



# LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM APPLICATION

The City of Lima, Department of Community Development Lead Hazard Control Program has grant funds available to remediate lead-based paint hazards for low income populations. Priority will be given to units occupied by lead poisoned children under the age of six.

If you have questions, please call Karen Anderson at (419) 227-2586 or Carmillia Zion at (419) 223-7280.

## Homeowners

If you are an owner occupant, you may be eligible for funding if:

- The property was built before 1978
- The property is within the City limits of Lima
- A child under 6-years-old lives or visits the property at least 20 hours a week
- You are income eligible at or below 80% Area Median Income (AMI)
- Taxes are current or a payment plan is approved
- The property is not in foreclosure
- The property is in decent, safe and sanitary condition
- Property is structurally sound with no major deficiencies

| 2023 Owner Occupied Income Guidelines |             |          |          |          |          |          |          |          |
|---------------------------------------|-------------|----------|----------|----------|----------|----------|----------|----------|
| 80% Area Median Income                | Family Size |          |          |          |          |          |          |          |
|                                       | 1           | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| <b>Annual Income</b>                  | \$43,900    | \$50,200 | \$56,450 | \$62,700 | \$67,750 | \$72,750 | \$77,750 | \$82,800 |
| <b>Monthly Income</b>                 | \$3,658     | \$4,183  | \$4,704  | \$5,225  | \$5,645  | \$6,062  | \$6,479  | \$6,900  |

## Rental Property Owners & Tenants

If you are a rental property owner or tenant, you may be eligible for funding if:

- The property was built before 1978
- The property is within the City limits of Lima
- Taxes are current or a payment plan is approved
- The property is not in foreclosure
- The property is in decent, safe and sanitary condition
- Property is structurally sound with no major deficiencies
- Tenants are income eligible at or below 50% Area Median Income (AMI)
- A child under 6-years-old lives or visits the property at least 20 hours a week

Rental property owners may be subject to a minimum contribution of \$600 per unit to the project. Upon the City's inspection, the City may provide a list of in-kind repairs that are to be completed prior to the receipt of grant funding. Property repairs completed as in-kind work must be completed before any Lead Hazard Control Program work begins.

| 2023 Tenant Occupied Income Guidelines |             |          |          |          |          |          |          |          |
|--|-------------|----------|----------|----------|----------|----------|----------|----------|
| 50% Area Median Income                 | Family Size |          |          |          |          |          |          |          |
|  | 1           | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| <b>Annual Income</b>                   | \$27,450    | \$31,400 | \$35,300 | \$39,200 | \$42,350 | \$45,500 | \$48,650 | \$51,750 |
| <b>Monthly Income</b>                  | \$2,287     | \$2,616  | \$2,941  | \$3,266  | \$3,529  | \$3,791  | \$4,054  | \$4,312  |

## Eligible Activities

Eligible activities may include interior and exterior lead hazard control with additional assistance for healthy homes hazards. Eligible activities are determined by City of Lima staff during an onsite inspection. All painted surfaces in the interior and exterior of the structure will be inspected visually and using a handheld machine to determine the

condition and presence of any lead-based paint, respectively. Items identified as lead-based paint hazards may be addressed with grant funding; lead-based paint components that are intact and do not exhibit signs of deterioration are not eligible for repairs. If the scope of work exceeds the available amount of assistance the property owner may be required to contribute to the project or seek additional assistance. Roof replacement, whole house siding, rebuilding foundations, rebuilding garages and rebuilding porches are not eligible activities.

### **Relocation**

Occupants residing in units accepted into the program will be relocated during all lead abatement work. The tenant/occupants may choose from three different relocation options at the pre-construction conference. If the tenant/occupants choose to receive a flat rate relocation stipend, the stipend check will be made out to the main applicant or the named authorizing official.

## **INSTRUCTIONS AND CHECKLIST**

### **Homeowners & Renters/Tenants - Income Documentation**

If you are a homeowner or renter/tenant you are responsible for completing Sections A of the application and submitting the following income documents:

