



SUMMIT COUNTY PUBLIC HEALTH- LEAD HAZARD CONTROL LOAN PROGRAM

PLEASE FORWARD ALL APPLICATIONS TO THE FOLLOWING ADDRESS:

**County of Summit, Department of Community and Economic Development
175 South Main Street, Room 207, Akron, Ohio 44308**

Phone: (330) 643-8013 Fax: (330) 643-2886

Website: <https://co.summitoh.net>

Website: <http://www.schd.org>

LEAD HAZARD CONTROL/HEALTHY HOMES LOAN
IF HOME IS A RENTAL, TENANT MUST FILL OUT APPLICATION!

Owner Occupied Rental

PART 1- APPLICANT INFORMATION:

(First) (Middle) (Last)

Address (include city and zip code): _____

Are you the owner of record for this property? Yes No

Landlord Phone Number: _____

Name all persons listed on the deed to this property: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____ Date of Birth: _____

Email: _____ Cell Phone: _____

Female Male

Are you Hispanic/Latino? Yes No

Are you (Please check only one of the following): **Required for Federal Funding Purposes**

White Black/African American American Indian/Alaskan Native Asian Other Multi Racial

Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White

American Indian/Alaskan Native/Black/African American Black/African American/White



List ALL sources of employment income for the past two (2) years:

	Name, Address, Phone, and Fax Numbers of Employer(s)	Total Gross Monthly Pay (Before Taxes)
Current		
2015		
2014		

List all other sources of income for the past two (2) years:

	Yes	No	Total Amount Per Month		
			Current	2015	2014
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income		

Payroll stubs, and verification for all of the items that you listed above for the past three (3) months must be attached. Federal Tax Returns- A copy of your signed and dated Federal Tax Returns and a copy of your W-2s for the past two (2) years must be attached. **Your application will not be processed unless you include these items.**

PART 2- CO-APPLICANT INFORMATION:

Check here if there is not a co-applicant and skip to Part 3 of the application.

Name: _____
(First) Middle (Last)

Address (include city and zip code): _____

Daytime Phone: _____

Evening Phone: _____

Social Security Number: _____

Date of Birth: _____

Email: _____

Cell Phone: _____

Are you the following? Female Male

Are you Hispanic/Latino? Yes No

Are you (Please check only one of the following): **Required for Federal Funding Purposes**

White Black/African American American Indian/Alaskan Native Asian Other Multi Racial

Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White

American Indian/Alaskan Native/Black/African American Black/African American/White



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2015		
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Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Pension	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>			
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach a separate sheet listing other income		

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PART 3- HOUSEHOLD COMPOSITION:

Not including yourself and/or the co-applicant, list every person currently living in the house.

Name	Relationship	Date of Birth	Last 4 digits Social Security

Are there children under the age of six (6) years of age who visit your home more than six (6) hours per week? Yes No

If the answer is yes, please list their names and date of birth below:

Name	Date of Birth

PART 4- ASSETS:

Excluding IRA Accounts, list all current accounts and the type of account. Do not provide account numbers.

Name of Financial Institution	Checking or Savings Account	Balance

Stocks, Bonds, Certificates of Deposits, Securities, IRA's, Etc.

Withdraws from accounts will be counted as income for the applicant/co-applicant

Description (Name of stock, money market account, government bond, etc)	Approximate Value

Other Real Estate Owned or Co-Owned:

Any rent received will be counted as income for the applicant/co-applicant

Description (Rental Property, vacation home, etc.)	Address	Rent Received

PART 5- DWELLING:

Applicant and Co-Applicant must answer all of the following questions. If something does not apply to you, you may answer N/A (not applicable).

Is your home paid in full? Yes No N/A

Do you have a reverse mortgage? Yes No N/A

List all of the mortgages on the property:

Bank/Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan

***** For the Type of loan, please indicate whether it is: FHA, VA, Conventional, or Land Contract**

Does the monthly mortgage payment include taxes and insurance? Yes No N/A

Do you currently have homeowner insurance? Yes No N/A

Insurance Company Name: _____

Agent Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

*** You must attach a copy of your current Homeowner's Insurance Declaration Page to verify coverage.

Has there been a judgment lien (including, but not limited to, a tax lien and/or a mechanic's lien) at anytime within the past three (3) years? Yes No N/A

If you answered yes, please provide the name of the lien holder and the amount of the lien:

Name of Lien Holder	Amount of Lien

Have you had any repairs within the past three (3) years done to the property exceeding \$1,000.00?
 Yes No N/A

If you answered yes, have the repairs been paid in full? Yes No N/A

Do you use the property for business purposes? Yes No N/A

If yes, please describe the type of business performed on the property? _____

PART 6- CERTIFICATIONS:

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application and that the lead hazard control/healthy homes loan and/or rehabilitation loan will be used only for work, materials, and closing fees necessary to meet the rehabilitation or building code standards and lead hazard control work/healthy homes intervention as applicable, and which are recommended for the property in this application. If Summit county Department of Community and Economic Development/Summit county Public Health (Summit County Staff) determines that the lead hazard control and/or rehabilitation loan cannot be used for the purpose described herein, the Applicant(s) agree(s) that the funds earmarked for this project shall remain with the Summit county Public Health's Lead Hazard control Grant. The Applicant(s) acknowledge(s) and agree(s) that he/she/they has/have no interest, right, or claim with respect to said funds that the Summit County Public Health/Summit County Community and Economic Development shall not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understand(s) that a submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by Summit County staff will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance, and the property maintenance codes.
- He/she/they understand(s) that the main objective of the program is to correct safety and health issues and/or code violations within the home, and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of Summit County staff, contractors, or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant's expense.

