

CUYAHOGA COUNTY
 BOARD OF HEALTH
 YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Return with attachments to:
 Cuyahoga County Board of Health
 Attn: Lead Safe Cuyahoga
 5550 Venture Dr.
 Parma, OH 44130

LEAD SAFE CUYAHOGA APPLICATION

(216) 201-2000 Phone

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 Phone ()

Email address: _____

Do you Own or Rent? Own Rent

If renting, do you get Section 8 / Housing Choice Voucher? Yes No

Is your house a: Single Family Double/Duplex Other: _____

List all household members who live at your address.

Full Name	Birth date	Relationship to <u>You</u> (spouse, son, daughter, etc.)	Hispanic or Latino?	Race that you identify with? (White, black, Asian, multi-racial, American Indian, etc.)
		Self	<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	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is anyone living in the home pregnant? If yes, what is the expected due date: _____

Birth Certificate for all children 5 years old and younger must be submitted with this application

PROOF OF INCOME

For all household members 18 years old and above:

- Two months of current bank statements (showing all deposits and withdrawals); please include both savings and checking accounts
- Proof of all household income

Examples of income are:

- Two months of current/consecutive pay stubs
- HCVP (CMHA Housing Choice Voucher Program) income eligibility notification letter
- Social Security Income or SSDI statement (Request at 800-772-1213, at SS office or via online portal)
- Pension Statement
- Child Support payment or Alimony voucher
- Unemployment Statement
- Public Assistance or Student Loan Letter
- Copy of last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts (PERS, STRS)
- Self-Employed: Submit a complete and signed copy of last year's Tax Return with Schedule C.
- Non-working adult (18 years old and older):
 - Full-time students (high school or college)- Please provide verification of full-time student status
 - Non-working head of household- Prior to submitting your application, please call (216)-201-2001, extension 1250, to discuss what further documentation is required.

**APPLICATIONS WITHOUT PROOF OF INCOME WILL NOT
BE ACCEPTED**

RELEASE OF INFORMATION FORM

Purpose: To receive assistance from The Department of Housing and Urban Development, applicants and all household members who are 18 years of age and above are required to sign this form. This form allows the Cuyahoga County Department of Development to obtain information from third parties relative to your eligibility and participation in this program.

Types of Information to be Released: I authorize the Cuyahoga County Department of Development 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 Safe Cuyahoga grant. Information may include the following items:

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

I acknowledge:

- I have the right to review my file and the information received.
- I have the right to request a copy of the information in my file and, if inaccurate, request a correction.
- All adult household members 18 years old and above must sign this form and cooperate with the Cuyahoga County Department of Development in this process.

Adults 18 and over, 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

Consequences for Not Signing the Consent Form: Failing to sign this form, or the individual verification forms, may result in your application being denied

VISITING CHILD FORM

A visiting child is defined as a non-household member 5 years old or younger that visits the home at least 6 hours a week or more. For example, grandchildren, nieces, nephews, or children that are not related.

You must attach a Birth Certificate for each visiting child listed below

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

Visiting children under the age of 5 are required to have a blood lead test prior to the construction start date

LANDLORD AGREEMENT

All landlords are required to pay a minimum of \$500 towards the cost of repairs *per unit*

Tenant's Name: _____

Property Street Address: _____

Property Owner's Full Legal Name: _____

Owner's Mailing Address: _____

Owner's Phone: _____ Owner's email: _____

Name of Owner's Representative: _____

Please read and initial each sentence:

_____ 1. Monthly rent shall not increase 1 year following the completion of lead abatement activities at the property listed above. Section 8 rent may increase 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 1 year following the completion of lead abatement.

_____ 3. If the property listed above becomes vacant within 3 years following the completion of lead abatement activities, priority in re-renting the unit shall be given to families with a child five and younger, subject to usual tenant screening.

_____ 4. Vacant units must be occupied within one year from construction completion. If the unit remains vacant, a lien for the cost of abatement will be placed on the property.

_____ 5. If the unit is vacant, the first tenants must meet the program income guidelines. An application with proof of the tenants' income must be provided prior to occupancy. Failure to comply will result in the property lien being collected.

