

Date Received:

# City of Akron Lead Safe Akron Grant Program Landlord Application

Ward #

PM #

## APPLICANT(S)' INFORMATION

<b>Primary Applicant's First &amp; Last Name:</b>		<b>Social Security No.:</b>	<b>Date of Birth:</b> ____/____/____.
<b>Co-Applicant's First &amp; Last Name</b>		<b>Social Security No.:</b>	<b>Date of Birth:</b> ____/____/____.
<b>Address:</b>		<b>City:</b>	<b>Zip Code:</b>
<b>Home Phone:</b> (     )	<b>Work Phone:</b> (     )	<b>Cell Phone:</b> (     )	<b>E-mail Address:</b>

## WHO SHOULD WE CONTACT FOR THIS APPLICATION?

<b>Name:</b>	<b>Best Number to Reach Contact Person:</b> (     )
<b>Best Time to Call:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<b>Best Time to Set Up an Appointment:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<b>Please list the name and telephone number of a person we can contact if we cannot reach you:</b> Name: _____ Phone: (     ) _____	

## EMPLOYMENT INFORMATION

<b>Primary Applicant's Employer</b>	<b>Position:</b>	<b>Number of Years with Company:</b>
<b>Primary Applicant's Employer</b>	<b>Position:</b>	<b>Number of Years with Company:</b>

## RENTAL PROPERTY INFORMATION

<b>Address of Property with Lead Hazard</b>	<b>Is the Property Occupied?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Occupants?</b>
<b>Tenant's First &amp; Last Name</b>	<b>Home Phone:</b> (     )	<b>Cell Phone:</b> (     )
<b>Does the Tenant Receive Section 8 Rental Assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Any Other Information:</b>	

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 \_\_\_\_\_ **Applicant's Signature**      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_ **Co-Applicant's Signature**      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

This document is 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 City of Akron to obtain verification of information that is necessary to process my/our application for the Lead Hazard Reduction Demonstration Grant Program, including, but not limited to:

1. to run credit report(s);
2. to verify my/our income;
3. obtain proof of insurance;
4. 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 Hazard Reduction Demonstration Grant Program, correction of any lead hazards will be the responsibility of the property owners.*

X \_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

X \_\_\_\_\_  
Co- Applicant's Signature

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## 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 tear.
  - d. Poor housekeeping and maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
    - 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 \_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

X \_\_\_\_\_  
Co- Applicant's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## What Is The Lead Safe Akron Grant Program?

The Lead Safe Akron Grant Program 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
\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

*Guidelines are current as of July 31, 2019*

*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
- Be up-to-date on your income taxes.
- 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 3 months' payroll stubs,
  - Form 1099 from Social Security or a copy of the bank statement showing Direct Deposit ,
  - Form 1099 for all pensions or a copy of the bank statement showing Direct Deposit
  - 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 Hazard Reduction Demonstration Grant**

## 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.
- ❖ The Rehab Specialist will write up all the necessary repairs (called a List of Work or LOW) and review it 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.)
- ❖ 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.
  
- ❖ PLEASE NOTE:
  - 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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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.



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