Protect your child from Lead Paint Poisoning

Receive up to $20,000 grant for Home Rehabilitation to remove Lead Paint Hazards & Know Your (child(ren) Lead Status?

- **Your home was built before 1978**
- **A child under age 6 lives in the home or frequently visits the home; Grandparents /child care providers may qualify**
- **Programs available for landlords with or without children**
- **Your household income is at or below income guidelines**
- **Repairs include windows/doors, porches, siding, and other areas containing Lead Paint and Dust**
- **Property has visual peeling or deteriorated paint?**

2025 Income Guidelines Per Household (max)

1 Person—$56,200	5 People—$86,700
2 People—$64,200	6 People—$93,100
3 People—$72,250	7 People—$99,550
4 People—$80,250	8 People—$105,950

Please contact the City of Akron, Housing & Community Services at 330-375-2050 or visit www.akronohio.gov/DNA/H&CS for further information.

Know your child(ren)'s Lead Status by visiting his/her/their pediatrician or visit/call Akron Children's Locust Pediatric Care Group— Considine Professional Building 215 West Bowery Street Level 3 Akron, Ohio 44308 PH: 330-543-5323

**** Testing is required if the child(ren) is Medicaid-eligible between 12 and 24 months of age, or 36 and 72 months of age and has never been tested for lead ****

The Lead Safe Akron Grant Program offered by the City of Akron, Ohio through a grant from the Federal Department of Housing and Urban Development

Submit applications early & get your Lead Results while funds are available.

Lead Free KIDS for a Healthy Future

ALL-AMERICA CITY AKRON 1936 1995 2008

SHAMMAS MALIK, MAYOR

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Ohio Lead Abatement Tax Credit

What is the Ohio Lead Abatement Tax Credit?

The Ohio Lead Abatement Tax Credit is a state income tax credit, of up to $10,000, issued to property owners that have incurred lead abatement costs during the taxable year.



What properties are eligible?

Residential units constructed prior to 1978 are eligible.

What are eligible lead abatement costs?

- Lead risk assessments
- Lead abatement projects
- Clearance examinations
- Relocation expenses associated with lead abatement projects

*All lead activities must be performed by the appropriately licensed lead professionals.

For more information, visit www.odh.ohio.gov/leadtaxcredit

Ohio Department of Health

11/2023

Date Received:

City of Akron
Lead Safe Akron Grant Program
Owner Occupant Application

Case #	LSA5-
Ward #	
PM #	

APPLICANT(S)' INFORMATION

Primary Applicant's First & Last Name:	Social Security No.:	Date of Birth: ___/___/___.
Co-Applicant's First & Last Name	Social Security No.:	Date of Birth: ___/___/___.
Address:	City:	Zip Code:

Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	E-mail Address:

Number of Years at this Address:	Was your home built before 1978: ☐ Yes ☐ No	Marital Status: ☐ Married ☐ Unmarried	Family Type: ☐ Female Head of Household ☐ Male Head of Household

Have you ever declared bankruptcy?

☐ Yes ☐ No ☐ Chapter 7 _____ (date) ☐ Chapter 13 _____ (date)

WHO SHOULD WE CONTACT FOR THIS APPLICATION?

Name:	Best Number to Reach Contact Person: ( )
Best Time to Call: ☐ Morning ☐ Afternoon ☐ Evening	Best Time to Set Up an Appointment: ☐ Morning ☐ Afternoon

Please list the name and telephone number of a person we can contact if we cannot reach you:

Name:_____ Phone: ( )_____

Relationship with you: _____

EMPLOYMENT INFORMATION

Primary Applicant's Employer	Position:	Years with Company:
Co Applicant's Employer	Position:	Years with Company:

PROPERTY INFORMATION

Do you own your home? ☐ Yes ☐ No ☐ Land Contract	Has the Land Contract been recorded with the Summit County Recorder's Office? ☐ Yes ☐ No When?_____

Do you have a mortgage? ☐ Yes ☐ No	Name of Mortgage Holder:	Payment Amount: $

Are your payments up to date? ☐ Yes ☐ No	Are there any liens or judgments on your property? ☐ Yes ☐ No	Is your property in foreclosure? ☐ Yes ☐ No

Have you received assistance for Lead Based Paint items in your home before now? ☐ Yes ☐ No	Which agency provided the assistance? _____	What items were addressed? (Example: vinyl siding, windows, doors, etc.) _____ _____

INSURANCE INFORMATION

*****TO BE ELIGIBLE FOR THE PROGRAM, HOMEOWNER'S MUST PROVIDE PROOF OF INSURANCE*****

Do you have Homeowners' Insurance? ☐ Yes ☐ No	Insurance Agent or Company Name:	Office Phone Number: ( )

PERSON(S) LIVING IN A HOUSEHOLD AND/OR DEPENDENTS/FREQUENT VISITING CHILD(REN)

Name	Age	Relationship to Applicant	Does the Child under 6:	Does the child receive Medicaid?	Monthly Income
1.					$
2.					$
3.			☐ Live here ☐ Visit regularly # of hours ____	☐ Yes ☐ No	$
4.			☐ Live here ☐ Visit regularly # of hours ____	☐ Yes ☐ No	$
5.			☐ Live here ☐ Visit regularly # of hours ____	☐ Yes ☐ No	$
6.			☐ Live here ☐ Visit regularly # of hours ____	☐ Yes ☐ No	$

Head of Household Race & Ethnicity (for government monitoring only):

Which category best describes you?

