

Dear Applicant,

Thank you for your interest in the Hamilton County Public Health Lead Hazard Reduction Program! To successfully enroll in the program, you will need to submit a completed application packet and required documentation. The applications and forms required will depend on your building's occupancy type (e.g. rental, owner-occupied, vacant). Please refer to the table below for what applications, forms, and documents are required for your situation:

Building Occupancy	Property Application	Occupant Application	Tenant Relocation Information Form
Rental Property (4 units or less)	• One (1) application for <u>each building</u> SIGNED BY OWNER • Property deed + proof of insurance • Copy of owner's ID	• One (1) application for <u>each occupied unit</u> • Proof of income • Child's birth certificate	• One (1) form for each occupied unit SIGNED BY TENANT
Owner-Occupied Property	• One (1) application • Property deed + of insurance • Copy of owner's ID	• One (1) • Proof of income • Child's birth certificate	N/A
Vacant Property	• One (1) application • Property deed + proof of insurance • Copy of owner's ID	N/A	N/A

Submit your completed application and supplemental documentation via e-mail to:

HCPH.LeadHazardReduction@hamilton-co.org

OR drop it off in-person or mail it to the address below:

Hamilton County Public Health
Attn: Lead Hazard Reduction Program
1701 Patricia McCollum Way, Dept. 93
Cincinnati, OH 45237

Please allow three weeks for the review and approval of your application. Enrolled properties are prioritized based upon occupancy status and the date a completed application is received. An application will not be considered "complete" until all required forms and attachments are received. If you have any questions during the application process, please call our program staff at **513-421-LEAD (5323)**, 8am-4pm, Monday through Friday.

Thank you,

HCPH Lead Hazard Reduction Program

Property Application

PART A—Property Information



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1. PROPERTY TO BE ADDRESSED

Street Address:		Zip:
Total # of Units:	# of Occupied Units:	
Occupancy (Check all that apply): Owner ☐ Tenant ☐ Vacant ☐ If Vacant, how long?		
Is there a mortgage on the property? No ☐ Yes ☐		
Owned By: Individual(s) ☐ (Complete Section 2 below) -OR- Business ☐ (Skip to Section 3)		

2. PROPERTY OWNER INFORMATION – INDIVIDUAL(S) *SKIP IF OWNED BY A BUSINESS*

Last Name:	First Name:	
Married: No ☐ Yes ☐ If Yes, Spouse's Full Name:		
Home Address:	Unit:	
City:	State:	Zip:
Phone:	E-mail:	
Alternate Phone:	Alternate E-mail:	

3. PROPERTY OWNER INFORMATION – BUSINESS *SKIP IF OWNED BY AN INDIVIDUAL*

Business Name:	Tax ID #:	
Business Address:	Unit:	
City:	State:	Zip:
Contact Name:	E-mail:	
Primary Phone:	Alternate Phone:	
If approved, who will sign contract documents?		
Name:	Title:	

4. PROPERTY MANAGER INFORMATION

Property Manager other than the Owner? Yes ☐ (Complete this section) No ☐ (Skip to Part B)		
Property Manager Name:		
Phone:	Alt Phone:	E-mail:

Property Application

PART B—Supplemental Documentation

5. REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION – APPLICANT MUST CHECK EACH BOX OR MARK N/A (NOT APPLICABLE)

ALL property applications MUST include the following supplemental documents:

	Recorded Property Deed w/ Legal Description – current
	Current Property Insurance Declarations page (Must have flood insurance if in a flood plain)
	Copy of a photograph identification of the Head of Household or Property Owner

IF the building is owned by a BUSINESS, the following is required:

	Corporate Resolution or official Articles of Incorporation identifying person eligible to execute contract documents. *Form available upon request*
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IF the building owner lives out of state and cannot appear in person, the owner MUST appoint a local representative to attend project meetings. In this case, the following is required:

	Notarized statement providing the local individual with authority to sign and approve the project on behalf of the owner
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IF the property is OCCUPIED, the following is required for each occupied unit:

	Occupant Application – completed and signed by occupant with supporting documentation.
	Tenant Relocation Information – completed and signed by each rental Tenant

Property Application

PART C—Acknowledgement of Grant Requirements

6. GRANT REQUIREMENTS – MUST CHECK EACH BOX TO DEMONSTRATE ALL CONDITIONS ARE ACKNOWLEDGED

	Access to ALL areas of the structure and property must be provided to Grant Program staff to perform a lead paint inspection/risk assessment. If no lead paint is found, no home repairs will be performed through the program.
	The property owner MUST provide water and utilities to each unit and common area, including exterior work, for the duration of the project.
	Property taxes must be current, or a payment plan must be in place. The property will not be accepted into the grant program if in foreclosure.
	The property must be in decent, safe and sanitary condition as well as structurally sound with no major deficiencies in order to be considered for the grant program.
	HCPH may require repairs that are to be completed prior to acceptance into the grant program.
	If accepted into the program, the property owner will be required to execute an agreement with HCPH memorializing the requirements of the HUD lead grant program.
	All units must be VACATED during the lead hazard control work. Staying in the unit during the lead hazard control work may only occur with HCPH pre-approval and will depend on scope of work.

