



CUYAHOGA COUNTY LEAD PROGRAM APPLICATION FOR REMEDIATION

**Return with attachments to:
Attn: LEAD Eligibility
Reserve Square
1701 East 12th Street, 1st Floor
Cleveland, OH 44114
(216) 348-4066**

2011 Lead Safe Program Participating Communities

1. Bratenhl
2. Brooklyn
3. Brooklyn Heights
4. Brook Park
5. Cuyahoga Heights
6. East Cleveland
7. Euclid
8. Fairview Park
9. Garfield Heights
10. Lakewood
11. Linndale
12. Maple Heights
13. Newburgh Heights
14. Parma
15. Rocky River
16. Shaker Heights
17. South Euclid
18. Warrensville Heights

Applications will be accepted from properties in the communities listed above.

City of Cleveland residents, please call (216) 664-2175.

City of Cleveland Heights, please call (216) 291-4444.

Residents of communities not listed above, who have a child living in their home with medical concerns related to lead, should call the Cuyahoga County Board of Health directly at (216) 201-2000.



CUYAHOGA COUNTY LEAD PROGRAM

APPLICATION FOR REMEDIATION

Return with attachments to:

Attn: LEAD Eligibility

Reserve Square

1701 East 12th Street, 1st Floor

Cleveland, OH 44114

(216) 348-4066

Please Answer All Questions

Applicant Last Name First Middle Initial Social Security Number

Co-Applicant Last Name First Middle Initial Social Security Number

Address Unit # City Zip Home Phone Work Phone

Please (✓) check mark. Do you Own or Rent? Own Rent

Please (✓) check mark. Your house is: Single Family Double/Duplex Other

Please (✓) check mark

Head of Household	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Ethnicity : Hispanic/Latino	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Race (select one or more)	White <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Other/Multi-Racial <input type="checkbox"/>
	Asian <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>

(Demographic data is obtained for statistical purposes only and is not considered for eligibility.)

A Birth Certificate for all children 5 years old or younger must be submitted along with this application.

List all immediate household members who live at your address.

Full Name	Date of Birth	Relationship to <u>You</u> (spouse, son, daughter, etc.)	Enrolled in Medicaid? (For 5 yrs. old & under only)
		Self	N/A
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

****All children 5 yrs. old and younger must have a blood lead test prior to construction beginning. By signing this application you are giving permission for the Cuyahoga Co. Board of Health to release the most recent blood lead test date to the County Department of Development for eligibility.****

Please list Total Household Income you expect to receive and from all persons 18 years of age and older in the next 12 months. You must submit copies of proof of income. Current Income includes: (2) Pay Stubs, Social Security Benefit Statement, Pensions, Child Support Order, Public Assistance, etc.

If Self-Employed. Must submit a signed copy of last year's Tax Return with Schedule C.

Applicant Income \$ _____ Annual Monthly

Co-Applicant Income \$ _____ Annual Monthly

Other Adult Income \$ _____ Annual Monthly

APPLICATIONS SUBMITTED WITHOUT INCOME DOCUMENTATION WILL NOT BE SERVED.

LANDLORD INFORMATION

(Required for Renters only)

Landlord's Name: _____

Landlord's Address

Landlord's Phone Number

Landlord's Email Address, if known

The occupant and co-occupant certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under the Cuyahoga County Lead Program, and is true and complete to the best of the occupants' knowledge and belief. Verification may be obtained from any source herein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Applicant's Signature

Date

Co – Applicant's Signature

Date

(Must mail in your signed original application. Faxed applications are not accepted.)

VISITING CHILD FORM

Cuyahoga County Lead Safe Program Application

Please do not fill-out this portion of the application if you have already listed members of your immediate household that are 5 years old and younger on the first page of this application.

This portion of the application is for applicants who do not have members in their immediate household that are 5 years or younger, but do provide regular home care for their grandchildren, nieces, nephews, or children that are not related and do not receive payment. These children must visit the home 20 hours or more per week.

List any children 5 years old or younger who regularly visit your home 20 hours or more per week. You **must** attach a **Birth Certificate** for each child you list to qualify for this program.

	Child's Full Name	Date of Birth	Child's relationship to you: grandchild, niece , nephew, etc.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

NOTICE: A blood lead test will be required for each child 5 years old or younger. The blood test must be done within 6 months before grant funded work on your home begins. If any child listed above does not have a current blood test, no work can be done on your home.

The applicant certifies that all information on this application, and all information furnished in support of this application is given for the purposes of obtaining a grant under the Cuyahoga County Lead Safe Program, and is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any source herein.

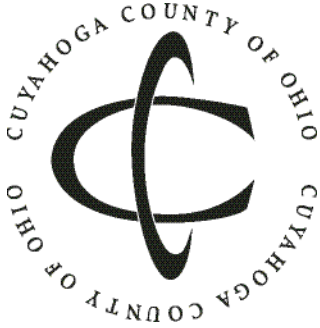
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Applicant Signature

Date

Co-Applicant Signature

Date



FOR CERTIFIED CUYAHOGA COUNTY CHILD CARE PROVIDERS ONLY

If you are a Certified Cuyahoga County child care provider, please fill-out this portion of the application. Certified child care providers are considered self-employed and must submit a copy of their current Income Tax Return with Schedule C attached for income verification.

List all Children 5 years old or younger for which you provide home child care 20 hours or more per week. You **must** attach a **Birth Certificate** for each child you list to qualify for this program.

