

# Lead Hazard Control Program

Property Application – required for each building



PREVENT. PROMOTE. PROTECT.

1. PROPERTY TO BE ADDRESSED	
Street Address:	Zip:
Total # of Units:	# of Occupied Units:
Occupancy (Check all that apply): Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> If Vacant, how long? _____	
Is there a mortgage on the property? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Owned By: Individual(s) <input type="checkbox"/> (Complete Section 2 below) <b>-OR-</b> Business <input type="checkbox"/> (Skip to Section 3)	

2. PROPERTY OWNER INFORMATION – INDIVIDUAL(S) *SKIP IF OWNED BY A BUSINESS*	
Last Name:	First Name:
Married: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Spouse’s Full Name:	
Home Address:	Unit:
City:	State: Zip:
Phone:	E-mail:
Alternative Phone:	Alternative E-mail:

3. PROPERTY OWNER INFORMATION – BUSINESS *SKIP IF OWNED BY AN INDIVIDUAL*	
Business Name:	Tax ID #:
Business Address:	Unit:
City:	State: Zip:
Contact Name:	E-mail:
Primary Phone:	Alternate Phone:
If approved, who will sign contract documents?	
Name:	Title:

4. PROPERTY MANAGER INFORMATION	
Property Manager other than the Owner? Yes <input type="checkbox"/> (Complete this section) No <input type="checkbox"/> (Skip To section 5)	
Property Manager Name:	
Phone:	Alt Phone: E-mail:

**5. ITEMS REQUIRED TO BE SUBMITTED WITH APPLICATION – MUST CHECK EACH BOX OR MARK N/A (NOT APPLICABLE)**

*All applications must be fully completed, signed, and submitted with the following to be processed:*

- Recorded Property Deed w/ Legal Description – current
- Current Property Insurance Declarations page (Must have flood insurance if in a flood plain)
- Copy of a photograph identification of the Head of Household or Property Owner

*IF the building is owned by a BUSINESS, the following is required:*

- Corporate Resolution or official Articles of Incorporation identifying person eligible to execute contract documents. \*Form available upon request\*

*IF the building owner lives out of state and cannot appear in person, the owner MUST appoint a local representative to attend project meetings. In this case, the following is required:*

- Notarized statement providing the local individual with authority to sign and approve the project on behalf of the owner

*IF the property is OCCUPIED, the following is required for each occupied unit:*

- Occupant Application – completed and signed by occupant with supporting documentation.
- Tenant Relocation Information – completed and signed by each rental Tenant

**6. GRANT REQUIREMENTS – MUST CHECK EACH BOX OR MARK N/A AS APPROPRIATE TO DEMONSTRATE ALL CONDITIONS ARE ACKNOWLEDGED**

*For approved projects, Owner must sign a detailed contract with Hamilton County Public Health. Important requirements include:*

<input type="checkbox"/>	The property must be located within Hamilton County and built prior to 1978 and have identified lead-based paint hazards. Access must be provided to all areas of the structure.
<input type="checkbox"/>	Owner is responsible for costs above grant funding target of \$24,999 for owner occupied or rental properties.
<input type="checkbox"/>	Owner shall provide for additional relocation expenses outside of lodgings for such things as pet boarding, storage units, etc.
<input type="checkbox"/>	All units are subject to being completely vacant during the lead hazard control work. Staying in the unit during the lead hazard control work may only occur with HCPH pre-approval and will depend on scope of work.
<input type="checkbox"/>	Owner must provide water and utilities in each unit and common area, including exterior work, for the duration of the project.
<input type="checkbox"/>	All occupied units must document that a child under the age of 6 years-old resides at the property as their primary residence or visits the property at least 6 hours a week.
<input type="checkbox"/>	Rental properties receiving lead hazard control work must make the units available to low-income families with children under the age of six years for a period of three years after completion of the work.
<input type="checkbox"/>	Property must be properly monitored and maintained in a lead-safe and healthy manner for a period of three years after completion of the work.
<input type="checkbox"/>	Vacant rental units receiving lead hazard control work will be included on a public lead-safe housing registry list, maintained on-line.
<input type="checkbox"/>	Taxes must be current, or a payment plan must be in place. The property will not be accepted into the grant program if in foreclosure.
<input type="checkbox"/>	The property must be in decent, safe, and sanitary conditions as well as structurally sound with no major deficiencies in order to be considered for the grant program.
<input type="checkbox"/>	HCPH may require repairs that are to be completed prior to the acceptance into the grant program.
<input type="checkbox"/>	The property owner will be required to execute a property owner agreement with HCPH memorializing the requirements of the HUD lead grant program.

**7. DISCLAIMER AND OWNER SIGNATURE(S)**

I certify that all answers are true and complete to the best of my knowledge. I understand that intentionally false or misleading information submitted on this application may result in being permanently banned from the Lead Hazard Reduction Program. Also, Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I understand that participation in this program is voluntary. Submission of this application does not guarantee project funding (neither partial nor complete), nor does it provide exemption from complying with any State of Ohio, Cincinnati Metropolitan Housing Authority, Hamilton County Public Health, or any other official orders. I understand that it is the responsibility of the property owner to remain in compliance with any official orders always and submitting this application does not provide exemption from any possible consequences of non-compliance.

Owner Name (Please print clearly):	
Owner Signature:	Date:
Owner Name (Please print clearly):	
Owner Signature:	Date:

**NOTE:** *Occupant Information and Tenant Information and Receipt* forms may be submitted by Tenants directly, rather than by the property owner.

**Submit completed application and required documentation to:**

People Working Cooperatively  
 Attn: Lead Intake Coordinator  
 4612 Paddock Rd  
 Cincinnati, OH 45229

**For assistance in completing this application:**  
 Call: 513-366-4697 or email [cinlead@pwchomerepairs.org](mailto:cinlead@pwchomerepairs.org)

*Please allow three weeks for processing. Failure to provide all required materials will delay processing.*