- Completed Application - Section A, Walk Away Policy, Tenant/Occupant Agreement to Conditions & Acknowledgment of Receipt of Lead Pamphlet
- Government Issued Identification (for all persons age 18 and over)
- Birth Certificates or Official Birth Documents for all children under the age of six (6)
- Blood Screening Test within 6 months for all children under the age of six (6)
- Visiting Child Care Form, for any children under the age of six (6) that visit more than 20 hours a week (if applicable)
- Most Recent Tax Return for occupants age 18 and over
- 6 consecutive months of checking account statements for all account holding occupants age 18 and over
  - Submit statements for ALL accounts if any occupant has more than one account
- 1 month of saving account statements for all account holding occupants age 18 and over
- Proof of Income for Occupants Age 18 and over:
  - Eight (8) consecutive weeks of paystubs, for all employed occupants age 18 and over
  - 2020 Social Security/SSI Award Letter (if applicable)
  - Child Support Award Letter
  - Alimony Award Letter
  - Zero Income Affidavit (if applicable)
  - Pension/VA Award Letter
  - Unemployment Benefits Letter
  - Monthly Public Assistance Award letters (TANF/Food Stamps)

### **Homeowners & Rental Property Owners - Property Information**

If you are a homeowner or rental property owner you are responsible for completing Section B of the application and submitting the following documents related to

- Completed Application - Section B, Walk Away Policy & Property Owner Agreement to Conditions, Property Owner Agreement to Maintenance Conditions
- Government Issued Identification
- Proof of Insurance - Submit a copy of your current insurance declaration page
- Proof of property tax payment plan from Allen County Treasurer (if applicable)
- Copy of most recent mortgage statement

**Incomplete applications will not be processed.**



# LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM APPLICATION

## Section A. Applicant Information

This page should be completed by the main contact residing in the unit. If married, please have spouse complete Applicant #2.

**Applicant #1** (This applicant will be the main contact. Applicant #1 may authorize a second contact below.)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date  
of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Unit # (up/down, etc) \_\_\_\_\_ Lima, Ohio Zip  
Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_  Owner  Tenant

Marital Status:  Single  Married  Separated  Unmarried (divorced, widowed, etc.)

**Rentals Only:** Owner Name: \_\_\_\_\_ Owner Number: \_\_\_\_\_  
# of units: \_\_\_\_\_

**Hispanic Ethnicity (select one):**  Hispanic  Not Hispanic

**Race (please select at least one):**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                  | <input type="checkbox"/> Asian               |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian & White       |
| <input type="checkbox"/> Black/African American & White    | <input type="checkbox"/> American Indian or Alaskan Native & White                  | <input type="checkbox"/> Other, Multi-Racial |
| <input type="checkbox"/> American Indian or Alaskan Native |   |  |

**Are you employed?**  Yes  No  Seasonally  Temporary

### Assignment

If yes, how long have you been employed? (Month/Year)

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**Do you receive any of the following income?**

Monthly Social Security,  
\$ \_\_\_\_\_

Monthly Child Support,  
\$ \_\_\_\_\_

Monthly Pension,  
\$ \_\_\_\_\_

|   |  |
|---|--|
| Employer Address: _____<br>City: _____ State: _____ Zip Code: _____<br>Income: Monthly \$ _____ Annual \$ _____<br><input type="checkbox"/> Please provide four (4) biweekly or eight (8) weekly consecutive pay stubs.<br><input type="checkbox"/> Please have your employer provide a verification of employment that includes start date and salary. | <input type="checkbox"/> Monthly Disability, \$ _____<br><input type="checkbox"/> Monthly Public Assistance, \$ _____<br><input type="checkbox"/> Other Monthly Income, \$ _____<br><input type="checkbox"/> Other Monthly Income, \$ _____<br><p style="text-align: center;"><b>Please provide documentation supporting the specified amount.</b></p> |
| <p><b>Tax Returns:</b> Please provide a copy of your 2018 federal tax returns. Complete Federal Form 4506-T if copy of tax return is misplaced.</p> <input type="checkbox"/> Filed <input type="checkbox"/> Did Not File, complete Form 4506-T & mail.  | <p><b>Bank Accounts:</b> Please provide six (6) months of bank statements for checking account(s) &amp; one (1) month of savings account statements. <input type="checkbox"/></p> No Accounts  |

Will your household size change within the next twelve (12) months? (example: pregnancy, adoption, etc.)  
 Yes If **yes**, please explain: \_\_\_\_\_

No

Do any occupants age eighteen (18) and over attend school full time?  
 Yes If **yes**, who? \_\_\_\_\_

No

Do any children under age six (6) visit your household more than twenty (20) hours a week?  
 Yes If **yes**, who? \_\_\_\_\_

No

Is any other adult in your household authorized to sign program documents and receive the relocation stipend?  
 Yes If **yes**, who? \_\_\_\_\_

No

An authorizing official may be a spouse, significant other or roommate; this person must reside in the unit.

