

CHN HP Lead Safe Home Program

Need help making your property lead safe? We are here to help!

On behalf of the Lead Safe Cleveland Coalition, CHN Housing Partners is offering loans, grants, and incentives to property owners to lessen the cost of making your property lead safe.

TYPES OF ASSISTANCE:

- Loans
- Grants
- Clearance

WHO IS ELIGIBLE TO RECEIVE LEAD SAFE FUNDING?

Landlords in the City of Cleveland who meet these minimum eligibility guidelines which include, but are not limited to:

- Unit must be built before 1978 and located in the City of Cleveland.
- Owner must have current rental registration issued by the City of Cleveland Department of Building and Housing.
- Owner must be current on all property taxes or have a payment plan in place.

Income guidelines for Grants are outlined below:

200% of Federal Poverty Level (FPL)

| Size of household | Annual Household Income |
|-------------------|-------------------------|
| 1 | \$25,520 |
| 2 | \$34,480 |
| 3 | \$43,440 |
| 4 | \$52,400 |
| 5 | \$61,360 |
| 6 | \$70,320 |

These income guidelines are for **GRANTS** only.

**Add \$8,960 for each additional member

To determine program eligibility, complete the program application and submit requested documents. Application and documents can be submitted via email to lead@chnhousingpartners.org, via drop off or mailing to:

CHN Housing Partners
Lead Services
2999 Payne Ave, Suite 134
Cleveland, OH 44114

Complete the attached application and provide **copies** of the following:

- Proof of Landlord Income – all individuals in the household 18 years or older must provide 30 days proof of income (last two paystubs) and last two years of Federal Tax Returns.
- Proof of Tenant Income - all individuals in the household 18 years or older must provide 30 days proof of income (last two paystubs).
- Current City of Cleveland Rental Registration for property.
- Proof of Home Ownership and Insurance.
- Photo identification for each household member over 18 years of age
- Signed lease agreement

Applications missing information and/or required documents will be considered incomplete and cannot be processed until all information and documentation are provided.

If you are applying for multiple households/units, you MUST fill out one application for each household/unit

| Landlord Information | | | |
|--|--|--|--|
| Landlord Name | Social Security Number | | Date of Birth |
| Home Address | | City, State and Zip Code | |
| Marital Status | Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Employer Name | Annual Household Gross Adjusted Income |
| Home Phone | Cell Phone | Email Address | |
| Person's Living in Household and/or Dependents - Landlord | | | |
| Name | Age | Relationship to landlord (spouse, daughter, son etc...) | Monthly Income |
| | | Self | |
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| Project Property Information | | | |
| Property Address | Unit Number (if applicable) | City, State and Zip Code | |
| Landlord or Company Name | Tax ID number (if applicable) | Year Property Built | |
| Does this property carry casualty insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No | Property Occupancy <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied | |
| Property Type <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Multifamily Other_____ | | Is this rental property currently registered with the City of Cleveland Building & Housing Department? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |

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| | | |
|---|--|---|
| Is property current on all Cuyahoga County taxes, fees and charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | If No , is property currently enrolled in a payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | |
| Is property currently in foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Has the above property been subject to foreclosure, deed-in-lieu transfer, short sale or sheriff sale within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure | Does the property currently have any lienable judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |
| Has this property been included in a Chapter 7 or Chapter 13 Bankruptcy judgement within the prior 48 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes and it was a Chapter 13 , Was it greater than 18 months prior? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it for the purpose of clearing significant medical related debt collection? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Tenant Information

| | | |
|---|-------------------------------|------------|
| Tenant Name | Home Phone | Cell Phone |
| Tenant Annual Household Gross Adjusted Income | Current Lease Expiration Date | |

Person's Living in Household and/or Dependents - Tenant

| Name | Age | Relationship to Tenant (spouse, daughter, son etc...) | Monthly Income |
|---------------|-----|---|----------------|
| Tenant | | | |
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Personal Information - Landlord

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|--|---|
| Race and Ethnicity <input type="checkbox"/> I do not wish to disclose <input type="checkbox"/> White <input type="checkbox"/> Black-African American <input type="checkbox"/> Black-African American & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Native Alaskan & Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Other Multi Racial | Do you consider yourself to be: <input type="checkbox"/> I do not wish to disclose <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
|--|---|

Referral

Applications missing information and/or required documents will be considered incomplete and cannot be processed until all information and documentation are provided.

How did you hear about this program?

- CHN Housing Partners website Environmental Health Watch (EHW) Lead Safe Cleveland Coalition
 City of Cleveland Community Outreach Television Radio Other _____

Other Programs

Would you be interested in learning more about other CHN Housing Partners Programs?

- No Yes- Energy Conservation & Weatherization Yes-Utility Services Yes- Rental Assistance

Landlord Agreement Acknowledgement

- ❖ I certify that the information on the application is true and correct to the best of my knowledge.
- ❖ I realize that failure to provide all information requested could result in the application being declined. I understand that false statements can constitute fraud.
- ❖ I understand that someone from CHN Housing Partners will contact me to verify the information on this program application and to ask any additional questions pertaining to this program.

Applicant Signature

Date