	Child's Full Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NOTICE: A blood lead test will be required for each child 5 years old or younger. The blood test must be done within 6 months before grant funded work on your home begins. If any child listed above does not have a current blood test, no work can be done on your home.

The applicant certifies that all information on this application, and all information furnished in support of this application is given for the purposes of obtaining a grant under the Cuyahoga County Lead Safe Program, and is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any source herein.

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Applicant Signature

Date

Co-Applicant Signature

Date

LANDLORD AGREEMENT
 CUYAHOGA COUNTY LEAD REMEDIATION GRANT PROGRAM
 (Signed Original must be submitted)

Tenant's Name: _____ Application Number: _____

Property Street Address: _____ Unit: _____

City, State, Zip: _____

Tenant's Daytime Phone: _____ Evening Phone: _____

Property Owner's Full Legal Name: _____

Owner's Mailing Address: _____

Name of Owner's Representative: _____

Owner's Daytime Phone: _____ Evening Phone: _____

LLC, Corporations, Partnerships, or any other entity must provide proof that the individual who is representing the entity has authority to sign on behalf of the entity as the authorized agent listed on the property title.

In consideration of lead remediation services to be provided to my tenant at this address, I hereby agree to the following terms and conditions required for lead remediation grants:

1. Monthly rent paid by the tenant named above shall not be increased for one year following the completion of lead abatement activities at the property listed above. Section 8 rent may be increased if the Public Housing Authority approves the increase.
2. Except for good cause under Ohio law, the tenant named above shall not be evicted from the property listed above for one year following the completion of lead abatement.
3. If the property listed above becomes vacant within three years following the completion of lead abatement activities, priority in re-renting the unit shall be given to families with a child under the age of six years, subject to my usual tenant screening.

I understand that lead remediation services will only be provided if the tenant named above cooperates fully with the requirements of the Cuyahoga County Lead Remediation Grant Program, including blood tests for all children 5 yrs. old and under, mandatory education, packing up personal belongings before the remediation work is done, and vacating the property each day during the work period until the Cuyahoga County Board of Health performs daily clearance testing and authorizes the tenant's return to the property.

I further understand and agree that no remediation services can be provided if the cost of work is greater than the program limit, until and unless I deposit the full additional cost with the public office administering this program, or make other payment arrangements satisfactory to both the contractor and the public office administering this program.

 Owner's Authorized Signature

 Name and Title of Person Signing

 Date Signed

(Signed Original must be submitted, do not fax in.)

Lead Safe Cuyahoga - Participant Agreement Form

_____ I am required to attend a Group Education Class prior to the start of construction on my home.

_____ I am required to have a lead screening (blood test) on all children 5 yrs. old and under in my household within six (6) months prior to the start of construction. Home daycare children listed on the application must also have a blood test.

_____ I am aware that I will receive a home visit from a Cuyahoga County Board of Health "Health Educator/Relocation Specialist" prior to the start of construction to discuss preparing my home for the contractors and to discuss my temporary relocation.

_____ I am aware that I am to remain completely out of my home while the lead removal work is being done. (Average time - 3 days, 2 nights).

_____ I will receive a post-construction visit from a "Health Educator" from our partner, Environmental Health Watch, to discuss methods of maintaining my lead-safe home.

***Please read above statements, and initial each space. Please sign below, indicating that you are in agreement with these terms.

Print Name: _____

Address: _____

Signature: _____



Cuyahoga County Department of Development
 Reserve Square
 1701 East 12th Street, 1st Floor
 Cleveland, Ohio 44114
 (216) 348-4066
 (216) 348-4477 (FAX)

RELEASE OF INFORMATION FORM

Purpose: To make sure that assistance is used properly, Federal laws require that the information that you provide be verified. To receive assistance from The Department of Housing and Urban Development, applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

Consequences for Not Signing the Consent Form. If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

Types of Information to be Released. I authorize the above-named organization and the Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program and/or the Lead Hazard Control Grant Program. Information may be made about the following items:

- ✓ Income (all sources)
- ✓ Assets (all sources)

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form.
- 3) I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- 4) All adult household members will sign this form and cooperate with the above-named organization in this process.

Instructions. Each adult member of the household (18 years of age or older) must sign the release of information form prior to the receipt of assistance.

Please print & sign your name and date:

 Head of Household - Print your name

 Signature

 Date

 Other Adult Member of Household -print

 Signature

 Date

 Other Adult Member of Household -print

 Signature

 Date

 Other Adult Member of Household -print

 Signature

 Date

You have finished filling-out the LEAD Safe Application.

Please review the following check list and provide copies of the required documents.

CHECK LIST

- Copy of birth certificates for all children 5 yrs. old & under
- Copy of last two (2) pay stubs for all adult household members
- Other verification of current income of all household members
 - Copy of current Unemployment Award letter
 - Copy of current Social Security/Disability Benefit Statement
 - Copy of current Pension statement
 - Copy of current Child Support Payment or Alimony voucher
 - Copy of current Student Loan letter
 - Copy of last 2 quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts.

- Self-Employed. Must submit a signed copy of last year's Tax Return with Schedule C.

- Visiting Child Form (*if applicable*)
- Certified Child Care Provider Form (*if applicable*)
- Landlord-Tenant Agreement Form (*if renting*)
- LSC Participation Agreement Form – Signed.
- Release of Information Form – Signed.