IF the home is OWNER-OCCUPIED, please answer the following:

You may be required to relocate while lead abatement work occurs. Do you and your household have somewhere to relocate (with a friend or family member, at a hotel, etc.) while lead abatement work occurs? **Your response to this question has NO impact on your acceptance to the program.**

YES NO

REQUIREMENTS AFTER PROJECT COMPLETION – MUST CHECK EACH BOX OR MARK N/A AS APPROPRIATE TO DEMONSTRATE ALL CONDITIONS ARE ACKNOWLEDGED

	Rental properties receiving lead hazard control work MUST make the units available to low-income families with children under the age of six for a period of three (3) years after completion of the work.
	The property must be properly monitored and maintained in a lead-safe and healthy manner for a period of three (3) years after completion of the work.
	Vacant rental units receiving lead hazard control work will be included on a public lead-safe housing registry list, maintained online.

Property Application

PART D—Application Certification

7. DISCLAIMER AND OWNER SIGNATURE(S)

I certify that all answers are true and complete to the best of my knowledge. I understand that intentionally false or misleading information submitted on this application may result in being permanently banned from the Lead Hazard Reduction Program. Also, Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I understand that participation in this program is voluntary. Submission of this application does not guarantee project funding (neither partial nor complete), nor does it provide exemption from complying with any State of Ohio, Cincinnati Metropolitan Housing Authority, Hamilton County Public Health, or any other official orders. I understand that it is the responsibility of the property owner to remain in compliance with any official orders always and submitting this application does not provide exemption from any possible consequences of non-compliance.

Owner Name (Please print clearly):

Owner Signature:

Date:

Owner Name (Please print clearly):

Owner Signature:

Date:

NOTE: *Occupant Application* and *Tenant Relocation Information* forms may be submitted by Tenants directly, rather than by the property owner.

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Occupant Application



**HAMILTON COUNTY
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

PART A—Occupant Information

A separate form is needed for each occupied unit in a multi-family building.

Only one (1) form is needed for single-family properties:

A. HOME ADDRESS

Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner ☐ Tenant ☐	How long have you lived here?		

B. PRIMARY OCCUPANT INFORMATION

Last Name:	First Name:
Primary Phone:	E-mail:
Alternate Phone:	Alternate E-mail:
Is English your primary language? YES ☐ NO ☐ My primary language is:	

C. OCCUPANT FAMILY INFORMATION

How many people live in the home?	Do you receive a Housing Choice Voucher? YES ☐ NO ☐		
Number living in the home who are:			
0 to 5 years old?	6 to 17 years old?	Older than 17 years?	Pregnant?
Number of children 0 to 5 years old visiting the home more than 6 hours per week?			
Is your home used to care for children under 6 years of age? YES ☐ NO ☐			

D. RESIDENT INFORMATION – LIST *ALL* OCCUPANTS BELOW

Occupant First and Last Name	Date of Birth MM/DD/YY	Has this person had a blood lead test?	Has this person been diagnosed with asthma?	Race	Hispanic or Latino/Latina?	Resident or Visitor?

NOTE: All children less than 6 years old that live in or frequently visit a home accepted into the Lead Hazard Control program are requested to have had their blood tested for lead OR should have a test done within 6 months of the Lead Hazard Control project being completed.

Occupant Application

PART B—Household Income Information

E. INCOME INFORMATION

Provide the following information for **all household members over the age of 18** and whether they receive monthly **income of any kind** (Employer, Retirement/Pension, Social Security, Disability, Child Support, Alimony, Public Assistance, Foster Care, Home Business, etc.). If the individual does not earn income, please list the income as “0”.

