



One Government Center | Suite 1800 | Toledo, Ohio 43604 | Phone 419-245-1400 | Fax 419-245-1192

Dear Applicant:

Thank you for your interest in the Lead-Based Paint Hazard Control Program, provided by the City of Toledo, Department of Neighborhood and Business Development.

Funding for the Program received from the U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control, provides financial assistance to help reduce lead paint hazards in residential units located in the City of Toledo.

Assistance is provided to qualified homeowners and landlords in the form of a grant.

The following eligibility requirements also apply:

- Property must have been built before 1978
- Identifiable lead hazards must be present.
- Owner-Occupied properties must be the primary residence for a child(ren) under the age of six OR a pregnant female or the household can attest that children under the age of 6 regularly visit the residence, but do not reside at the address (regularly means the child must visit twice in the same week for three hours or more per visit. There must be 10 weeks of such visits in a year.)
- All children under six years old residing within the participating units must be tested prior to and after the lead-based paint work completion
- For Owner-Occupant housing, owner-occupant households have to meet household income guidelines that amount to HUD's 80% of median area income.
- For rental units, priority is given to occupying households meeting income guidelines that amount to HUD's 50% or below the median area income, however households at 80% or below can be considered. All rental applications must be submitted by the property owner, however the income of the tenant must meet the income eligibility guidelines not the landlord.
- Owner must be current on property taxes or have an executed payment plan
- Mortgage payments must not be delinquent
- Property owner must have current property insurance
- Property must be structurally sound with no major Code deficiencies
- A grant agreement and recorded restrictive covenant will be required between the property owner and the City of Toledo Department of Neighborhoods

Qualified owner occupied properties may be eligible for a grant of up to \$16,000 to address lead hazards; however assistance will vary with the needs of the property. Funds to address required safety and code deficiencies may be available through other city programs based on eligibility.

Please submit the completed application along with all required documentation to the Department of Neighborhood and Business Development, Division of Housing. If you have any questions regarding the application or eligibility, please contact the Department at 419/245-1400.



COT/DNBD
O/O APP TLG rev 02/07/2019



OWNER OCCUPIED APPLICATION FOR LEAD-BASED PAINT HAZARD CONTROL

COMPLETE ALL SECTIONS AND ANSWER ALL QUESTIONS

Applicant Information:

Owner Name(s):					
Street Address:					
City:					
State:					
Zip Code:					
Phone # (home):		(work)		(cell)	

Household Members (list all persons related and nonrelated residing in the household)

Name	Age	Lead Tested	EBL	Medicaid Recipient	Race	Hispanic Ethnicity
		<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
		<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

(use back of page to list any additional household members)

Are there any pregnant women currently living in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Household Income (list all persons related and nonrelated residing in the household receiving income)

Name	Monthly Income	Source (Wages, Benefits, Pensions, Public Assistance, Other)

INCOMPLETE APPLICATIONS WILL BE DELAYED

Property Information

Year Property Built:	
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Does the property have a mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the mortgage payments current/up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are property taxes current/up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a formal payment plan currently in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property been tested for lead-based paint previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Have you received a Lead Hazard Order or a Nuisance Order on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received or applied for money from the City of Toledo Department of Neighborhood and Business Development to rehab this building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? And through which program?	
Do you or any immediate family members work for the City of Toledo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in which Department?	

Housing Unit Area (sq ft)	
Total Number of Rooms	
Total number of Bedrooms	

RELOCATION INFORMATION

All occupants usually need to be temporarily relocated during a LBPHC project for their safety; this usually lasts 3-5 days. Any relocation costs are the sole responsibility of the owner-occupants.	
If necessary, are you willing to temporarily relocate while lead work is being performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOMPLETE APPLICATIONS WILL BE DELAYED

CITY OF TOLEDO LEAD GRANT
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT

CITY OF TOLEDO

CONSENT AND AUTHORIZATION FOR VERIFICATION PURPOSES

ALL ADULT PERSONS LIVING IN THE IN HOUSEHOLD MUST COMPLETE THIS FORM

You must fill in your Social Security number, sign, and date this form. Application cannot be considered unless accompanied by this form.

I understand my rights under the right to Financial Privacy Act and hereby authorize your Agency/Company to disclose information contained in my financial records to the Department of Neighborhood and Business Development, One Government Center, Suite 1800, Toledo, Ohio, 43604, for the following purpose:

Rehabilitation of Property

I understand that this Authorization may be revoked by me in writing at any time before my records are disclosed.

(Signature of Applicant)

(Social Security No.)

Date

(Signature of Co-Applicant)

(Social Security No.)

Date

(Signature of Household Member)

(Social Security No.)

Date

(Signature of Household Member)

(Social Security No.)

Date

(Signature of Household Member)

(Social Security No.)

Date

(Signature of Household Member)

(Social Security No.)

Date

Note: If any income is received by others in the household, they must also sign above.

