Find out if you have lead in your water.
☐ Call NYSDOH at 518-402-7650 or go to https://health.ny.gov/environmental/water/drinking/lead/free_lead_testing_pilot_program.htm, obtain a free lead test kit and test your water.

You are likely eligible for the grant if:
☐ You scrape your water service line and it turns shiny like a new nickel?
☐ You live in Town of North Hempstead.
☐ Combined adjusted gross household income is less than or not more than one of the below income lines?
  1 Person Household ≤ $122,550
  2 Person Household ≤ $140,100
  3 Person Household ≤ $157,650
  4 Person Household ≤ $175,050
  5 Person Household ≤ $189,150
  6 Person Household ≤ $203,100

Apply Now!
Finalize your eligibility determination by submitting your Lead Service Line Replacement Grant Application and documents now.
☐ Mail or hand deliver your application and household documents to:
  Town of North Hempstead
  Community Development Agency
  51 Orchard St
  Roslyn Heights, NY 11577

Or
☐ Email your application and household documents to:
  cdadepartment@northhempsteadny.gov

☐ Provide the following household documents with your application:
☐ Photo of water main shut off valve.
☐ Photo of front of house. Include street curb, front yard, driveway, and no cars.
☐ Copy of deed.
☐ Copy of recent income Tax returns. Blank out social security numbers.
☐ Water bill.
☐ Electric bill.

For questions or assistance:
Call the Town of North Hempstead Community Development Agency at (516) 869-2480 or email cdadepartment@northhempsteadny.gov

Town of North Hempstead
Lead Water Line Replacement Grant

The Program
House water main service pipes that contain lead can corrode and cause lead to enter your drinking water. Lead can cause mental retardation, blindness, and even death especially in children under the age of seven. Check if your water service line is lead: Scrape or sand the water service line pipe on each side of the house water shut off valve. If one of the scraped areas turn shiny like a new nickel, its likely lead.

In efforts to reduce the amount of lead in your drinking water, New York State Department of Health (NYSDOH) awarded the Town of North Hempstead grant funding for full or partial replacement costs of your homes lead water service line located under-ground between the public water main and the water shut off valve. Typical eligible costs under the grant may include engineering, application/permit fees, contracting, and related property restoration costs. Up to $7,000 of grant, assistance and sometimes more can be available.

Program Priorities and Guidelines
- Available to households in the Town of North Hempstead having lead water service lines.
- Assist households occupied by pregnant woman, children ages 6 or under and those who have disabilities.
- Assist households that have 150% AMI adjusted gross household income. Household income is determined by adding-up adjusted gross income of each person in the household who are over 18 years of age. Full time student incomes are exempt from the combined income calculation.

Program Process
- Owner obtains free lead test from NYSDOH and test their water.
- Owner submits grant application with required household documents.
- CDA confirms grant eligibility, presence of lead, develop a list of work and owner accepts the list of work.
- CDA assists owner with hiring licensed contractors to perform the work.
- CDA and Owner monitor the work, confirm completion, and authorize contractor payment.
- CDA monitors close-out of the work with the municipal department of jurisdiction and contractor and pays owner & contractor for the work.

Protect your loved ones. Test your water and scrape your water service line. If you think lead exists and you meet the guidelines, apply now.
Property Owner Name(s)

Street Address ____________________________ City ____________________________ State ____________________________

Section ____________________________ Block ____________________________ Lot(s) ____________________________

Home Phone ____________________________ Mobile or Work Phone ____________________________ Email Address ____________________________

Do pregnant women live in house? ☐ No, ☐ Yes. If yes, name ____________________________

Print first and last name of each person in household: Age: Adjusted Gross Income:

_________________________________________ ____________ ____________________________

_________________________________________ ____________ ____________________________

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_________________________________________ ____________ ____________________________

_________________________________________ ____________ ____________________________

Household Adjusted Gross Income $__________________________

I/We want to participate in the Lead Service Line Replacement Program (the “program”). I/We understand that submitting this application does not guarantee the program can be granted and that this application and related household documentation will be used to determine eligibility to the program only. Whether or not I/We are provided the program will depend in part on the program priorities and guidelines, number of requests received before me/us and funding availability. I/We understand that the program is designed to reduce the presence of lead in water; however, other conditions may contribute to presence of lead that this program may not address. I/We understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I/We understand that provision of false information will disqualify me/us. And I/We have verified my/our household income by providing copy of most recent tax returns and will provide other documentation, if required, and will enter into an agreement which includes a description of the work, grant payment information and general conditions.

Print property owner name ____________________________ Sign property owner name ____________________________ Date ____________

Print property owner name ____________________________ Sign property owner name ____________________________ Date ____________

Provide the following household documents with this application: ☐ Photo of water main shut off valve with connecting pipe. ☐ One photo of front of house with no cars including width of property, a few feet of the street, the curb, front yard, and the driveway. ☐ Copy of deed. ☐ Copy of recent income Tax returns for each adult’s income, blank out social security numbers. ☐ Water bill. ☐ Electric bill.