

Thank you for your interest in the City of Cincinnati Lead Paint Hazard Control Program. The following participant forms are required:

Lead Hazard Control Program-Property Application

- Submit only one (1) of this form per building, whether it is
 - Single-family or multi-family
 - Owner occupied or rental
- Include all required attachments

Occupant Information (Required for all occupied units, including owner occupied)

- Complete, sign, and submit this form for *each* occupied unit
- Additional forms may be copied
- This form must be completed by the occupant

Tenant Relocation Information (Required for all tenant occupied units)

- Additional forms may be copied
- This form must be completed and signed by the tenant only

Forms required for a complete application:

Building Occupancy	Property Application Form	Occupant Information Form	Visiting Child Form	Tenant Relocation Information Form
Rental Property	One form including All required attachments	One form for Each occupied unit	One form for Each occupied unit	One Form for Each occupied unit
Owner Occupied	One form including All required attachments	One form	One form	N/A
Vacant Property	One form including All required attachments	N/A	N/A	N/A

Submit all required documents to the address found at the bottom of each form. For owners who have previously applied for funding, a new application is required. An application will not be considered complete until all required forms and attachments are received. Projects are prioritized based upon occupancy status and the date a completed application is received.

Notification will be issued once the application has been reviewed. Please allow at least three weeks for processing of the application. Plan on several months before work may begin on the property, should it be accepted into the program.

Thank you,
City of Cincinnati Lead Paint Hazard Control Program
HUDcommunications@Cincinnati-oh.gov (513) 357-7420

Lead Hazard Control Program

Property Application – required for each building

1. PROPERTY TO BE ADDRESSED	
Street Address:	Zip:
Total # of Units:	# of Occupied Units:
Occupancy (Check all that apply): Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> If Vacant, how long? _____	
Is there a mortgage on the property? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Owned By: Individual(s) <input type="checkbox"/> (Complete Section 2 below) -OR- Business <input type="checkbox"/> (Skip to Section 3)	

2. PROPERTY OWNER INFORMATION – INDIVIDUAL(S) *SKIP IF OWNED BY A BUSINESS*	
Last Name:	First Name:
Home Address:	Unit:
City:	State: Zip:
Phone:	E-mail:
Alternative Phone:	Alternative E-mail:

3. PROPERTY OWNER INFORMATION – BUSINESS *SKIP IF OWNED BY AN INDIVIDUAL*	
Business Name:	
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 <input type="checkbox"/> (Complete this section) No <input type="checkbox"/> (Skip To section 5)	
Property Manager Name:	
Phone:	Alt Phone: E-mail:

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

All applications must be fully completed, signed, and submitted with the following to be processed:

- Current Property Insurance Declarations page (Must have flood insurance if in a flood plain)
- Copy of a photo ID for Property Owner

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

- Business Operating Agreement identifying person eligible to execute contract documents.

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

6. GRANT REQUIREMENTS – MUST CHECK EACH BOX OR MARK N/A AS APPROPRIATE TO DEMONSTRATE ALL CONDITIONS ARE ACKNOWLEDGED

For approved projects, Owner must sign a detailed contract with the City of Cincinnati. Important requirements include:

- The property must be located within the City of Cincinnati and built prior to 1978 and have identified lead-based paint hazards. Access must be provided to all areas of the structure.
- Residents may not occupy the home during the Lead hazard control work.
- Owner must provide water and utilities in each unit and common area, including exterior work, for the duration of the project.
- All occupied units must document that a child under the age of 6 years-old resides at the property as their primary residence or visits the property at least 6 hours a week.
- Rental properties receiving lead hazard control work must make the units available to low-income families with children under the age of six years for a period of three 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.
- Taxes must be current, or a payment plan must be in place.
- The property must be in decent, safe, and sanitary conditions as well as structurally sound with no major deficiencies in order to be considered for the grant program.
- The City may require repairs that are to be completed prior to the acceptance into the grant program.

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 Control 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 City of Cincinnati, State of Ohio, Cincinnati Metropolitan Housing Authority, Cincinnati Health Department, 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 Information and Tenant Information and Receipt forms may be submitted by Tenants directly, rather than by the property owner.*

Submit completed application and required documentation to:

Cincinnati Health Department Lead Program
3303 Beekman Street
Cincinnati, Ohio 45225

OR send via email to:

HUDcommunications@Cincinnati-oh.gov

For assistance in completing this application: (513) 357-7420

Please allow three weeks for processing. Failure to provide all required materials will delay processing.



