER PRE-APPLICATION**

Mailing address: 282 Washington Street, Hartford, CT 06106 Phone number: (860) 545-9564  
 Office Location: Hartford Square West, 146 Wyllys Street, Hartford

Name of Owner/Applicant(s): \_\_\_\_\_ S.S. or Tax ID No. \_\_\_\_\_  
*Trust, Corporation, Partnership, Individual (Circle one)*

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Authorized Signatory(s): \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_  
*Number and Street or Box Number City Zip Code*

Property Address: \_\_\_\_\_ No. Of Dwelling Units: \_\_\_\_\_

Year Built: \_\_\_\_\_ If unknown – Was it built before 1978? Yes No

Please photocopy for more units

Unit Identity	Occupant Information	No. Of People in Household	Meets Income Eligibility *	Rent Per month	What Utilities Are Included?	No. of Bedrooms in unit
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	

How many children under six years of age live in the building? \_\_\_\_\_

Have any of the resident children (under age 6) been found with lead levels of 10 µg/dL or above? ( ) YES; ( ) NO; ( ) Unknown.

\* See attached for town acceptable income levels for LAMPP.



**Eligible Housing Units  
City of Danbury**

Occupant income must be below limits shown below.  
All Medicaid and Section 8 recipients automatically meet income limits.

Rents must be within HUD Fair Market  
Section 8 rents automatically qualify

Danbury

Occupant Income Limits

<b>Family Size</b>							
<b>1 PERSON</b>	<b>2 PERSON</b>	<b>3 PERSON</b>	<b>4 PERSON</b>	<b>5 PERSON</b>	<b>6 PERSON</b>	<b>7 PERSON</b>	<b>8 PERSON</b>
<b>\$40,250</b>	<b>\$46,000</b>	<b>\$51,750</b>	<b>\$57,500</b>	<b>\$62,100</b>	<b>\$66,700</b>	<b>\$71,300</b>	<b>\$75,900</b>

Fair Market Rental Rates including utilities

<b>Number of Bedrooms</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>\$886</b>	<b>\$1,109</b>	<b>\$1,348</b>	<b>\$1,592</b>