☐ African American ☐ Pacific Islander ☐ Native American & White ☐ African American & Native American

☐ White ☐ Native American ☐ Asian & White ☐ Other _____ (describe)

☐ Asian ☐ Hispanic ☐ African American & White

****LEAD BLOOD TESTING IS A PROGRAM REQUIREMENT****

Has your child/children ever been tested for lead poisoning?

☐ Yes ☐ No

Name of the Physician who conducted the test:

_____

Test results:

☐ Positive ☐ Negative Result Number: _____

****TEMPORARY RELOCATION OUT OF YOUR HOME WILL BE REQUIRED****

WE WILL RELOCATE THE NUMBER OF FAMILY MEMBERS YOU HAVE LISTED ABOVE.

This section of the application will be used to formulate a relocation plan for your family. Due to the lead hazards found in your home, you and your family must relocate while the contractor makes your home lead safe. You are **encouraged to relocate with a family member or friend.** In case you are not able to do so, the program does provide housing. If a relocation house is needed, the start of the lead abatement work will be scheduled once a lead safe property is available. Pets will not be relocated

How did you hear about this program? _____

Homeowner Agreement & Acknowledgement

- I/We certify that the information on the application is true and correct to the best of my/our knowledge.
- I/We realize that failure to provide all information requested could result in the application being declined. I/We understand that false statements can constitute fraud.
- I/We authorize a City of Akron licensed Risk Assessor to perform a Lead Hazard Risk Assessment of my/our property.

X_____ **Date:**_____/_____/_____

Applicant's Signature

X_____ **Date:**_____/_____/_____

Co- Applicant's Signature

Authorization for Release of Information, to Obtain Verification of Information and Perform a Credit Check

This document is an authorization for a third party to release information regarding your income and credit history for the purpose of verifying information supplied in your application and for reports to the federal government.

❖

I/we give permission to the City of Akron to obtain verification of information that is necessary to process my/our application for the Lead Safe Akron Grant Program, including, but not limited to:

1. copies of my/our child's/children's birth certificates.
2. copies of my/our child's/children's blood lead level test results.
3. to run credit report(s).
4. to verify my/our income.
5. obtain proof of insurance.
6. obtain proof of homeownership.

The City of Akron is authorized to release and verify all information on this application. The purpose or need for disclosure is for evaluation and monitoring purposes only.

❖

I/we authorize the Lead Safe Akron Grant Program to share copies of my/our proof of income, this agreement, lead and or rehabilitation cost, list of work specifications, contract agreements, credit reports and/or loan documents to the City of Akron and program partners if program partner is assisting with the work. The program partners may be able to offer financial assistance for improvements to your home based on qualifications.

❖

I/we state that I/we have read and fully understand the above statements as they apply to me/us and do herein expressly consent to disclosure for the purpose of need and the extent or nature as stated above. A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The information is for the confidential use of the above-mentioned agencies/organizations in determining my/our credit worthiness for a grant, installment loan, and/or deferred loan or to confirm information that I/we have supplied. In addition, I/we also understand that the documents supplied are subject to re-verification as needed even after the date of grant/loan disbursement.

❖

If I/we do not qualify, withdraw from the program or are denied assistance by the Lead Safe Akron Grant Program, correction of any lead hazards will be the responsibility of the property owners.

X_____ Date:_____/_____/_____

Applicant's Signature

X_____ Date:_____/_____/_____

Co- Applicant's Signature

Walk Away Policy and Acknowledgment

The mission of the Lead Safe Akron Grant Program is to address lead-based paint hazards in your home. Regardless of eligibility, an applicant may not receive assistance through the Lead Safe Akron Grant Program when the homeowner is responsible for conditions that obstruct that mission. Such conditions include, but are not limited to:

1. When an owner knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
2. When, following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound or cannot be rehabilitated economically.
3. When the applicant/homeowner fails to demonstrate normal and responsible care of the property. Such failure would include willfully allowing:
    a. Abuse by animals: evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
    b. Illegal or improper use of the property: use of the property for purposes other than as a residence in violation of building and zoning ordinances and/or criminal statutes.
    c. Deliberate abuse: excessive damage to the home or fixtures, not easily attributable to normal wear and tears.
    d. Poor housekeeping and maintenance: Extreme conditions of clutter or filth in or around the house when such conditions are:
        1) constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
        2) will severely hamper or increase the cost of rehabilitation work; and/or
        3) would adversely impact the appearance of the neighborhood after rehabilitation work is completed.
4. The homeowner, resident or applicant's agent becomes verbally or physically abusive and/or threatens City of Akron staff members, contractors, subcontractors or employees of contractors.
5. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs City of Akron staff, the contractors, their subcontractors or employees as they attempt to discharge their required responsibilities in good faith under the written terms of the Akron Lead Hazard Reduction Demonstration Grant Program.

