

CLOSE LEAD HAZARD CONTROL PROGRAM

Occupant form (Please print or type)



1. HOME ADDRESS				
Street Address			Apt / Unit #	Floor
Zip	Type of Occupant?		Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Please list any known issues, such as bedbugs, mold, asbestos, roaches, etc.				

2. OCCUPANT INFORMATION					
Last Name	First Name		Spouse's Name		
Phone	E-mail Address				
Cell Phone	How long have you lived in this home?		Amt of rent or mortgage payment?		\$
Do you have a Housing Assistance Voucher from CMHA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you plan to move in the next 6 months?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you work for the City of Cincinnati?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is English your primary language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what is your primary language?		
Do you use your home to babysit children under 6 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How many children 0 to 5 years old visit your home more than 6 hours per week?		
How did you hear about this program?	Property Owner <input type="checkbox"/>		Other <input type="checkbox"/>	If other, please specify	

3. OCCUPANT FAMILY INFORMATION					
How many people (including yourself) live in your home?		How many women in your home are pregnant?			
How many people in your home are.....		0 to 5 years old?	6 to 17 years old?	Older than 17 years?	
Please complete the following chart for all children less than 6 years old that live in this home or visit more than 6 hours a week:					
First & Last Name	Birthdate	Does this child live in home or visit?	Has this child had a blood lead test?	If so, what was the level?	Approximate date of blood lead test?
NOTE: All children less than 6 years old that live in or frequently visit a home accepted into our program should have had their blood tested for lead OR should have a test done within 6 months of a CLOSE project being completed in that home.					

4. RELOCATION INFORMATION

All occupants usually need to be temporarily relocated during a CLOSE project for their safety; this usually lasts 1 to 2 weeks. The CLOSE program is required to provide relocation funds to tenant occupants, but is NOT required to assist owner occupants financially.

If your building is accepted into the program, are you willing to move temporarily, as detailed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:
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5. OCCUPANT INCOME AFFIDAVIT

Please complete the following chart for any household members receiving monthly income of any kind. To record information for more than 4 family members, use the back of this sheet.

Household Member Name	1.	2.	3.	4.
Occupation				
Employer				
Employer Address				
Length of Employment				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income (SSI, Disability, Child Support, Etc.)	\$	\$	\$	\$
Please Indicate Source of Other Monthly Income (See above for examples)				
TOTAL MONTHLY INCOME	\$	\$	\$	\$

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

6. INCOME AFFIDAVIT SIGNATURE

I certify under penalty of law that the income information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature	Date
Signature	Date

7. ITEMS TO BE SUBMITTED WITH APPLICATION (INCOMPLETE APPLICATIONS WILL BE DELAYED)

All Occupant Applications will need to be completed, signed and submitted with the following:

<input type="checkbox"/>	2 Most Recent Paystubs (for each working family member)	<input type="checkbox"/>	Most Recent Year's Tax Forms, for each member of occupant's household that filed
<input type="checkbox"/>	Letters of Verification for All Sources of "Other Monthly Income" listed above (SSI, disability, child support)	<input type="checkbox"/>	Complete Utilities Bill – most recent (if paid by occupant)
<input type="checkbox"/>	Complete Water Bill – most recent (if paid by occupant)		

8. APPLICATION DISCLAIMER AND SIGNATURE(S)

I certify that my 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 CLOSE program. I authorize the CLOSE program to obtain any verification of information necessary to process this application, and to share information that is necessary for the operation of the CLOSE program with the US Department of Housing and Urban Development, and the City of Cincinnati Health Department. I understand that I may have to move out of my home temporarily for lead hazard control to take place. I also understand that I must continue to pay my mortgage or rent payments during the project and temporary relocation period.

Please Print
Name

Signature

Date

Please Print
Name

Signature

Date

9. GENERAL NOTICE – TO BE SIGNED BY TENANTS ONLY

Dear Tenant:

Your landlord has applied to the City of Cincinnati for a grant to control lead hazards (if present) in your home. This notice is to inform you that, if the assistance is provided and the building is rehabilitated, you will not be displaced. Therefore, we urge you not to move anywhere at this time. If you do elect to move for reasons of your choice, you will not be provided relocation assistance. 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.

If the application is approved and Federal assistance is provided for the rehabilitation, you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.

After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed your current rent/average utility costs. If you must move temporarily so that the rehabilitation can be completed, a relocation stipend will be made available to you for the temporary period.

Please sign in the space below, indicating you have read and understand this notification. Return this notice, your occupant application form (attached), and other requested documentation to your property owner or to the CLOSE Grant Program. Any financial documents or specific information regarding your finances given directly to the health department will not necessarily be shared with your property owner.

Signature

Date

Signature

Date

Submit application and supporting documentation to your landlord, or to:

CLOSE GRANT PROGRAM
Attn: Intake Coordinator
3301 Beekman St.
Cincinnati, Ohio 45225