



Healthy Homes New Britain

The City of New Britain is committed to protecting children from lead poisoning and making homes safe and healthy. The Healthy Homes New Britain (HHNB) program has a Lead Hazard Demonstration Reduction grant from the United States Department of Housing and Urban Development (HUD). This grant and matching funds from the City and Connecticut Children's Medical Center will remove lead, health and safety hazards from 184 homes.

HHNB is partnering with the Connecticut Children's Healthy Homes Program to protect children before they are poisoned by lead hazards or injured by health or safety hazards in their homes.

Healthy Homes Grant funds will provide the Property Owner/Tenants with:

- Inspections/plans for hazard removal
- Free installation of safety devices (Smoke alarms/CO Monitors)
- Education for owners and tenants
- Financial assistance to remove home health hazards
 - Lead Hazards
 - Single Family - \$15,000
 - 2 Units - \$23,000
 - 3 Units - \$34,500
 - 4 Units - \$36,000
 - 5 units - \$40,000
 - 6 units & above- \$7,000 per unit
 - Other Hazards
 - Up to \$5000.00 per unit for most healthy homes issues
 - Asbestos & radon remediation costs covered separately
- Relocation assistance during construction process
- Referrals for low cost/no cost weatherization programs

Eligibility:

- Privately owned housing, built prior to 1978
- Occupant income of less than 80% of area median income

For more information, contact the Healthy Homes Program
860-837-6241 or visit
www.connecticutchildrens.org/healthyhomes

Healthy Homes New Britain
27 West Main Street- Room 311, New Britain, CT 06051

Registration # _____

LHC Rank _____

Healthy Homes New Britain Program (HHNB) – City of New Britain OWNER PRE-APPLICATION

Office Location: 27 West Main Street, New Britain, CT 06051

Phone: (860) 826-3330 Fax (860) 826-2682 mmalinowski@newbritainct.gov

* In Partnership with Connecticut Children's Medical Center

Name of Owner/Applicant(s): _____

Trust, Corporation, Partnership, Individual (Circle one)
Cell Phone: _____

E mail: _____ Fax Number: _____

Name of Authorized Signatory(s): _____

Mailing Address of Owner: _____

Property Address: _____ Number and Street or Box Number _____ City _____ Zip Code _____ No. Of Dwelling Units: _____

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

Unit Identity/Floor (Please photocopy for more units)	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 ___	

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 5 µg/dL or above? () YES () NO () Unknown.
Would you like information on weatherization programs available in your community? () YES () NO

* A Connecticut Children's Healthy Home Program (CCHHP) coordinator will contact you for additional information.

Please indicate BEST contact phone # : _____

* See attached for acceptable income levels for Healthy Homes New Britain.

**HEALTHY HOMES NEW BRITAIN (HHNB) PROGRAM
RESIDENT/OWNER INFORMATION FORM
City of New Britain**

In Partnership with Connecticut Children's Medical Center

Eligible Housing Units

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

Occupant Income Limits

Family Size							
1	2	3	4	5	6	7	8
PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON
\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750

Fair Market Rental Rates

Two or Three Family, Duplex, Condo

Utilities Included	Number of Bedrooms			
	1	2	3	4
None - Oil Heat	786	961	1198	1316
Water Only - Oil Heat	820	1019	1279	1421
None - Natural Gas Heat	797	979	1224	1350
Water Only - Natural Gas	831	1037	1305	1455
All Utilities	971	1212	1516	1707

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Your landlord/property owner has requested the following information in order to apply for the HHNB. If accepted, HHNB will help take care of any lead hazards in your unit. **If this information is not submitted the property cannot be in the program.** If you need help or have questions please call the Connecticut Children's Healthy Homes Program office at 860-837-6241.

Please check or fill in the following:

RENTAL AMOUNT

of bedrooms: _____ Amount of rent paid by household: \$ _____ per month

Rent includes the following utilities: None _____ Heat _____ Electric _____ Gas _____ Water _____

Section 8 Household: Yes _____ No _____

Race: Circle the correct answer.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer Not to Answer/Refused/Don't Know

Ethnicity: Circle the correct answer.

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not To Answer/Refused/Don't know

****PLEASE NOTE:** Household INCOME is current gross annual before deductions from all household occupants; includes current wages; salaries, tips, self-employment income, interest, dividends, net rental income, income from trusts and estates; social security; retirement, survivor, or disability pensions; Veterans' (VA) payments, unemployment compensation, and alimony.

INCOME BY NUMBER IN HOUSEHOLD

Circle number of people in household and household income directly below.

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Under \$31,300	Under \$35,750	Under \$40,200	Under \$44,650	Under \$48,250	Under \$51,800	Under \$55,400	Under \$58,950
\$31,301 to \$46,000	\$35,751 to \$52,600	\$40,201 to \$59,150	\$44,651 to \$65,700	\$48,251 to \$71,000	\$51,801 to \$76,250	\$55,401 to \$81,500	\$58,951 to \$86,750
Over \$46,000	Over \$52,600	Over \$59,150	Over \$65,700	Over \$71,000	Over \$76,250	Over \$81,500	Over \$86,750

HOUSEHOLD CHILD INFORMATION

of children under 6 years of age _____ # of children enrolled in Medicaid / HUSKY A / TITLE 19 _____
 # of children 6-17 years of age _____ # of children enrolled in Medicaid / HUSKY A / TITLE 19 _____
 # of adults 18+ years of age .. _____

Occupant (Please print) _____ Signature _____
 Street _____ Apt # _____ City _____
 Date _____ Phone _____ Cell _____