### Section A. Continued

Each person age 18 and over should complete a box from below and submit any accompanying documentation.

| <b>Household Occupants 18 &amp; Over</b>  |   |  |  |                                |  |  |  |  |  |  |
|---|---|--|--|--------------------------------|--|--|--|--|--|--|
| <p><b>Applicant #2</b> (This may be a spouse, significant other, family member, roommate or any other occupant age 18 and over.)<br/> <b>Applicant #1:</b> _____<br/>                     Name: _____ Phone: _____ Date of Birth: _____ Social Security #: _____</p>  | <p style="text-align: center;"><b>Relation to Applicant #1:</b></p> |  |  |                                |  |  |  |  |  |  |
| <p><b>Hispanic Ethnicity (select one):</b>    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Not Hispanic</p>  |   |  |  |                                |  |  |  |  |  |  |
| <p><b>Race (please select at least one):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> White</td> <td style="width: 33%;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td style="width: 33%;"><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td></td> <td><input type="checkbox"/> Asian &amp; White</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other, Multi-Racial</td> </tr> </table> |   | <input type="checkbox"/> White               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |  | <input type="checkbox"/> Asian & White |  |  | <input type="checkbox"/> Other, Multi-Racial |
| <input type="checkbox"/> White  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  | <input type="checkbox"/> Asian               |  |                                |  |  |  |  |  |  |
| <input type="checkbox"/> Black or African American  |   | <input type="checkbox"/> Asian & White       |  |                                |  |  |  |  |  |  |
|   |   | <input type="checkbox"/> Other, Multi-Racial |  |                                |  |  |  |  |  |  |



|  |   |
|--|---|
| City: _____ State: _____ Zip Code: _____<br>_____<br>Income: Monthly \$ _____ Annual<br>\$ _____<br><input type="checkbox"/> Please provide four (4) biweekly or eight (8) weekly consecutive pay stubs.<br><input type="checkbox"/> Please have your employer provide a verification of employment that includes start date and salary. | <input type="checkbox"/> Monthly Public Assistance,<br>\$ _____<br><input type="checkbox"/> Rental Income,<br>\$ _____<br><input type="checkbox"/> Other Monthly Income,<br>\$ _____<br><p style="text-align: center;"><b>Please provide documentation supporting the specified amount.</b></p> |
| <p><b>Tax Returns:</b> Please provide a copy of your 2018 federal tax returns. Complete Federal Form 4506-T if copy of tax return is misplaced.</p> <input type="checkbox"/> Filed <input type="checkbox"/> Did Not File, complete Form 4506-T & mail.   | <p><b>Bank Accounts:</b> Please provide six (6) months of bank statements for checking account(s) &amp; one (1) month of savings account statements. <input type="checkbox"/></p> <p>No Accounts <input type="checkbox"/></p>   |

### Section A. Continued

Each person age 18 and over should complete a box from below and submit any accompanying documentation.

| <b>Other Household Occupants Age 18 &amp; Over</b>  |   |
|---|---|
| <p><b>Applicant #4</b> (This may be a spouse, significant other, family member, roommate or any other occupant age 18 and over.)<br/>                 Applicant #1: _____<br/>                 Name: _____ Date of Birth: _____ Social Security #: _____</p>  | <p style="text-align: center;"><b>Relation to</b></p>   |
| <p><b>Hispanic Ethnicity (select one):</b>    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Not Hispanic</p>  |   |
| <p><b>Race (please select at least one):</b></p> <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan<br><input type="checkbox"/> Native & Black/African American<br><input type="checkbox"/> American Indian or Alaskan<br><input type="checkbox"/> Native & White   |
| <p><input type="checkbox"/> Asian<br/> <input type="checkbox"/> Asian &amp; White<br/> <input type="checkbox"/> Other, Multi-Racial</p>   | <p><b>Hispanic Ethnicity (select one):</b><br/> <input type="checkbox"/> Hispanic    <input type="checkbox"/> Not Hispanic</p>  |
| <p>Are you employed?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Seasonally   <input type="checkbox"/> Temporary Assignment<br/>                 If yes, how long have you been employed? (Month/Year)<br/>                 _____<br/>                 Employer Name: _____ Phone #: _____<br/>                 _____<br/>                 Employer Address: _____<br/>                 _____<br/>                 City: _____ State: _____ Zip Code: _____<br/>                 _____<br/>                 Income: Monthly \$ _____ Annual<br/>                 \$ _____<br/> <input type="checkbox"/> Please provide four (4) biweekly or eight (8) weekly consecutive pay stubs.<br/> <input type="checkbox"/> Please have your employer provide a verification of employment that includes start date and salary.</p> | <p>Do you receive any of the following income?</p> <input type="checkbox"/> Monthly Social Security,<br>\$ _____<br><input type="checkbox"/> Monthly Child Support,<br>\$ _____<br><input type="checkbox"/> Monthly Pension,<br>\$ _____<br><input type="checkbox"/> Monthly Disability,<br>\$ _____<br><input type="checkbox"/> Monthly Public Assistance,<br>\$ _____<br><input type="checkbox"/> Rental Income,<br>\$ _____<br><input type="checkbox"/> Other Monthly Income,<br>\$ _____<br><p style="text-align: center;"><b>Please provide documentation supporting the specified amount.</b></p> |

