

Attachment 1: Household Income and Release of Information

Household Income

List all adults (18 years and older) in the household and all of their sources income:

Name of Adult (18 years and older)	Date of Birth	Social Security Number	All Source of Income Ex: employer name, benefits received, etc.

Submit additional information on separate sheet of paper if necessary

You must submit proof of income. Examples of proof of income are:

- Two recent pay stubs
- Social Security/Disability/SSI Benefit Statement
- Pension Statement
- Child Support Payment or Alimony Voucher
- Unemployment Award letter
- Public Assistance Letter
- Student Loan Letter
- Last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts
- Self-Employed: Signed copy of last year's tax return with Schedule C
- Non-working adult: head of household must submit a complete and signed copy of last year's tax return with Schedule C showing non-working adult as a dependent
- Any other documentation identified as necessary to verify occupant income

Applications without proof of income will not be accepted.

Photo ID and Social Security Numbers will be required at time of application intake.

Date Received: _____

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Release of Information

Purpose: To assure that assistance is used properly, Federal laws require that the information that you provide be verified. To receive assistance for HUD’s Lead Hazard Control Program, applicants and all household members who are 18 years of age and older are required to sign this form that authorizes the Lead Hazard c Program to obtain information from third parties relative to your eligibility and participant in this program.

I authorize the Erie and Lorain County Lead Hazard Control Program 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 program. Information may include the following items:

- Income, all sources
- Assets, all sources

I acknowledge that:

- I have the right to review the file and the information received using this form
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- All household members 18 years of age and older must sign this form. Failing to sign the form may result in your assistance being denied.

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.”

_____	_____	_____
Head of Household – print	Signature	Date

_____	_____	_____
Adult Member of Household – print	Signature	Date

_____	_____	_____
Adult Member of Household – print	Signature	Date

_____	_____	_____
Adult Member of Household – print	Signature	Date

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Attachment 2: Certification of Birth and Release of Medical Information Consent

Each parent/guardian of children 5 years old and younger (less than 72 months) that live in the home or visit the home at least 6 hours per week and at least 60 hours per calendar year need to provide child's date of birth and give consent for release of medical information.

Please note that a household may need to submit more than one form.

Certification of Birth

List all children ages 5 years old and younger (<72 months) that live in the home or visit the home at least 6 hours per week and at least 60 hours per calendar year.

Child's Name on Birth Certificate	Date of Birth MM/DD/YYYY	Place of Birth (State)*	Mother's Name on Birth Certificate	Father's Name on Birth Certificate

*Applicant must provide Birth Certificate for children not born in Ohio.

Consent for Release of Health Information

By signing this authorization, you are giving permission for the Erie County and Lorain County Lead Hazard Control Program and its partners including your local Public Housing Authority, Local City and County Government Agencies, Ohio Department of Health, your Primary Care Provider and lead case manager to release and receive relevant health information for your child.

Name of Local Health Department _____

Name of Primary Care Provider _____

Signature of Parent/Guardian _____

Print name _____ Date _____

Date Received: _____

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Attachment 3: Race and Ethnic Data Reporting Form

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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Please complete one form for each household member.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)

Date Received: _____

Office Use Only: Project # _____

Attachment 4: Property Management and Tenant Agreement for Rental Units

Property Management Agreement

IF YOU DO NOT UNDERSTAND ANY PART OF THIS FORM OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE INTAKE SPECIALIST TO HELP YOU. PROPERTY OWNER OR MANAGER/REPRESENTATIVE MUST SIGN IN INK.

I/We understand that my/our application to the Lead-Based Paint Hazard Control (LBPHC) Grant is voluntary. I further understand application submittal and approval does not guarantee my/our property will be accepted and/or receive funding. I/We understand that I/we may need to provide up to 30% of the total construction project cost unless other sources of match are identified.

I/We declare that the property dwelling and structures are insured to cover their value.

I/We understand Title X section 1018 requires that Lead-Based Paint and Lead-Based Paint Hazards are disclosed at the time of selling or leasing a dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

I/We agree that the intent of the Lead Based-Paint Hazard Control Grant is to implement primary prevention strategies that address homes where at-risk children are likely to reside, with a focus on homes where children under the age of six (6) years old and/or pregnant women currently reside. Additionally, I/we agree that the household income shall not exceed 50% or 80% below the Area Median Income (AMI) for the county as described by the US Department of Housing and Urban Development (HUD) and will be reviewed every six months until construction begins to assure applicant still qualifies for the program.

I/We agree to give priority to families with children under the age of six (6) years old and/or pregnant women in renting the unit that received assistance from this program for not less than three years following the date of assistance. Children under the age of (6) years old that spend a significant amount of time visiting meet this qualification. A significant amount of time is defined as six (6) hours per week and a total of at least 60 hours per year.

I/We agree to comply with the Fair Housing Act which does not permit property owners to discriminate based on race, color, national origin, religion, sex, familial status or handicap.

Property Owner – print

Signature

Date

Property Manager– print

Signature

Date

Date Received: _____

Office Use Only: Project # _____

Tenant Agreement

IF YOU DO NOT UNDERSTAND ANY PART OF THIS FORM OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK THE INTAKE SPECIALIST TO HELP YOU. ALL ADULT OCCUPANTS AGES 18 AND OLDER MUST SIGN IN INK.

I/We authorize the release of information from Erie or Lorain Metropolitan Housing Authority for verification of eligibility of participation in the US Department of Housing and Urban Development (HUD) Lead-Based Paint Hazard Control Program.

I/We authorize the Erie and Lorain County Health Departments, through their representatives and the US Department of Housing and Urban Development (HUD) to inspect and evaluate my/our unit during normal business hours in order to provide the essential services required by this grant. I understand that all information provided as part of the application and assessments may be used in this grant. This includes but is not limited to: Environmental reviews, lead inspection/risk assessment, healthy homes assessments, questionnaires, contractor walk-through, lead abatement contractor scope of work and clearance testing.

I/We understand the importance of testing all children under the age of six (6) years old that reside in the home and agree to have them tested in cooperation with this grant program. The blood lead testing will be done at no cost to the applicant. I/we understand that all individuals tested for blood lead levels have given consent to release all blood lead level test results to be used in the Lead-Based Paint Hazard Control Grant.

I/We understand that I/we may have to vacate the property so the lead-based paint can be remediated. I further understand that State and Federal regulations require areas that are being worked on cannot be accessed during these times. I/we understand that in order to protect workers and occupants, the exterior locks will be changed and I will not be given a key until clearance has been achieved.

Head of Household – print	Signature	Date
Adult Member of Household – print	Signature	Date
Adult Member of Household – print	Signature	Date
Adult Member of Household – print	Signature	Date

Date Received: _____
Office Use Only: Project # _____