The Applicant(s) consents and agrees that he/she they will comply with all local, state, and federal laws, including, but not limited to, all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat.252). The Applicant(s) agree(s) not to discriminate upon the basis of race, color, creed, age, sex, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provision both of an in its own right, and also for the propose of its protecting the interests of the community and other parties, public or private, in which favor or for whose benefit these provisions have been provided and shall have the right in the vent of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

GENERAL INFORMATION: The Applicant(s) acknowledge(s) and understand(s) that if qualified based on income, a lead risk assessment must be completed on the unit. The lead risk assessment is completed by staff from the Summit County Department of Community and Economic Development and/or Summit County Public Health Department. Results from the lead risk assessment will be shared with the applicant(s) and will determine what, if any lead assistance may be provided. It is also understood by the Applicant(s) that in order to complete the lead risk assessment, the lead risk assessor will need access to each room of the home (including attic and basement) and must have a clear path to each window. Any animals must be kept outside or off the premises during the lead risk assessment. If it is determined by the lead risk assessor that access is not attainable to each room and window, and/or pets are not contained, the lead risk assessment will be canceled until such time that the lead risk assessor feels that they have appropriate access and that the animals have been contained.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Part 7- AUTHORIZATION TO RELEASE INFORMATION:

PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH, AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worth customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant(s) give(s) permission to the County of Summit to check his/her/their credit, order a lien search, and/or verify other information used to determine eligibility as outlined and initialed below. He/she/they understand that this information is used to determine if he/she/they qualify for assistance through the Summit County Public Health Lead Hazard Control Program.

PRIVACY ACT NOTICE STATEMENT: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant's eligibility to participate in the Summit County Public Health Lead Hazard Control Program. This information will be used to establish the level of benefit from the Summit County Public Health Lead Hazard Control Program to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigators and to prosecutors.

Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made about items listed below for the applicant, co-applicant, and/or other members of the household age 18 and over.

Alimony or Separation Payments	Full-Time Student Status	Pension and Annuities
Assets (all sources)	Handicap Assistance Expense	Social Security Benefits
Assets on Deposit	Income (all sources)	Tax Returns (Federal, State, Local)
Bank Accounts	Income from Business	Unemployment Benefits
Child Care Expense	Liens	VA Benefits
Child Support Payments	Medical Expenses	Other: (List Below)
Employment		



I authorize and release the County of Summit and/or HUD to obtain information about me and my household pertinent to my eligibility for participation in the Summit County Public Health Lead Hazard Control Program and to verify the information that I provided.



I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. All adult household members will sign this form and cooperate with the owner in this process.

Signature of Applicant and Date

Signature of Co-Applicant and Date

Signature of Other Adult Member of Household

Signature of Other Adult Member of Household

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM



ACKNOWLEDGEMENT OF POSSIBLE NEED FOR TEMPORARY RELOCATION

THE OWNER/OCCUPANT, LANDLORD, AND TENANT MUST SIGN AND DATE THIS DOCUMENT

I/We have been informed by the Summit County Public Health Lead Hazard Control Loan Program, and I/we do understand that as a result of the lead hazard control work being performed, the occupants of the property may be temporarily relocated during this process.

Signature

Date

Signature

Date

Signature of Landlord

Date

Phone Number of Landlord

SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

VISITING CHILDREN DOCUMENTATION



THE OWNER/OCCUPANT AND/OR TENANT MUST SIGN AND DATE THIS DOCUMENT

I, _____, do hereby affirm that the following child(ren) under the age of six (6) years of age, visit my residence located at:

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Sunday: _____ hours

Monday: _____ hours

Tuesday: _____ hours

Wednesday: _____ hours

Thursday: _____ hours

Friday: _____ hours

Saturday: _____ hours

Total hours per week: _____

The above identified child(ren) visit for a minimum of _____ weeks per year.

I certify that all information in support of this document is true and complete to the best of knowledge and belief. Verification may be obtained from any source herein.

Signature

Date

****** NOTE: BIRTH CERTIFICATES MUST ACCOMPANY THIS FORM.**



**SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM
COMPLIANCE WITH STIPULATIONS**

OWNER/OCCUPANT AND/OR TENANT

I, _____, do hereby agree to the following stipulations as a result of receiving the Summit County Public Health Lead Hazard Control Loan Program for lead hazard control work performed on the property located at:

_____.

STIPULATIONS:

1. The assisted unit must be the principal residence of the family.
2. The property tax on the unit assisted must be either paid up-to-date or be in arrears no more than one (1) year. If in arrears more than one (1) year, arrangements must be made with the County’s Fiscal Office for a tax payment schedule.
3. The owner-occupant will have to comply with the lead hazard control strategy.