|   |  |  |  |                                |  |   |  |   |  |  |  |  |  |
|---|--|--|--|--------------------------------|--|---|--|---|--|--|--|--|--|
| <p><b>Tax Returns:</b> Please provide a copy of your 2018 federal tax return. Complete Federal Form 4506-T if copy of tax return is misplaced.</p> <p><input type="checkbox"/> Filed                      <input type="checkbox"/> Did Not File, complete Form 4506-T &amp; mail.</p>   | <p><b>Bank Accounts:</b> Please provide six (6) months of bank statements for checking account(s) &amp; one (1) month of savings account statements. <input type="checkbox"/></p> <p>No Accounts</p>   |  |  |                                |  |   |  |   |  |  |  |  |  |
| <p><b>Applicant #5</b> (This may be a spouse, significant other, family member, roommate or any other occupant age 18 and over.) <span style="float:right"><b>Relation to Applicant #1:</b> _____</span></p> <p>Name: _____ Date of Birth: _____ Social Security #: _____</p>   |  |  |  |                                |  |   |  |   |  |  |  |  |  |
| <p><b>Hispanic Ethnicity (select one):</b>    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Not Hispanic</p>  |  |  |  |                                |  |   |  |   |  |  |  |  |  |
| <p><b>Race (please select at least one):</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;"><input type="checkbox"/> White</td> <td style="width:33%;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td style="width:33%;"><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> American Indian or Alaskan</td> <td><input type="checkbox"/> Asian &amp; White</td> </tr> <tr> <td><input type="checkbox"/> Black/African American &amp; White</td> <td><input type="checkbox"/> Native &amp; Black/African American</td> <td><input type="checkbox"/> Other, Multi-Racial</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> American Indian or Alaskan Native &amp; White</td> <td></td> </tr> </table> |  | <input type="checkbox"/> White               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Native & Black/African American | <input type="checkbox"/> Other, Multi-Racial | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> American Indian or Alaskan Native & White |  |
| <input type="checkbox"/> White  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander   | <input type="checkbox"/> Asian               |  |                                |  |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> American Indian or Alaskan  | <input type="checkbox"/> Asian & White       |  |                                |  |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> Black/African American & White   | <input type="checkbox"/> Native & Black/African American   | <input type="checkbox"/> Other, Multi-Racial |  |                                |  |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> American Indian or Alaskan Native  | <input type="checkbox"/> American Indian or Alaskan Native & White   |  |  |                                |  |   |  |   |  |  |  |  |  |
| <p><b>Are you employed?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Seasonally   <input type="checkbox"/> Temporary</p> <p><b>Assignment</b></p> <p>If yes, how long have you been employed? (Month/Year)</p> <p>_____</p> <p>Employer Name: _____ Phone #: _____</p> <p>Employer Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Income: Monthly \$ _____ Annual \$ _____</p> <p><input type="checkbox"/> Please provide four (4) biweekly or eight (8) weekly consecutive pay stubs.</p> <p><input type="checkbox"/> Please have your employer provide a verification of employment that includes start date and salary.</p>  | <p><b>Do you receive any of the following income?</b></p> <p><input type="checkbox"/> Monthly Social Security, \$ _____</p> <p><input type="checkbox"/> Monthly Child Support, \$ _____</p> <p><input type="checkbox"/> Monthly Pension, \$ _____</p> <p><input type="checkbox"/> Monthly Disability, \$ _____</p> <p><input type="checkbox"/> Monthly Public Assistance, \$ _____</p> <p><input type="checkbox"/> Rental Income, \$ _____</p> <p><input type="checkbox"/> Other Monthly Income, \$ _____</p> <p style="text-align:center;"><b>Please provide documentation supporting the specified amount.</b></p> |  |  |                                |  |   |  |   |  |  |  |  |  |
| <p><b>Tax Returns:</b> Please provide a copy of your 2018 federal tax return. Complete Federal Form 4506-T if copy of tax return is misplaced.</p> <p><input type="checkbox"/> Filed                      <input type="checkbox"/> Did Not File, complete Form 4506-T &amp; mail.</p>   | <p><b>Bank Accounts:</b> Please provide six (6) months of bank statements for checking account(s) &amp; one (1) month of savings account statements. <input type="checkbox"/></p> <p>No Accounts</p>   |  |  |                                |  |   |  |   |  |  |  |  |  |