I understand that lead remediation services will only be provided if the tenant named above cooperates with the requirements of the Lead Safe Cuyahoga program (as stated on page 7).

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.

I understand and agree that no remediation services will be begin until the balance of owed monies are paid in full.

Owner's Original Authorized Signature

Name and Title of Person Signing

Date Signed

FOR CERTIFIED CUYAHOGA COUNTY CHILD CARE PROVIDERS ONLY

Certified child care providers are considered self-employed and must submit a copy of their current Tax Return with Schedule C attached.

List all children 5 years old and younger for which you provide home child care 6 hours or more per week.

All children under the age of 5 will need to get a blood lead test prior to the construction start date.

You **must** attach a **Birth Certificate** for each child listed below.

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

The applicant certifies all information contained in this application, and all information furnished in support of this application, is given for the purposes of obtaining funds under the Lead Safe Cuyahoga Grant. The applicant further certifies that the provided information is true and to the best of the applicant's knowledge. Verification may be obtained from any source mentioned in this application.

Applicant Signature

Date

Co-Applicant Signature

Date

LEAD SAFE CUYAHOGA – PARTICIPANT AGREEMENT FORM

Please read and initial each sentence

_____ I agree to attend a group education class provided by Environmental Health Watch.

_____ I agree to provide a current blood lead test for each child 5 years old and younger. A nurse will call when it is time to schedule a lead test.

_____ I agree to meet with a health educator at my home to discuss preparing my home for lead work and relocating during construction.

_____ I agree to have the interior and exterior of the property prepared for construction by the start date that was agreed upon with the contractor. I understand that the contractor will not be obligated to perform any work in units with active infestations of cockroaches or other pests. Any pretreatment/extermination must be completed ahead of the construction start date.

_____ If receiving rent assistance through Section 8, I give the Cuyahoga County Board of Health permission to contact CMHA for income verification.

By signing below, I acknowledge that I have read and understand the content of this agreement:

Signature: _____ Date: _____

DECLARATION PAGE

The occupant and co-occupant certify that all information on this application, and all information furnished in support of this application are given for the purpose of obtaining funds under the Lead Safe Cuyahoga Grant. 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.”

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 understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

X _____
Applicant’s Signature Date

X _____
Co – Applicant’s Signature Date

Mail your signed original application or drop off at the Cuyahoga County Board of Health

Mail application and attachments to
Cuyahoga County Board of Health
Attn: Lead Safe Cuyahoga
5550 Venture Dr.
Parma, OH 44130

CHECKLIST

- Copy of birth certificates for all children 5 years old and younger
- Copy of 2 current bank statements (Checking and savings)
- Proof of income for anyone 18 years of age and older (submit all that apply):
 - Copy of 2 month's paystubs for all adult household members 18 and over
 - HCVP (CMHA Housing Choice Voucher Program) income eligibility notification letter
 - Copy of recent Social Security/Disability/SSI Benefit Statement
 - Copy of recent Pension Statement
 - Copy of recent Child Support Payment or Alimony Voucher
 - Copy of recent Unemployment Award letter
 - Copy of recent Public Assistance Letter
 - Copy of recent Student Loan Letter
 - Copy of last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts (PERS, STRS)
 - Self-Employed: Submit a signed copy of last year's Tax Return with Schedule C
 - Non-working adults 18 years old and above:
 - Full time students- Provide verification of full-time student status
 - Non-working head of household- Complete Zero Income Affidavit and, if applicable, an Affidavit of Financial Support. These documents can be obtained by calling (216) 201-2001, extension 1250
- Release of Information – (*All adults 18 and over must sign*)
- Visiting Child Form (*If applicable*)
- Landlord Agreement (*Only applies to a rental property- Owner must sign!*)
- Certified Child Care Provider Form (*if applicable*)
- Participation Agreement Form (*Head of household must sign*)
- Declaration page (*Applicant and co-applicant must sign*)

NOTICE FOR RENTAL PROPERTIES: All landlords are required to pay a minimum of \$500 per unit towards the cost of repairs. For more information call (216) 201-2001 x 1250.

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

