

Lead Hazard Control Program

Property Application – required for each building

| 1. PROPERTY TO BE ADDRESSED | |
|--|---|
| Street Address: | # of Units: |
| Zip: | Occupants(s): 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) -OR- 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: | Alt Phone: 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. OCCUPANCY INFORMATION | | | | | | |
|---|--|------------------|---|---|---|-------------------------------|
| <i>Complete the following occupant information. See page 4 for larger multi-family buildings.</i> | | | | | | |
| Unit # | Primary Occupant Name (or indicate if vacant) | # of Bedrooms | Unit size in square feet (ft ²) | # of occupants less than six years old | # of frequent visitors less than six years old | # of pregnant occupants |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

5. ITEMS REQUIRED TO BE SUBMITTED WITH APPLICATION

Applications must be completed, signed, and submitted with the following:

- Recorded Property Deed w/ Legal Description – current
- Current Property Insurance Declarations page (Must have flood insurance if in a flood plain.)
- Most recent water bill for each unit (Payments must be up to date)
- Most recent utilities bill for each unit (Payments must be up to date)

IF there is a MORTGAGE on the property, the following is required:

- Mortgage Statement, indicating balance, current amount due, and last payment made

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 OR owner.
- Tenant Relocation Information and Receipt – completed and signed by Tenant only

Note: Application is not complete until all required items are received

6. OWNER REQUIREMENTS

*For approved projects, Owner must sign a detailed contract with the City of Cincinnati.
Important requirements include:*

- Relocation expenses must be provided by the property owner. Tenants must have no out-of-pocket costs while temporarily relocated.
- Owner must provide water and utilities in each unit and common area, including exterior work, for the duration of the project.
- Owner-occupied units must retain ownership and occupancy of the property for a period of three years after completion of the lead hazard control work.
- 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.
- 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.
- Vacant units receiving lead hazard control work will be included on a public lead-safe housing registry list, maintained on-line.

7. HOW DID YOU HEAR ABOUT THE LEAD HAZARD CONTROL PROGRAM?

Please check all that apply:

| | | | | |
|------------------|---|--|---|--|
| In-person: | <input type="checkbox"/> Nurse | <input type="checkbox"/> Risk Assessor | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Contractor |
| On-line: | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Instagram | <input type="checkbox"/> City web page |
| On-air (Circle): | <input type="checkbox"/> News: TV/Radio | <input type="checkbox"/> PSA: TV/Radio | <input type="checkbox"/> Show: TV/Radio | <input type="checkbox"/> CityCable |
| At an Event: | <input type="checkbox"/> Community meeting | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Promotional Item | |
| Other: | <input type="checkbox"/> Please specify _____ | | | |

8. 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 Control 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 City of Cincinnati, State of Ohio, Cincinnati Metropolitan Housing Authority, Cincinnati Health Department, 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:

LEAD PAINT HAZARD CONTROL PROGRAM
 Attn: Intake Coordinator
 805 Central Avenue Suite 700
 Cincinnati, Ohio 45202



For assistance in completing this application:

Call: 513-357-7420 or email: LeadPaintHazardControl@Cincinnati-Oh.gov

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

OCCUPANCY INFORMATION (CONTINUED FROM PAGE 2)

Complete the following occupant information for additional units.

| Unit # | Primary Occupant Name (or indicate if vacant) | # of Bedrooms | Unit size in square feet (ft ²) | # of occupants less than six years old | # of frequent visitors less than six years old | # of pregnant occupants |
|--------|--|------------------|---|---|---|-------------------------------|
| 5 | | | | | | |
| 6 | | | | | | |
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| 25 | | | | | | |

*Once you have completed the additional occupancy information (if needed), turn to page 2
Section 5. Items Required to be Submitted with Application*