**Section A. Continued**

This section should be completed for each minor child that resides in the house.

| <b>Other Household Occupants Under 18</b><br><i>Household members must spend 50% of their time residing in the unit.</i> |                                     |  |
|--|-------------------------------------|--|
| <p>Name: _____ Date of Birth: _____</p>  | <p>Relation to Applicant: _____</p> | <p>Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

|   |   |  |
|---|---|--|
| Was this child tested for lead? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If <b>yes</b> , is this child lead poisoned? <input type="checkbox"/> Yes, the lead level is _____.<br><input type="checkbox"/> No                        |  |
| Hispanic Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  |   |  |
| Race (please select at least one):  |   |  |
| <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Other, Multi-Racial<br><input type="checkbox"/> American Indian or Alaskan Native & White |
| Name: _____ Date of Birth: _____  | Relation to Applicant: _____  | Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Was this child tested for lead? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If <b>yes</b> , is this child lead poisoned? <input type="checkbox"/> Yes, the lead level is _____.<br><input type="checkbox"/> No                        |  |
| Hispanic Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  |   |  |
| Race (please select at least one):  |   |  |
| <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Other, Multi-Racial<br><input type="checkbox"/> American Indian or Alaskan Native & White |
| Name: _____ Date of Birth: _____  | Relation to Applicant: _____  | Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Was this child tested for lead? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If <b>yes</b> , is this child lead poisoned? <input type="checkbox"/> Yes, the lead level is _____.<br><input type="checkbox"/> No                        |  |
| Hispanic Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  |   |  |
| Race (please select at least one):  |   |  |
| <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Other, Multi-Racial<br><input type="checkbox"/> American Indian or Alaskan Native & White |
| Name: _____ Date of Birth: _____  | Relation to Applicant: _____  | Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Was this child tested for lead? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If <b>yes</b> , is this child lead poisoned? <input type="checkbox"/> Yes, the lead level is _____.<br><input type="checkbox"/> No                        |  |
| Hispanic Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  |   |  |
| Race (please select at least one):  |   |  |
| <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Other, Multi-Racial<br><input type="checkbox"/> American Indian or Alaskan Native & White |
| Name: _____ Date of Birth: _____  | Relation to Applicant: _____  | Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Was this child tested for lead? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If <b>yes</b> , is this child lead poisoned? <input type="checkbox"/> Yes, the lead level is _____.<br><input type="checkbox"/> No                        |  |
| Hispanic Ethnicity (select one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  |   |  |
| Race (please select at least one):  |   |  |
| <input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Other, Multi-Racial<br><input type="checkbox"/> American Indian or Alaskan Native & White |
| Name: _____ Date of Birth: _____  | Relation to Applicant: _____  | Does this child receive income? (social security, food stamps, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  |



|  |   |  |
|--|---|--|
| <b>Hispanic Ethnicity (select one):</b>                    | <input type="checkbox"/> Hispanic   | <input type="checkbox"/> Not Hispanic                              |
| <b>Race (please select at least one):</b>                  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander                  | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> White                             | <input type="checkbox"/> American Indian or Alaskan Native & Black/African American | <input type="checkbox"/> Asian & White                             |
| <input type="checkbox"/> Black or African American         |   | <input type="checkbox"/> Other, Multi-Racial                       |
| <input type="checkbox"/> Black/African American & White    |   | <input type="checkbox"/> American Indian or Alaskan Native & White |
| <input type="checkbox"/> American Indian or Alaskan Native |   |  |

## TENANT/OWNER AGREEMENT TO CONDITIONS

The current occupant of the property listed in section A above affirms that he/she desires to be enrolled in the City of Lima Lead Hazard Control grant program for repair of lead-based paint hazards, and hereby give permission to the City of Lima to provide lead hazard reduction work at the property.