Occupant Information

A separate form is needed for each occupied unit in a multi-family building / One form is required for single-family properties

A. HOME ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		How long have you resided here?	

B. PRIMARY OCCUPANT INFORMATION	
Last Name:	First Name:
Primary Phone:	E-mail:
Alternate Phone:	Alternate E-mail:
Is English your primary language? YES <input type="checkbox"/> NO <input type="checkbox"/> My primary language is: _____	

C. OCCUPANT FAMILY INFORMATION	
Number of residents in the home?	
Number living in the home who are:	
<6 years old?	>18 years old? Pregnant?
Number of children <6 years old visiting the home more than 6 hours per week?	
Is your home used as a daycare for children under 6 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	

D. RESIDENT/VISITING CHILD INFORMATION					
ALL occupants AND children <6 years of age visiting more than 6 hours a week:					
Occupant / Child Visitor First and Last Name	Birthdate	Resident	Visitor	Has this individual had a blood lead test?	Race/ Ethnicity (Optional to answer)

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.

E. Occupant INCOME INFORMATION – Self Attestation

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

Household Member Name	1.	2.	3.	4.
Employer				
Occupation				
Race/ Ethnicity <i>(optional to answer)</i>				
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 indicate how the household is currently supporting itself financially:

F. REQUIRED DOCUMENTATION – MUST CHECK EACH BOX OR MARK N/A (NOT APPLICABLE)

All applications must be fully completed, signed, and submitted with the following to be processed:

<input type="checkbox"/>	For each occupant over the age of 18 years old, proof of income is required:
	<ul style="list-style-type: none"> • Most recent tax return OR the last 4 weeks of recent pay checks • Copies of award letters for Social Security, Pension / VA, unemployment benefits, child support, alimony, and / or public assistance, as applicable • As a last resort, if there are approved documented extenuating circumstances that prevent the occupant from providing the above listed documentation, the Self Attestation table may be used
<input type="checkbox"/>	For each child RESIDENT under the age of 6 years old: <ul style="list-style-type: none"> • Birth Certificates or Official Evidence of Age,
<input type="checkbox"/>	For each VISITING child under the age of 6 years old that spends at least 6 hours a week at the unit: <ul style="list-style-type: none"> • Visiting Child Form for each visiting child

G. 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 <input type="checkbox"/>	Tenant <input type="checkbox"/>
Signature		Date	

Submit completed Occupant Information form with supporting documentation to the property owner, if for rental units, or directly to:

Cincinnati Health Department Lead Program
 3303 Beekman Street
 Cincinnati, Ohio 45225

or send via email to

HUDcommunications@Cincinnati-oh.gov



Tenant Relocation Information

Required for each occupied rental unit

GENERAL INFORMATION NOTICE

Dear Tenant:

Your property owner has applied to the City of Cincinnati for a grant to control lead hazards (if present) in your dwelling unit. This notice is to inform you that, if the 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 for reasons of your choice, you will not be provided 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. 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 Stipend: During your temporary move while the rehabilitation is completed, you will receive a daily relocation stipend of \$230 per day for a family of four or less and an additional \$57.50 per additional family member per day.

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 City of Cincinnati Lead Paint Hazard Control Program will not necessarily be shared with your property owner; however, it may be subject to a Public Records Request.

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

Address:	Unit:
Print Name:	
Signature:	Date:

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

Cincinnati Health Department Lead
 Program
 3303 Beekman Street
 Cincinnati, Ohio 45225

or send via email to

HUDcommunications@Cincinnati-oh.gov



Visiting Child Form

Required for each visiting child:

A. VISITING ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		How long have you been visiting this unit?	

B. VISITING CHILD INFORMATION	
Visiting Child's Name:	
Visiting Child Date of Birth:	
Visiting Child's Race/Ethnicity (<i>Optional to</i>	
Visiting Child's Relation to Applicant:	
Visiting Child's Parent's Name:	
Visiting Child's Permanent Residence:	
Number of hours spent / week at residence:	

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

Submit signed Visiting Child Form directly to:

Cincinnati Health Department Lead Program
 3303 Beekman Street
 Cincinnati, OH 45225

Or send via email to:

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