AFFIDAVIT OF HOUSING OCCUPANCY

I, _____, certify that the following individuals are or will be occupants of _____, Toledo, Ohio, _____ that is a
Applicant name Address zip code

housing unit for which funds may be provided through the City of Toledo Department of Neighborhoods to assist the applicant to rehabilitate the housing unit:

Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship

This affidavit will also act as authorization for the City of Toledo, Department of Neighborhoods to verify any income information regarding the individuals listed above. This affidavit is made for the City of Toledo with full knowledge that said city relies on the validity of this statement to determine eligibility for its assistance programs.

WITNESS its hand this _____ day of _____, 20_____.

Signed and acknowledged in the presence of: GRANTEE

 Witness Signature

 Applicant Signature

 Print Name

 Print Name

STATE OF OHIO)
) SS
 COUNTY OF LUCAS)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

 Notary Public

ACKNOWLEDGMENT OF RECEIPT OF LEAD PAMPHLET

To be signed by occupant and/or owner and/or homebuyer

Unit Address

I have received a copy of the pamphlet, ***Protect Your Family from Lead in Your Home***, informing me of the potential risk of lead hazard exposure from renovation activity to be performed. I received this pamphlet before the work began.

Name – Owner/Occupant

Signature

Name – Owner/Occupant

Signature

Date

**City of Toledo
Division of Housing**

CERTIFICATION OF UNBANKED STATUS

My signature below attests that I do not maintain any type of account (e.g., saving, checking) at any bank, credit union or other financial institution, whether locally or out of county.

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Addnl Household Member(s))

Date

(Signature of Addnl Household Member(s))

Date

(Signature of Addnl Household Member(s))

Date

(Signature of Addnl Household Member(s))

Date

(Signature of Addnl Household Member(s))

Date

(Signature of Addnl Household Member(s))

Date

ALL PERSONS RECEIVING INCOME WITHOUT AN ACCOUNT MUST SIGN THIS FORM.

Certification of Zero Income

(To be completed by adult household member only, if appropriate)

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please check as appropriate:

I certify that I do not individually receive income or have not received income from any of the following sources for the period _____ thru _____.

- a. Wages from employment (including commission, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Unemployment or disability payment;
- f. Public assistance payment;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- h. Sales from self-employed resources (Avon, Mary Kay, Amway, Skalee, etc.);
- i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- j. Veteran's Benefits;
- k. Supplemental Security Income;
- l. Any other source not named above

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

Signature

Date

Sworn to before me and subscribed in my presence this _____ day of _____ 20____.

Notary



Non Resident Child Form

I attest that the following children are under the age of 6 and that they regularly visit my home, but do not reside at this address. Regularly means the child must visit twice in the same week for three hours or more per visit. There must be 10 weeks of such visits in a year.

Name of Child	Date of Birth

Name of Parent of Guardian	Telephone number

Parent's or Guardian's Signature

Date

Occupant Signature

Date



Lead Testing Release

I, _____, acknowledge that by having my property at _____ tested for lead-based paint hazards by the City of Toledo through the Lead-Based Paint Hazard Control Program, I am required to disclose the testing results to all current and future tenants and potential buyers.

I also understand that even if the property is tested for lead hazards, the Lead-Based Paint Hazard Control Program might not be able to assist in the lead remediation of the above property if program limitations do not make the activities feasible.

I understand that submission of this application does not guarantee project funding, nor does it exempt me from complying with any building code, City ordinance, Section 8, Lucas County Health Department orders, or any other official orders.

I understand that it is my responsibility as property owner to remain in compliance with any officials' orders at all times, and submitting this application does not exempt me from any possible consequences of non-compliance.

Signature

Date

Signature

Date

I certify that my 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-based Paint Hazard Control program.

Signature

Date



Owner-Occupied Applicant Eligibility Documentation

All applicants must be present at the time of appointment. Please bring verification of all documentation as indicated below:

- Application**, completely filled out;
- Proof of Identification** (i.e. driver's license or state of Ohio I.D.);
- Copy of birth certificate/birth record for all children under 6 years of age;**
- Copy of lead laboratory results for all children under 6 years of age residing in the household;**
- Proof of employment** (last 2 mos. pay stubs) **for all individuals currently living in the household;**
- Proof of social security, pensions, retirement, child support, alimony** and any other type of income not listed, **for all individuals currently living in the household;**
- Verification of all savings, checking and all other investment accounts** (i.e. copies of bank and investment account statements);
- Copy of **whole life insurance policy** that has cash value amount noted;
- Notarized Certification of Zero Income** (*if applicable*);
- Name, address and account numbers for all mortgages on the property** (current mortgage statement);
- Proof of homeowner's insurance** (Declarations page showing amount of coverage);
- Proof that real estate taxes are paid current** and/or have an approved and documented payment plan in place (if payment plan is in place, submit county agreement and payments schedule);
- Consent and authorization for verification form** signed by all individuals currently living in the household and receiving income;
- Affidavit of Housing Occupancy.**
- Non Resident child form** (*if applicable*).

For questions regarding the completion and submission of the Owner Occupied Application for Lead-Based Paint Hazard Control Program contact:

**City of Toledo
Department of Neighborhood and Business Development, Housing Division
One Government Center, Suite 1800
Toledo, Ohio 43604
(419)245-1400**

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