Cincinnati Lead Operations for Safe Environments
Owner's Application (Please Print or Type)

city of CINCINNATI HEALTH DEPARTMENT
We know **health** matters

Date of Application	Address of Property Needing Lead Hazard Reduction	Zip Code

◯ I *LIVE* in this property, and do not rent it to tenants (Owner Occupied)

◯ I *RENT* this property to one or more tenants, but do NOT live there myself (Tenant Occupied)

◯ I *RENT* this property on one or more tenants, and I also *LIVE* there myself (Tenant Occupied and Owner Occupied)

◯ This property, or one or more of its units is vacant (Vacant or Partially Vacant)

a) Dwelling Type: ◯ Single Family ◯ Two (2) Units ◯ Three (3) Units ◯ Four (4) Units ◯ Five (5) Units ◯ Six (6) or more units

b) Complete following table listing all units in the building, whether vacant or occupied (add additional page if necessary):

Unit Number	Occupied or Vacant?	Tenant Name	Daycare Ctr?	Section 8?	# of Bedrooms	# Sq Ft
1						
2						
3						
4						
5						

c) Do you currently have open lead hazard control orders from the Health Dpt? ◯ yes (see note on page 3) ◯ no

d) Have you ever received or applied for money from any source to rehab this property? ◯ yes (Specify: _____) ◯ no

e) Do you currently have: **....insurance on the property?** ◯ yes ◯ no **...a mortgage on the property?** ◯ yes ◯ no

f) Who pays the: **....UTILITY BILL for each unit?** ◯ Owner ◯ Tenant **....WATER bill for each unit?** ◯ Owner ◯ Tenant

g) Is this property within one mile of a/an : (Check all that apply)

Elementary School? ◯ yes **Grocery Store?** ◯ yes **Bus Line?** ◯ yes

Church? ◯ yes **Convenience Store?** ◯ yes **Community Center?** ◯ yes

Property Owner Information:

Property Owner Name (First, Last or Business)	
Spouse's Name (If Owner is Married)	
Mailing Address (No PO Boxes please)	
Mailing City, State & Zip Code	
Primary Contact Phone Number	
Additional Contact PhoneNumber	
Owner's E-mail Address	
Social Security Number or Tax ID (if Business Owned)	
Are you a U.S. Citizen or legal alien?	
Are you, or are you related to a City of Cincinnati Employee?	

Please list known property or unit issues (e.g bedbugs, roaches, rodents, mold, asbestos, leaks, structural damage, etc.):

Do you live in the property in question? ◯ yes (Continue completing this page) ◯ no (Skip to page 3)

Owner Occupant Information:

a) Answer the following questions for members of your household (Owner Occupants ONLY):

How many children 0 to 5 years old?	
How many children 6 to 17 years old?	
How many adults over 18 years old?	
How many children receiving Medicaid?	
How many pregnant occupants?	
Total # of Occupants	

Complete for <u>all children, 0 to 5 years old, living in the home</u>.

Name (First & Last)	Date of Birth	Blood Lead Level	Date of Test
1.			
2.			
3.			
4.			

How many children 0 to 5 years old visit this property more than 6 hours/week?

A Note about Blood Lead Testing:
Any child 5 years old or younger living at this property should have their blood tested for lead within 6 months before <u>and</u> 6 months after this project is completed. Contact your child's physician/pediatrician or a Cincinnati Health Department clinic to have your child's blood tested.

b) Please fill out for all people (including yourself) over 17 living in this property with you who are working or receiving financial assistance (attach additional pages if necessary):

Family Member	1.	2.	3.	4.	5.
Employer Name					
Employer Address					
Length of Employment					
Occupation					
Monthly Wages					
Monthly Social Security					
Monthly Child Support					
Monthly Pension					
Monthly Disability					
Monthly Public Assistance					
Other Monthly Income					
Total Monthly Income	$	$	$	$	$

Closing Instructions and Signatures

a) Use the following chart to determine what paperwork must be submitted with this application.

Checked Items will need to be provided w/your application	Vacant	Owner Occupied	Owner Occupied with Current Tenants	Rental with Current Tenants
Copy of property deed with legal description	✓	✓	✓	✓
Proof of insurance (Declarations Page)	✓	✓	✓	✓
2 Most recent mortgage statements	✓	✓	✓	✓
2 Most recent water and utility bills	(Owner must provide water and electricity)	✓ (Owner's)	✓ (Owner and Tenant's)	✓ (Tenant's)
Copy of most recent year's tax return and W2s		✓ (Owner's)	✓ (Owner and Tenant's)	✓ (Tenant's)
Copy of 2 recent pay stubs for all working adults in household		✓ (Owner's)	✓ (Owner and Tenant's)	✓ (Tenant's)
Verification of monthly income from all sources (SSI, Dis, etc.)		✓ (Owner's)	✓ (Owner and Tenant's)	✓ (Tenant's)
Tenant application packet for each occupied unit			✓	✓
Current lease for each occupied unit			✓	✓
Corporate resolution (giving signer permission to do so)	✓ (If Business Owned)	✓ (If Business Owned)	✓ (If Business Owned)	✓ (If Business Owned)
Utilities Acknowledgement	✓		✓	✓

*** A Note to those with Open Lead Hazard Control Orders from the Cincinnati Health Department ***
Applying for grant funds does not guarantee program acceptance, nor does applying or acceptance into the grant program guarantee you will be issued an extension on your lead hazard control orders. In order to avoid prosecution for non-compliance with lead hazard control orders, you must cooperate with the lead risk assessor assigned to your property at all times, and if accepted into the grant program, comply with all terms of the grant program in a timely manner.

Your signature below indicates that you understand and agree to the following:
- All information contained within this application is true, to the best of your knowledge. Any applicant who intentionally supplies false or misleading information shall be permanently barred from participation in the CLOSE program.
- Submission of this application does not guarantee project approval or reimbursement
- Submission and/or approval of this application does not exempt you from complying with open building code, Section 8, Cincinnati Health Department lead hazard control, or any other orders on your property. Remaining in compliance with any open orders is the responsibility of the property owner at all times
- Processing and approval of complete applications may take 4 - 6 weeks

Signed By **(Property Owner)** **(Date)**

Signed By **(Property Owner)** **(Date)**

Please Submit All Application Materials to :
CLOSE Grant Program
3301 Beekman St.
Cincinnati, OH 45225
(513)357-7420 (p)
(513)357-7205 (f)

For CLOSE Program Use ONLY:
1. Date Received: ___/_____/___
1. Lives within CDBG Target Area? YES or NO
2. Priority:
___ EBL in residence
___ Child <6yrs in residence
___ Child visits >6 hrs a week
___ Pregnant female in residence
___ Orders
___ None of the above
3. AMI:
___ < 50%
___ 50 to 80%
___ > 80%
4. Approved? YES or NO