

Cincinnati Lead Operations for Safe Environments Tenant Packet (Please Print or Type)



Let's CLOSE the door on Lead!

Your landlord is interested in applying to have lead hazards reduced in the home that they own, and that you live in. At the end of the project, you will have a rental home that is lead-safe for you and your family. To be considered, we must have information from you, the tenant, regarding household make-up and personal finance. If the project at the home you live in is approved, you will receive more information regarding the project at that time. You may need to relocate for a short amount of time during the project (usually no more than a week) to another unit in your building or to a lead-safe location and you may be given money to take care of your expenses during that time. When you have completed this application and gotten the required paperwork together, you may give it to your landlord or send it directly to the address listed on the last page of this packet. Thank you for your help!

Please Print or Type . Please fill -in ALL blanks to avoid delays in processing.

Date of Application	Home Address	Unit #
<input type="text"/>	<input type="text"/>	<input type="text"/>

How long have you lived here?	How much rent do you currently pay?	Do you use this home to babysit or provide day care for children < 6?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Name (First, Last)	<input type="text"/>
Primary Contact Phone Number	<input type="text"/>
Additional Contact Phone Number	<input type="text"/>
Email Address	<input type="text"/>
Are you a U.S. Citizen or legal alien?	<input type="text"/>
Are you, or are you related to a City of Cincinnati Employee?	<input type="text"/>

Answer the following questions about your home and family:

Total # Occupants?	<input type="text"/>
# of children 0 - 5 years old?	<input type="text"/>
# of children 6 - 17 years old?	<input type="text"/>
# of occupants older than 17?	<input type="text"/>
# of children receiving Medicaid?	<input type="text"/>
# of pregnant occupants?	<input type="text"/>
# children 0 - 5 years old that visit your home more than 6 hours/week?	<input type="text"/>

List the name, date of birth, blood lead level, and date of blood lead level for all children, 0 to 5 years old, living in the home. If blood lead level is unknown, please write "unknown"

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 and 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.

Please list known property or unit issues including bedbugs, roaches, rodents, mold, asbestos, leaks, and/or structural damage:

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	\$	\$	\$	\$	\$

Please gather the following paperwork and turn in with you signed application:

Fully completed application with signatures on cover sheet and page 3.	◆
Tenant General Notice (attached to this application)	◆
Copy of current or most recent year's tax return for all working family members	◆
Copy of 2 most recent pay stubs for all working family members	◆
Verification Statements from all other sources of monthly income (Social security, Disability, Etc)	◆
Copy of 2 most recent electric/ utility bills & water bills	◆

MY signature below indicates I understand and agree to the following:

- The information in this application is true and complete to the best of my knowledge and belief. If I have intentionally supplied false or misleading information I shall be permanently barred from participation in the CLOSE program.
- I authorize the CLOSE office to obtain any verification of information necessary to process this application for lead control consideration and to share information that is necessary for the operation of the CLOSE program with any of the following Working Partners: 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 and though I will be not have any out of pocket expense during this time, I must continue to pay rent.

Signed By _____ (Tenant) _____ (Date)

Signed By _____ (Tenant) _____ (Date)

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

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

Lead Hazard Reduction - Tenant's General Notice



Dear Tenant:

Your property owner 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, money for suitable housing and meals will be made available to you for the temporary period.

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

Signed By (Tenant) (Date)

Signed By (Co-Tenant) (Date)