### Lead Safe Home Program Application



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### 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 homeowners (landlords and owner occupants) to help make their property lead safe. Once approved and awarded funding, CHN Housing Partners will manage the lead construction project.

#### Who is eligible to receive lead funding?

Homeowners 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 be current on all property taxes or have a payment plan in place.
- If the property is a rental- Owner must have current rental registration issued by the City of Cleveland Department of Building and Housing.

#### **Types of Assistance:**

Assistance type	Eligibility re	quirement	Maximum funding award	
Loan	Standard lo	an underwriting process	\$7,500	
Grant	Homeowne	r's income <b>above</b> 120% AMI	\$4,500	
Grant	Homeowne	r's income <b>below</b> 120% AMI	\$12,000	
Incentive	Homeowne	r receives a loan	\$750	
Project Construction Management		Awarded and approved CHN financial assistance		

Income Limits	AMI 120%
Household Size	Annual
1	\$ 71,736
2	\$ 81,984
3	\$ 92,232
4	\$ 102,480
5	\$ 110,648
6	\$ 118,877
7	\$ 127,075
8	\$ 135,274

# Complete the attached application and provide <u>copies</u> of the following:

Proof of Homeowner 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 Homeowner insurance.	
Photo identification for each household member over 18 years of age	
Current City of Cleveland Rental Registration for property (if a rental property)	
Signed lease agreement (if an occupied rental property)	

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

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

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

Homeowner Name								
Homeowner Name S		Social Security Number			Date of Birth			
Home Address			City, State and Zip Code					
Marital Status	Are you a U.S. Citizen □ Yes □No	? Emplo	oyer Name		Annual Ho	nnual Household Taxable Income		
Home Phone		Cell Phone			Email Ad	Email Address		
	Person's Livin	g in House	ehold and/or	Dependents	- Homeow	/ner		
Na	ame	Age	T				Monthly Income	
				Se	elf			
		Projec	t Property In	formation				
Property Address			Unit Number (if applicable) City, State and Zi			ty, State and Zip	Code	
Homeowner or Company Name		Tax ID nur	Tax ID number (if applicable)  Year Property Built					
Does this property carry casualty		Is this a rental property?			al property- is th	e property		
insurance?		registered with the City						
☐ Yes ☐ No ☐ Unsure ☐ Y		☐ Yes				Building & Housing Department?  ☐ Yes ☐ No ☐ Unsure		
Property Type	<u> </u>				ty Occupancy			
☐ Single Family ☐ Duplex ☐ Triplex ☐ Fourplex ☐ Multi			□Multifamily	□ Other	_ □ Vacant □ Occupied			
Is property current on all Cuyahoga County taxes charges?  ☐ Yes ☐ No ☐ Unsure		taxes, fees	and	If No, is property currently enrolled in a payment plan?  ☐ Yes ☐ No ☐ Unsure				
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Is property currently in Has the above property foreclosure? foreclosure, deed-in-lie			•		Does the property currently have any lienable judgements?		
toreclosure?	foreclosure, deed-in-lieu transfer, short sale or sheriff sale within the past 36 months?			Juagements	r.		
	of sheriff sale within the past 30 months:						
☐ Yes ☐ No ☐ Unsure							
Has this property been included	•			If yes and it wa	•		٦.,
13 Bankruptcy judgement wi	thin the prior 48	months	?	•		<b>-</b>	□No lical related
□ Yes □No	Was it for the purpose of clearing significant medical related  ☐ Yes ☐ No ☐ debt collection? ☐ Yes ☐ No					licarrelated	
		Tenant	inform	ation (if applica	able)		
Tenant Name		Hoi	ne Phoi	ne		Cell Phone	
Tenant Annual Household Gr	oss Adjusted Inc	ome	Cı	urrent Lease Exp	iration Date		
Perso	on's Living in H	ouseho	d and/	or Dependents	– Tenant (i	f applicable)	
Name		Age	Rela	Relationship to Tenant (spouse, daughter, son etc)			Monthly Income
					Tenant		
	P			ation – Homed	owner		
Race:			Ethnicit	y:			
☐ I do not wish to discle ☐ Black-African Americ		1,	Jidon	ot wish to disclo	NCO		
☐ Black-African Americ☐ Black-African Americ			☐ Hispanic or Latino				
☐ American Indian/Alas			□ Not Hispanic or Latino				
□ White	skarr racive			·			
☐ Asian							
☐ Asian & White							
<ul><li>Other Multi Racial</li></ul>							
Referral							
How did you hear about this program?							
$\square$ CHN Housing Partners website $\ \square$ Environmental Health Watch (EHW) $\ \square$ 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						
	Homeowner 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	_				
	Applicant Signature Date					



#### **Lead Services Program**

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#### **Terms of Service**

Before Lead services can be provided, a trained and program-certified inspector under contract or direct employment with CHN will visit your home to determine what lead services are needed to make your home lead safe. The inspection process may take a few hours and the inspector must have clear access to the attic, living spaces and basement.

Please take note that if the inspection reveals unsafe conditions that lead work <u>cannot</u> be completed until all unsafe conditions are resolved and corrected.

The amount of grant funding awarded is based on the current 120% AMI (area median income). If the total project costs exceed the funding awarded amount then additional funds will need to be provided by the applicant in order to complete the project.

Once approved funding has been awarded, your project will be assigned an initial inspector. After the inspection, the inspector will explain to you the work that needs to be done, will complete paperwork, and the lead services team will contact the contractor(s) that will be doing the work on your home. The contactor will then contact you regarding the job schedule for your lead services work. Upon completion, an inspector will come back to your home to make sure that the work was done correctly and to perform a final clearance inspection. Following a passed clearance inspection, it is the responsibility of the property owner to obtain their Lead Certificate from the City of Cleveland.

By my signature below, I have read and ACCEPTED the above terms and services provided by CHN Housing Partners' lead services department. I acknowledge that I have provided correct and factual information, to the best of my knowledge. I understand and acknowledge that CHN Housing Partners and its contractors will provide services to my property and CHN Housing Partners will pay the contractors directly. I acknowledge that that I, the applicant, am the owner of the property and/or the property manager of the property.

Printer Name of the Owner:	
Signature of Owner:	
Date:	