

CLOSE LEAD HAZARD CONTROL PROGRAM

Owner Application (Please print or type)



We know **health** matters

1. PROPERTY TO BE ADDRESSED (MUST BE IN CITY OF CINCINNATI PROPER)							
Street Address						# of Units	
Zip		Occupancy?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Vacant <input type="checkbox"/>	If Vacant, for how long?	
Owned By...?	Individual(s) <input type="checkbox"/> (Complete Section 2 below)			Business <input type="checkbox"/> (Skip to Section 3)			
How did you hear about the CLOSE program?							

2. PROPERTY OWNER INFORMATION – INDIVIDUAL(S) (SKIP IF OWNED BY A BUSINESS)							
Last Name			First Name			Spouse's Name	
Street Address						Apartment or Unit #	
City			State			Zip	
Phone			E-mail Address				
Cell or Alt Phone			Social Security Number		Co-owner Name		
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", please indicate primary language:				

3. PROPERTY OWNER INFORMATION – BUSINESS (SKIP IF OWNED BY AN INDIVIDUAL)							
Business Name						Tax ID #	
Street Address						Suite #	
City			State			Zip	
Contact Name			Title			Contact Phone	
Contact Cell or Alt Phone			Contact Email Address				
If approved, who will sign funding documents and checks for business?						Title	

4. BUILDING INFORMATION							
Did you receive an "Order to Control Lead Hazards" from the Cinti Health Department for this building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is the date of the order?				
Is there currently a mortgage on this building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is the approximate mortgage balance?		\$		
Are mortgage payments current and up to date?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If no, is property in foreclosure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are property taxes due on this building up to date?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you enrolled in a tax payment plan?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is building in livable and/or rentable condition? (Up to code, electricity, running water, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NOT in livable/rentable condition, describe issues below:				
Do you currently hold insurance on the building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do you receive PROJECT-BASED Section 8 benefits for this building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOT SURE <input type="checkbox"/>				
Who normally pays the...	Water bill?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Utilities bill?	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	

Is this property within one mile of a/an elementary school, bus line, convenience store, grocery store, church or community?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify:	
Have you ever received or applied for money from any source to rehab this building?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify:		
Please complete the following table about the building's occupants (if more than 5 units, please add additional on back of application):							
#	Occupant Name (or indicate if vacant)	# Bed - rooms	Square footage	# of occupants under 6 yrs old	# of occupants older than 5 yrs	# of children under 6 yrs old that visit	# of pregnant occupants
1							
2							
3							
4							
5							

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

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

<input type="checkbox"/>	Recorded Property Deed w/ Legal Description - current	<input type="checkbox"/>	Property Insurance Declarations page – current (Note: Property must be insured. Must have flood insurance if in a flood plain.)
<input type="checkbox"/>	Proof that Property Taxes are up to date, or copy of payment plan details	<input type="checkbox"/>	Signed Utilities Acknowledgement (attached)
<input type="checkbox"/>	Complete Water Bill – most recent (if paid by owner)	<input type="checkbox"/>	Complete Utilities Bill – most recent (if paid by owner)

IF there is a MORTGAGE on the property, the following is also needed:

<input type="checkbox"/>	Mortgage Statement, indicating balance, current amount due, and last payment made – most recent
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IF the building is owned by a BUSINESS, the following is also needed:

<input type="checkbox"/>	Notarized Corporate Resolution or official “Articles of Incorporation” identifying person eligible to sign funding documents
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IF the building's owner lives out of state and cannot appear at our office in person, the owner MUST appoint a local representative to endorse project checks and attend project meetings. In this case, the following is also needed:

<input type="checkbox"/>	Power of Attorney, recorded in Hamilton County, giving the local representative power to endorse project checks
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IF the property is OCCUPIED, the following is also needed from each occupied unit:

<input type="checkbox"/>	Occupant Application – completed and signed by occupant	<input type="checkbox"/>	If building is TENANT occupied, a copy of the lease or rental agreement
<input type="checkbox"/>	Complete Water Bill – most recent (if paid by occupant)	<input type="checkbox"/>	Complete Utilities Bill – most recent (if paid by occupant)
<input type="checkbox"/>	Verification documenting ALL sources of occupant income. Examples of verification documentation could include: most recent year's tax forms; 2 most recent paystubs from employer(s) for all those working; letters of verification from SSI, disability, etc.		

6. DISCLAIMER AND OWNER 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 understand that if my property is accepted into the CLOSE program and I sign funding documents, I will receive funds in the form of a forgivable loan with no interest or no payments. I understand that this loan will be forgiven after one year (for owner-occupied properties) or after three years (for tenant-occupied or vacant properties), provided the I retain ownership, and that I attempt to have the property occupied by, or made available to low-income families with children under the age of 6. I understand that following acceptance into the CLOSE program and signing of funding documents, a restrictive covenant will be placed on the property for the entirety of the ownership period, and will be released following loan forgiveness. I understand that submission of this application does not guarantee project funding (neither partial nor complete), nor does it exempt me from complying with any building code, Section 8, Cincinnati Health Department, or any other official orders. I understand that it is my responsibility as property owner to remain in compliance with any officials orders at all times, and submitting this application does not exempt me from any possible consequences of non-compliance.

Print Owner Name	
Owner Signature	Date
Print Owner Name	
Owner Signature	Date

For assistance in completing this application, please refer to "Instructions for Completing CLOSE Owner Application". Please allow 2-4 weeks for processing. Submit application and supporting documentation to:

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

UTILITIES AND WATER ACKNOWLEDGEMENT

For Property Address:

<p>I understand that water and utilities must be provided in each enrolled unit from a time period beginning 2 to 3 weeks before construction begins and extending until work has been completed and a clearance exam has been passed (a total of about 4 to 6 weeks in most cases). I am responsible for ensuring that water and utilities are turned on in vacant units when needed, remain on, and are turned off at the end of the project. I understand that I am responsible for costs associated with providing water and utilities in vacant units during the project and will not be reimbursed for these costs. Should water and utilities become unavailable in any unit (vacant or owner/tenant-occupied) during any portion of the necessary time period, it is my responsibility to ensure immediate availability, or risk postponement or cancellation of my project. I will be responsible for paying costs incurred as a result (i.e. generator rental, lost wages for contractor/workers, materials ordered, etc.) of postponement or cancellation.</p>	
Print Owner Name	
Owner Signature	Date
Print Owner Name	
Owner Signature	Date