As a condition of participation in the Program, the current occupant acknowledges and agrees to the following:

- **That I will maintain the property free from dust, dirt and debris, and inform the property owner of any loose and flaking paint that I am aware of and keep the property free of debris and bare soil to the extent allowed by my agreement with the owner.**
- That the City of Lima will have access to all areas of the structure, including but not limited to, rooms, hallways, closets, common areas, basement, attic, all exterior porches, rear and front yards.
- That upon bid award, contractors will be given access to the unit Monday through Friday, between the hours of 8:00am and 5:00pm.
- That contractors are authorized to use electricity and water at the property without reimbursement to the occupant or property owner.
- That the City of Lima will determine the specific scope of and extent of work to be performed by the Program at the property. The written specifications will become part of this agreement and provided as a grant or loan to the owner.
- That I will follow the instructions in the Preparing Your Home for Lead Hazard Control Work Guide.
- That I will attend a workshop on lead safe home maintenance practices prior to the start of work funded by the Program.
- That I will indemnify and hold the City of Lima, its respective officers, agents, and employees, harmless from any and all liability suits, losses, judgments, damages, or any other demands arising out of the Lead Hazard Control Program or the actions or omissions of the Enrollee while performing its duties under this Agreement. This indemnification shall survive the term of this Agreement.
- That submission and approval of this application does not guarantee funding.

I further certify that the income for all persons in the home stated represents the total income for the past year prior to this application and I understand that my income and employment information is subject to verification by the City of Lima every six months until repair work has started.

I hereby grant permission to the City of Lima, Lead Hazard Control grant program supervisors, inspectors, employees and contractors employed, to enter the premises listed in the application to perform work under the Lead Hazard Control Program.

I do hereby affirm under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Tenant/Occupant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGMENT OF RECEIPT OF LEAD PAMPHLET

Unit Address: \_\_\_\_\_, Lima, Ohio \_\_\_\_\_

I have received a copy of the lead hazard information pamphlet, Protect Your Family from Lead in Your Home, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Applicant #1 Signature or Authorizing Official:

\_\_\_\_\_  
Date

## ZERO INCOME AFFIDAVIT

I, \_\_\_\_\_, a resident at \_\_\_\_\_, Lima, Ohio, \_\_\_\_\_ hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.),
2. Income from operation of a business;
3. Rental income from real or personal property;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Cash assistance from public assistance agencies;
8. Workers compensation benefits
9. Periodic allowances such as alimony or child support
10. Monies received from friends or family members not residing in the home that I reside
11. Sales from self-employed resources;
12. Any other source not named above.

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

How will you pay for rent and utilities? \_\_\_\_\_

How will you pay for food and clothing? \_\_\_\_\_

How will you pay for medical expenses? \_\_\_\_\_

How will you pay for transportation expenses? \_\_\_\_\_

Are you the account holder on any bank account(s)? \_\_\_\_\_

I understand that this statement is being used to determine the household eligibility for one or more programs administered by the City of Lima.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.

## NO BANK ACCOUNTS AFFIDAVIT

I, \_\_\_\_\_, a resident at \_\_\_\_\_, Lima, Ohio, \_\_\_\_\_ hereby certify that I do not have ownership in any bank account at this time. I further certify that I have not closed any bank account, removed my name from any bank account or withdrawn funds from any bank account in the past six months.

I certify that I do not anticipate having ownership in a bank account within the next twelve (12) months.

I certify that I have provided proof of income documentation for all income I receive.

I understand that this statement is being used to determine the household eligibility for one or more programs administered by the City of Lima.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of

information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.

## VISITING CHILD CARE FORM

*Instructions:* If a child under the age of 6 visits your home more than 20 hours a week please have this form completed by the child's parent or guardian. A separate form should be submitted for each visiting child.

Tenant/Owner Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_, Lima, Ohio \_\_\_\_\_

The above individual has applied to the City of Lima's Lead-Based Paint Hazard Control Program. In order for the above tenant/occupant to participate in the program, the visiting child's parent or guardian must complete the following information and provide a copy of the child's birth certificate. Visiting children should have a lead blood test performed within 6 months of the start of repairs.