Household Member Name				
Employer Name				
Occupation				
Age				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income	\$	\$	\$	\$
Source(s) of Monthly Income				
TOTAL MONTHLY INCOME	\$	\$	\$	\$

If **no one** in your household is receiving any income, please describe how the household is currently supporting itself financially:

REQUIRED PROOF OF INCOME includes (in order of preference):

- Most recent copy of IRS Form 1040 (Tax Return), **OR**
- Social Security Award Letter, if applicable, **OR**
- Last 90 days of paystubs and bank statements

Required additional PROOF OF INCOME may include award letters for:

- Pensions
- Veteran Affairs (VA) benefits
- Unemployment benefits
- Child Support
- Alimony

Occupant Application

PART C—Supplemental Documentation

F. REQUIRED DOCUMENTATION – MUST CHECK EACH BOX FOR EACH APPLICABLE ITEM	
For each occupant over the age of 18 years old:	
	Proof of Income • IRS Form 1040 from the most recent tax return OR the last 90 days of paystubs and bank statements • Copies of award letters for Social Security, Pension, VA benefits, unemployment benefits, child support, alimony, and/or public assistance, as applicable • If an occupant has zero income, a <u>notarized</u> Certification of Zero Income form may be submitted in combination with the last 90 days of the occupant's bank statements to prove there are no regular deposits (form available upon request)
For <u>each child RESIDENT</u> under the age of 6 years old:	
	• Birth Certificates OR Official Evidence of Age including church record of birth or baptism established before the age of five, school record, insurance policies, draft card, official hospital record, daycare or nursery school records, United States passport, or vaccination certificates
For <u>each VISITING child</u> under the age of 6 years old that spends at least 6 hours a week at the unit:	
	• Visiting Child Form for each visiting child • Birth Certificates OR Official Evidence of Age including church record of birth or baptism established before the age of five, school record, insurance policies, draft card, official hospital record, daycare or nursery school records, United States passport, or vaccination certificates

G. HOW DID YOU HEAR ABOUT US? Please check all that apply:	
In-person:	☐ Lead Clinic ☐ Risk Assessor ☐ Pediatrician ☐ HCPH Staff ☐ Yard Sign ☐ Neighbor ☐ People Working Cooperatively ☐ Mailer
Online:	☐ Social Media ☐ Web Search ☐ County Website
At an Event:	☐ Community Meeting ☐ Health Fair ☐ Promotional Item ☐ 513 Relief Event
Other:	☐ Please Specify: _____

Occupant Application

PART D—Application Certification

H. DISCLAIMER AND SIGNATURE

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I agree to provide, upon request, documentation on all income sources to the Intake Coordinator. The information provided above is subject to verification by the United States Department of Housing and Urban Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Print Name:		☐ Owner	☐ Tenant
Signature:		Date:	

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Tenant Relocation Information

Required for each occupied **rental** unit:



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Dear Tenant:

Your property owner has applied to Hamilton County Public Health for a grant to control lead hazards (if present) in your dwelling unit. This notice is to inform you that, if assistance is provided and the building is rehabilitated, you will not be permanently displaced. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. Therefore, you are urged not to move out at this time. If you do elect to permanently move out of your own volition, you will not be provided with relocation assistance. During the entire process, you must continue to comply with your lease terms and conditions.

Temporary Relocation: For health and safety reasons, **you may NOT occupy the unit during the rehabilitation work.** There are NO exceptions. Also, you are required to prepare your unit in advance of the work start date, including securing valuables, and moving furniture and other objects away from where work will be occurring. The grant program assumes no responsibility for anything broken or stolen before, during, or after the hazard control work.

Relocation Expense: If you are unable to find a place to stay during the extent of the rehabilitation work, HCPH will pay for short-term accommodation. Only the cost of lodging during the temporary relocation will be covered by HCPH. Other costs incurred will not be covered or reimbursed by HCPH. Prior to relocating, you will receive notification of the expected temporary relocation dates.

Your signature below indicates you have read and understand this notification. Should you have questions, please consult with the property owner before signing. Any information provided directly to the Hamilton County Public Health Lead Hazard Reduction Program will not necessarily be shared with your property owner; however, it may be subject to a Freedom Of Information Act Request.

RECEIPT OF GENERAL INFORMATION - TO BE SIGNED BY PRIMARY TENANT ONLY.

Address:	Unit:
Print Name:	
Signature:	Date:

Submit signed Tenant Relocation Information form to your property owner, or directly to:

Hamilton County Public Health
ATTN: Lead Hazard Reduction Program
1701 Patricia McCollum Way, Dept. 93
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Visiting Child Form

Required for each visiting child:



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A. VISITING ADDRESS

Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner ☐ Tenant ☐	How long has the child been visiting this address?		
Number of hours the child spends here weekly:			

B. VISITING CHILD INFORMATION

Name of Child:	
Date of Birth (MM/DD/YY):	
Race/Ethnicity:	
Relation to Applicant:	
Name of Parents:	
Permanent Residence of Child:	

C. DISCLAIMER AND SIGNATURE

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I agree to provide, upon request, documentation on all income sources to the Intake Coordinator. The information provided above is subject to verification by the United States Department of Housing and Urban Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Print Name:		
Signature:		Date:

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