LANDLORD

I, _____, do hereby agree to the following stipulation as a result of receiving the Summit County Public Health Lead Hazard Control Loan Program for the lead hazard control work performed on the property located at:

_____.

STIPULATIONS:

1. The landlord must not raise the rent on the above-described property by a substantial amount for a period of three (3) years. This three (3) year period will not begin until the hazard control process has been completed and accepted.
2. If the occupied unit(s) should become vacant during the three (3) year period, the landlord must give priority/preference (document a good faith effort) in renting these unit(s) that are assisted, to families at or below the 80% level of the median income (low and very-low income families). This priority would be for a period of not less than three (3) years following completion of the lead hazard control activities.
3. A landlord must not terminate the tenancy of a tenant of rental housing assisted with the Summit County Public Health Lead Hazard Control Loan Program except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable Federal, State or local law; or for other good cause.
4. The property taxes on the unit(s) assisted must be paid in full or an arrangement must be made with the County Tax Department. A copy of the arrangement must be presented to the Summit County Public Health Lead Hazard Control Loan Program.
5. The landlord will have to comply with the lead hazard control strategy.

Signature of Owner/Occupant

Date

Signature of Landlord

Date



SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

THE OWNER/OCCUPANT, LANDLORD, AND TENANT MUST SIGN AND DATE THIS DOCUMENT

AUTHORIZATION TO OBTAIN VERIFICATION OF INFORMATION AND AUTHORIZATION TO SHARE INFORMATION WITH WORKING PARTNERS

I/We authorize the Summit County Public Health Lead Hazard Control Loan Program to obtain any verification of information that is necessary to process my application for the Summit County Public Health Lead Hazard Control Loan Program; and to share information that is necessary for the operation of the Summit County Public Health Lead Hazard Control Loan Program with our working partners.

Signature

Date

Signature

Date

Signature

Date



SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

PERMISSION TO PERFORM A PAINT INSPECTION/RISK ASSESSMENT

THE OWNER/OCCUPANT AND/OR LANDLORD MUST SIGN AND DATE THIS DOCUMENT

Case No. _____

I, _____, hereby authorize the Summit County Public Health Lead Hazard Control Loan Program to perform a Paint Inspection/Risk Assessment at the following address:

Signature

Date

Signature

Date



SUMMIT COUNTY PUBLIC HEALTH LEAD HAZARD CONTROL LOAN PROGRAM

ACKNOWLEDGEMENT OF NON-GUARANTEE OF FUNDING

THE OWNER/OCCUPANT, LANDLORD, AND/OR TENANT MUST SIGN AND DATE THIS DOCUMENT

Case No. _____

I/We have been informed by the Summit County Public Health Lead Hazard Control Loan Program of the following:

Going through the application process does not guarantee that I/we are eligible for funding from the Summit County Public Health Lead Hazard Control Loan Program.

Signature

Date

Signature

Date



**SUMMIT COUNTY PUBLIC HEALTH
CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

Name _____

Date of Birth _____

Address _____

Phone number _____

City, State Zip _____

Parent/Guardian _____

Summit County Public Health will keep your record in their medical files and will keep your record confidential. We must have your permission to give other people or agencies information from your record. Except as otherwise required by law and subject to our professional judgement, you may choose what information the health department can share and who can get the information. **Upon written request**, you have the right to withdraw your consent at any time.

I allow Summit County Public Health to exchange information from my medical records so that I (my family member) can get the care I (they) need. During the next year, I give Summit County Public Health permission to exchange information with the following agencies:

BEACON JOURNAL CHARITY FUND
OHIO REHABILITATION SERVICES COMMISSION
CHILDREN'S HOSPITAL MEDICAL CENTER
OHIO DEPT. OF JOB AND FAMILY SERVICES
BCMH
PUBLIC HEALTH DEPARTMENTS
BLICK CLINIC
PREGNANCY CARE SERVICES
CHILD GUIDANCE CENTERS
SOCIAL SECURITY ADMINISTRATION
COUNTY OF SUMMIT DEVELOPMENTAL DISABILITIES
HELP ME GROW
UNITED DISABILTY SERVICE
WIC
OHIO DEPARTMENT OF HEALTH
CSB
OTHER

Managing Physician _____ Address _____

Primary Care Physician _____ Address _____

Hospital _____ Address _____

School _____

Insurance Provider _____

I understand that by signing this consent, I give Summit County Public Health permission to release or obtain any medical information needed for treatment, diagnosis or payment purposes to the above listed agencies. I agree that a copy of this form may be used instead of the original.

This form has been fully explained to me, and I understand its contents.

Self/Parent/Guardian Signature _____

Date _____

Witness _____

Date _____

Summit County Public Health
1100 Graham Road Circle
Stow, Ohio 44224

Notice of Privacy Practices Acknowledgement Cover Sheet

Please have the client complete this cover sheet and then remove it and place it in the client's medical record.

I, _____, agree that I have received this Notice of Privacy Practices.

Client or Client Guardian Signature

Date