Visiting Child's Name: \_\_\_\_\_

Visiting Child's Date of Birth: \_\_\_\_\_

Visiting Child's Race: White Black or African American Black/African American & White  
American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander  
American Indian or Alaskan Native & Black/African American Asian  
American Indian or Alaskan Native & White Asian & White Other, Multi-racial

Visiting Child's Hispanic Ethnicity: Hispanic Not Hispanic

Visiting Child's Relation to Applicant: \_\_\_\_\_

Visiting Child's Parent's Name: \_\_\_\_\_

Visiting Child's Permanent Residence: \_\_\_\_\_

Visiting Child's Parent's Phone: \_\_\_\_\_

How many hours a week does your child spend at the tenant/occupant's address? \_\_\_\_\_

I understand that this statement is being used to determine the household eligibility for one or more programs administered by the City of Lima.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

I hereby affirm that the information contained in this document is true.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.





## Section B. Property Owner Information

This section should be completed by the property owner.

### Owner Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is the property owned under a business?  Yes  No If **yes**, what is the business name:

\_\_\_\_\_

Is anyone else authorized to sign program documents?  Yes  No If **yes**, list the name and title of any additional authorizing officials:

Authorizing Official Name: \_\_\_\_\_ Relation to Owner/Business: \_\_\_\_\_

An authorizing official may be a spouse or business partner; at least one Authorizing Official should be locally available to sign documents.

### Property Information

Address: \_\_\_\_\_ Lima, Ohio Zip Code: \_\_\_\_\_ # of units: \_\_\_\_\_

Unit #1 (up/down/address #): \_\_\_\_\_  Occupied  Vacant Unit #3 (up/down/address #): \_\_\_\_\_  Occupied  Vacant

Unit #2 (up/down/address #): \_\_\_\_\_  Occupied  Vacant Unit #4 (up/down/address #): \_\_\_\_\_  Occupied  Vacant

### Property Taxes

Are the property taxes paid current or are you currently on an approved payment plan?

Current  Approved Payment Plan  Delinquent

If you are making payments through an **approved payment plan**, please submit your payment plan documents.

If your taxes are **delinquent**, you are not eligible to receive assistance until the taxes are paid current or a payment plan is approved.

### Code Violations

Have you or your company received notice that this property is in violation of City Code?

Yes  No

If **yes**, please list the reason for the citation:

Health Code Violation

Building & Housing

Code Violation

### Mortgage

Is there a mortgage(s) on the property? Yes No If **yes**, please submit a copy of the insurance declaration page.

If **yes**, what is the status of the mortgage(s) payments: Current Delinquent In Foreclosure  
If **yes**, please submit a copy of your most recent mortgage statement.

#### Insurance

Is the property insured with a comprehensive insurance policy? Yes No

If **yes**, please submit a copy of the insurance declaration page.

#### Property Owner Document Submittal Checklist:

- Completed Section A for all Occupied Units
  - Each occupied unit should complete pages 3-8 and page 12
- Copy of Government Issued Identification
- Copy of Most Recent Mortgage Statement, if applicable
- Copy of Insurance Declaration
- Signed Property Owner Agreement to Conditions
- Signed Property Owner Agreement to Maintenance Conditions
- Signed and Initialed Walk Away Policy

## PROPERTY OWNER AGREEMENT TO CONDITIONS

The Property Owner affirms that he/she owns the property described in Section A above, and that he/she desires to be enrolled in the City of Lima Lead Hazard control grant program to make the home lead safer, and hereby give permission to the City of Lima and to provide lead hazard reduction work at the property.

As a condition of participation in the Program, I acknowledge and agree to the following:

- **That I will continue to keep the lead-safe units available to low-income residents for a period of not less than three years and will retain records of occupancy and marketing to low-income residents for not less than five years.**
- That submission and approval of this application does not guarantee funding.
- That the City of Lima and will have access to all areas of the structure, including but not limited to, rooms, hallways, closets, common areas, basement, attic, all exterior porches, rear and front yards.
- That upon bid award, contractors will be given access to the unit Monday through Saturday, between the hours of 8:00am and 5:00pm.
- That contractors are authorized to use electricity and water at the property without reimbursement to the occupant or property owner.
- That the City of Lima will determine the specific scope of and extent of work to be performed at the property.
- That I received a copy of the City of Lima Department of Community Development Preparing Your Home for Lead Hazard Control Work Guide and will follow all applicable guidelines listed in it.
- That I received information on lead safe home maintenance practices.