Under any of these circumstances, assistance may be withheld and/or terminated at the discretion of the City of Akron staff. By my signature below, I (we) acknowledge that I (we) have received a copy of this policy. I (we) understand that processing of my application will proceed when I (we) have returned this signed acknowledgement to City of Akron, Municipal Building, 166 S. High St., Room #100, Akron, Ohio 44308.

X_____ Date: /_____/_____

Applicant's Signature

X_____ Date: / /_____

Co- Applicant's Signature

What Is The Lead Safe Akron Grant Program?

The Lead Hazard Reduction Demonstration Grant will address lead-based paint hazards in your home. Lead work may include siding, windows, doors, porches and interior surfaces with peeling paint. Landlords may receive 75% matching funds for the first $10,000 of lead grant funds used for each rental unit. Owner-occupied properties may qualify for up to a $10,000 grant for lead hazard reduction. Additional assistance may also be available.

ELIGIBILITY REQUIREMENTS:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
$56,200	$64,200	$72,250	$80,250	$86,700	$93,100	$99,550	$105,950
Guidelines are current as of April 30, 2025 *Note: federal government adjusted income limits are used as income guidelines and subject to annual change*							

- Meet the income guidelines shown in the above chart.
- Must have a child under 6 years old that resides or frequently visits the property.
- Be up to date on your mortgage(s).
- Be up to date on your property taxes.
- Reside within the city limits of Akron
- Condemned properties and properties with excessive Housing Orders are not eligible.
- Mobile Homes and trailers are not eligible for repairs by our program.

How Do I Apply?

- **Complete all sections** of the application. An incomplete application will not be considered.
- **Sign** The Homeowner Agreement Acknowledgement at the bottom of the application.
- **Submit copies of birth certificates for children under 6 years old**.
- **Submit proof of income documents for ALL occupants** living in your home**:**
  - Copies of 1 month's payroll stubs,
  - Copy of 1040 tax return
  - Form 1099 from Social Security or yearly statement
  - Form 1099 for all pensions or yearly statement
  - Copy of a statement from CSEA showing child support payments
- **Submit the application to:**

City of Akron
Housing Rehabilitation Division
Municipal Building
166 South High Street, Room #100
Akron OH 44308
ATTN: Lead Safe Akron

What Happens Next?

- Once your application is received, your eligibility will be confirmed. This process can take seven (7) to ten (10) business days.

- Next, you will be assigned to a Housing Rehabilitation (Rehab) Specialist. He will contact you to set up a mutually agreeable time to discuss your needs and inspect your home.

- A Radon Inspector will contact you to schedule a Radon testing time and date.

- The Rehab Specialist will write up all the necessary repairs (called a List of Work or LOW) and review them with the program management.

- The Rehab Specialist will contact you to review his findings.

- The Lead Grant Review Committee will review the LOW for feasibility.

- The LOW will then be bid with a list of state licensed, City-approved contractors.

- Once bids are received, the Rehab Specialist will schedule a meeting with you and the winning contractor, review the work and prepare for the beginning of construction.

- You will be required to relocate to temporary housing while lead work is underway. (You are encouraged to relocate with family and friends.) **Pets will not be relocated.**

- Work begins under the supervision of the Rehab Specialist.

- Once the work is completed and inspected, the contractor will be paid, and your job is complete.

- <u>PLEASE NOTE:</u>

    - Any work performed prior to Lead Grant Review Committee approval will not be eligible for reimbursement.
    - Priority will be given to households with children under 6 years old who have elevated blood lead levels (EBL's).
    - Any fraudulent information provided in this application will result in immediate disqualification.

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    a. Abuse by animals: evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
    b. Illegal or improper use of the property: use of the property for purposes other than as a residence in violation of building and zoning ordinances and/or criminal statutes.
    c. Deliberate abuse: excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
    d. Poor housekeeping and maintenance: Extreme conditions of clutter or filth in or around the house when such conditions are:
        i. constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
        ii. will severely hamper or increase the cost of rehabilitation work; and/or
        iii. would adversely impact the appearance of the neighborhood after rehabilitation work is completed.
4. The homeowner, resident or applicant's agent becomes verbally or physically abusive and/or threatens City of Akron staff members, contractors, subcontractors or employees of contractors.
5. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs City of Akron staff, the contractors, their subcontractors or employees as they attempt to discharge their required responsibilities in good faith under the written terms of the Akron Lead Hazard Reduction Demonstration Grant Program.

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Applicant's Signature

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Reset Form