Complete one owner occupied application per unit and return to:

Erie County Health Department
Attn: Lead Hazard Control & Healthy Homes Programs
420 Superior Street
Sandusky, Ohio 44870

Property Information

Street Address _____ Apt. # _____

City _____ Zip _____ County

Year Built _____ Please mark (X): Single family_____ Multi family _____

Please mark (X): Owner occupied _____ Rental unit _____ Land contract _____

Property Owner Name_____ Phone Number _____

Cell Number _____ Email _____

Mailing Address _____

Name of property manager (if applicable):_____

Phone Number _____ Email _____

LLC, corporations, partnerships or other entity must provide proof that representative has authority to sign on behalf of the entity as the authorized agent listed on the property title.

Is/does the property:	Yes	No	Don't know
Have a child less than 6 years of age that lives or spends at least 6 hours/week in the home?			
Associated with a child's elevated blood lead level of 5ug/dL+?			
Under orders, condemned, or has documented housing code violations?			
Delinquent with real estate taxes?			
Owned by or associated with partners/contractors in the grant?			
In foreclosure?			
Previously had work done in a lead hazard control program?			
Subsidized? Ex: Section 8 Voucher Program(Metro), Public Housing			
Dwelling and outbuildings insured?			
Is this residence a manufactured home?			
Smoke-Free?			

Occupant Information

List **all** household members who live in the home. *List the head of household in the first space.* If any household members are pregnant, please put 'baby' as a name and an anticipated due date.

	Name of Household Member	Age	**Monthly** Income for Adult Ages 18 and Older	Enrolled in Medicaid? Yes or No
1				
2				
3				
4				
5				
6				
7				
8				

Submit additional information on separate sheet of paper if necessary

What is the **yearly** combined income of all adults ages 18 and older? $ _____

Occupant Contact Name_____ Phone Number _____

Cell Number _____ Email _____

The applicant and co-applicant certify that all information on this application and all information provided in support of this application are given for the purpose of qualifying for funding under the Erie and Lorain Counties Lead Hazard Control Program, and are true and complete to the best of the applicant's knowledge and belief. Verification may be used for 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 – print	Signature	Date
_____	_____	_____
Co-Applicant– print	Signature	Date

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 of income:

Name of Adult (18 years and older)	Date of Birth	All Sources of Income Ex: employer name, type of 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:

- Recent pay stubs showing one full month of income
- Child Support Payment or Alimony Voucher
- Student Loan Award 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
- Any other documentation identified as necessary to verify occupant income

If retired or non-working adult, please submit:

- Social Security/Disability/SSI Benefit Statement
- Pension Statement
- Unemployment Award letter
- Public Assistance Letter
- A signed copy of the previous year's tax return with Schedule C showing non-working adult as a dependent

Applications without proof of income will not be accepted.
Photo ID will be required at time of application intake.

Street Address _____
City, Zip _____

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 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

Street Address _____
City, Zip _____

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 needs to provide the 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 _____

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. 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.

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.

Street Address _____
City, Zip _____

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)

Address of Property

Name of Owner/Managing Agent **Name of Head of Household**

	Household Member 1	Household Member 2	Household Member 3	Household Member 4	Household Member 5
Ethnic Categories*	**Select One for each Household Member**				
Hispanic or Latino					
Not-Hispanic or Latino					
Racial Categories*	**Select All that Apply for each Household Member**				
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
American Indian or Alaska Native and White					
Asian and White					
Black or African American and White					
American Indian or Alaska Native and Black or African American					
Other					

***Definitions of these categories may be found on the previous page.**

_____ _____

Signature **Date**

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 incompliance 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 cohead 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 no require any special protection.

Adapted from form HUD-27061-H (9/2003)

Street Address _____
City, Zip _____

Attachment 5: Owner-Occupied Property 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 PROPERTY OWNERS ASSOCIATED WITH THE PROPERTY 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 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. 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.

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.

I/We authorize the Erie County and Lorain County Health Department and the lead abatement contractor to properly place yard signs on my/our property for advertising purposes.

_____	_____	_____
Applicant – print	Signature	Date
_____	_____	_____
Co-Applicant– print	Signature	Date

Street Address _____
City, Zip _____

Application Checklist

Please return this form with your completed application with notes for any missing components.

- ☐ Proof of income for each adult in the household
  - ☐ Pay stubs showing one full month of income
  - ☐ Proof of college enrollment/loan disbursement
  - ☐ Social Security/Disability/SSI Benefit Statements
  - ☐ Unemployment Benefit Statements
  - ☐ Two quarterly bank statements for any interest-bearing accounts (checking, savings, IRA, etc.)
  - ☐ Other _____
- ☐ Photocopy of government issued identification cards for all homeowners and/or adult tenants
- ☐ Signed Release of Information Form
- ☐ Signed Consent for Release of Health Information
  - ☐ Copies of birth certificates for any children <6 years of age not born in Ohio
- ☐ Completed Race and Ethnic Data Reporting Form
- ☐ Rental Unit Property Agreements
  - ☐ Signed Property Management Agreement
  - ☐ Signed Tenant Agreement (required for each rental unit)
  - ☐ Copy of Lease or Monthly Rent Amount (required for each rental unit)
- ☐ Signed Owner-Occupied Property Agreement
- ☐ Proof of Homeowner's Insurance (Applicable documents include: copy of declaration sheet or screenshot of online policy page)

*Other documentation may also be required.

If you have any questions about submitting the required documentation, please contact our office at (419) 626-5623 ext. 5141