- **That I am responsible for the non-lead repairs identified by the Lead Hazard Control Program and that lead hazard control will not begin until the repairs are completed and documented (In-kind work).**
- That I will maintain the property free from loose and flaking paint, use lead safe methods for future repairs, and keep the property free of bare soil.
- That submission and or approval of this application does not exempt you from complying with open building code, housing choice voucher program, Allen County Department of Public Health Lead Hazard Control Order or any other orders on your property. Remaining in compliance with any open orders is the responsibility of the property owner at all times.
- That I will indemnify and hold the City of Lima, its respective officers, agents, and employees, harmless from any and all liability suits, losses, judgments, damages, or any other demands arising out of the Lead Hazard Control Program or the actions or omissions of the Enrollee while performing its duties under this Agreement. This indemnification shall survive the term of this Agreement.

I hereby grant permission to the City of Lima, Ohio, Lead Hazard Control grant program its supervisors, inspectors, employees and contractors employed, to enter the premises listed in identified as the premise to undergo lead hazard reduction to perform work under the Lead Hazard Control Program.

I, the undersigned, do affirm under penalty of perjury that the information contained in the application is true and correct to the best of my knowledge and belief.

---

Owner's Signature (Property Owner or Authorizing Official listed in Section B)

Date

## PROPERTY OWNER AGREEMENT TO MAINTENANCE CONDITIONS

### RECITALS:

1. The City's Department of Community Development, through its Lead Hazard Control Program ("the Program"), its agents and subcontractors, will complete or have completed lead hazard control and/or other associated activities at the address indicated in section B above.
2. By way of receiving the benefits of the Program, the Property Owner has taken on certain continuing obligations. In consideration of the foregoing, and mutual promises contained in this Agreement, the parties agree as follows:

### ARTICLES I: OBLIGATIONS OF THE PROPERTY OWNER

By executing this Agreement, the City and the Property Owner agree to be bound by this Agreement, and the Property Owner agrees to perform the following continuing obligations upon receipt of grant funding to the properties identified in the above recitals:

1. To be responsible for monitoring surfaces with confirmed lead based paint to ensure surfaces do not become defective or hazardous.
2. The Lead Inspection Risk Assessment previously forwarded to the property owner identifies all surfaces that tested positive for lead and these are subject to this agreement.
3. To monitor any lead-based paint surface noted on the Positives Report of the Lead Inspection Risk Assessment to ensure that the surface does not become deteriorated creating a lead hazard.
4. To monitor the property at least once each Twelve (12) months and to keep written record of such monitoring.
5. To require that anyone performing maintenance on the Property for a fee will, at a minimum, hold a State of Ohio Lead Safe Renovator's certificate or its recognized equivalent.
6. To ensure that any person performing maintenance on any leaded surface is notified in writing that they are working on a lead-based paint containing surface and will perform maintenance in a lead safe manner and in compliance with State and Local regulations.

7. Maintain all records of maintenance for a period of three years from the date of this Agreement.

**ARTICLES II: DEFAULT AND REMEDIES**

1. Property Owner shall be in default of this Agreement if the Property Owner fails to comply with the obligations identified in Article I, above, or otherwise fails to maintain the Property free from lead hazards for a period of three (3) years from the date of this agreement.
2. Upon the City’s determination that a default has occurred, and notice is provided pursuant to Article 4 below, the City may file a civil action with a court of competent jurisdiction to recover costs for the lead abatement work including all tenant relocation expenses.
3. Costs for lead abatement work shall include the City’s legal fees for enforcement of this agreement, and those costs incurred for Hazard Control according to the specifications contained within the project folder and subsequently paid to the Construction Contractor, and any relocation costs, if any.

**ARTICLES III: RIGHT TO RE-INSPECT THE PROPERTY**

In addition to the remedies outlines above, the Property Owner Agrees that the City, or its authorized agent, may re-inspect the Property and shall, if requested by the City, notify any tenants occupying the Property that the City is authorizing to enter and re-inspect the Property. The Property Owner agrees that the City shall have the right to obtain a lawful order of entry.

**ARTICLES IV: NOTICES**

All notices which may be properly or necessary shall be sent by regular mail, postage prepaid, to the following addresses or to such other addresses as either party may designate for such purpose:

To the City:

Lead Hazard Control Grant Program  
Lima Community Development  
50 Town Square  
Lima, Ohio 45801

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

To the Owner:

**ARTICLES V: CONSTRUCTION OF AGREEMENT**

All terms used in this Agreement, regardless of number or gender, shall be construed to include any other number and any other gender, as the context or sense of this Agreement may require.

This Agreement may be executed in any number of counterparts, each of which, when so executed and delivered, shall be deemed an original, but such counterparts together shall constitute one and the same instrument.

In Witness Whereof,

\_\_\_\_\_  
Owner’s Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date