

Lead Safe Ohio Program

Project eligibility includes:

- House built before 1978
- Households up to 80% Area Median Income (AMI) receive priority
- If household income exceeds 80%; \$314,000 Home Value Limit

Eligible Items Includes:

- Windows, doors, siding, soffit, fascia, porches.

How do I apply?

1. Complete the application form.
2. Gather all required documentation. (see list below)
3. Return application and documentation. (see below on how)
4. Obtain and submit additional documentation required, based on guidance from staff. (if applicable)

Required Documentation

(The following list reflects what is typically required to process your application. Other documentation may be required, as determined by the Staff.)

- ☐ Evidence of **ALL Sources of Income** (gross income for all residents, 18 and older)
 - Pay stubs/wage statements for most recent **2-month** work period (if paid weekly: 8 stubs; bi-weekly 4 stubs; NO tax forms)
 - Award letter for Social Security, ADC, or other Government programs (you should receive this yearly between December, January, or February; *if dated, it needs to be dated within the last 6 months*. If you have misplaced your letter, YOU will have to contact the agency for a copy.)
 - Pension benefit statements (*must be dated within the last 6 months – NO 1099/tax forms*)
 - Bank accounts: Savings & Checking statements for **6 months** (make sure it has your account information (name address etc.) balances and credit and debits listed)
 - IRA Statements: 401K Statements etc. (*most recent/dated within the last 6 months/NO 1099/tax forms*)
- ☐ Evidence of **ALL Sources of Assets**
 - IRA accounts
 - CD's
 - inheritance benefits
 - Property(ies) other than your primary residence you are living in
 - Checking and Savings Accounts
- ☐ **Deed** (*must be in applicant's name unless it's a rental unit; additional paperwork will be needed*)

Please return the application and supporting documentation by mail, fax, or email.

Ohio Regional Development Corporation 740-622-8577
Attention: Mindy
200 Main Street, Annex Building
Coshocton, Ohio 43812

mindyshrimplin@ordevelopment.com

I understand that the local public agency can reject my application if it is not complete, or I have not provided the necessary documents required.

LEAD SAFE OHIO APPLICATION

INSTRUCTIONS: PLEASE FILL OUT ALL SECTIONS COMPLETELY AND SIGN.

Type of Assistance		Type of Ownership		Housing Type	
Lead Safe Renovation		Owner Occupied		Single	
Lead Abatement		Rental Property		duplex	
Lead Cleaning Only				Childcare Facility	
				Congregate Shelter	

APPLICANT NAME _____ PHONE () _____

WHAT COUNTY DO YOU LIVE IN? _____

WHAT IS YOUR ADDRESS? _____

MARITAL STATUS? _____ Married/Singe/Separated

HAS ANYONE IN THE HOUSEHOLD BEEN TESTED FOR LEAD POISONING? YES NO WHEN? WHO?

IS THERE A LEAD ORDER IN PLACE? IF SO WHO ISSUED AND WHEN?

HAS A LEAD RISK ASSESSMENT BEEN PERFORMED? IF SO ATTACH A COPY

WHAT YEAR WAS HOUSE BUILT IN? _____

ARE THE WINDOWS IN THE HOUSE WOODEN? _____

DOES THE HOUSE HAVE VINYL OR ALUMINUM SIDING? _____

IS THERE PEELING PAINT ON THE EXTERIOR OF THE HOUSE? _____

IF SO DESCRIBE WHERE _____

IS THERE PEELING PAINT ON THE INSIDE OF THE HOUSE? _____

IF SO DESCRIBE WHERE _____

HOUSEHOLD MEMBERS (For all those living in the home.) Note: Must include spouse if married.

Name	Social Security #	Relationship to Applicant	For Reporting purposes only			
			Sex	Race/Ethnic Group		Age
				See * Below	Hispanic?	
		Applicant			Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

* (1) White (2) Black African Amer. (3) Am. Ind. Alska Nat. (4) Asian (5) Asian & White (6) Native Hawiian/Pac. Is.
(7) Amer. Ind. Alska Native & White (8) Blk. African Amer. & White (9) Amer. Indian Alska Native & Black Afr. American (10) Other Multi-Racial

INCOME SOURCES FOR ALL PERSONS LIVING IN THE HOUSE WITH INCOME

Proof of income must be provided for each person with income for the present and preceding 2 months: copies of pay stubs, or signed statements from employer.

Househole member:	Employer
Address:	Phone: Monthly Gross
Household member:	Employer
Address:	Phone: Monthly Gross
Household member	Employer
Address:	Phone: Monthly Gross

OTHER INCOME		ASSETS (MUST BE COMPLETED BY EVERYONE)	
SOURCE	amount per month	Checking Account	
ADC		Saving Account	
Unemployment		Certificates of Deposit	
Social Security		Stock/Bonds	
SSI/SSD		401K	
Pension/Retirement/IRA		IRA	
Interest Income		Pension	
Child Support		Real Property other than residence	
Alimony		Collections	
Rental Income		Time Shares	
Other Source		Other	
TOTAL		TOTAL	

Please provide proof of the above household expenses with this application.

MORTGAGE INFORMATION

First Mortgage		Second Mortgage	
Mortgage Lender		Mortgage Lender	
Original Amount		Original Amount	
Balance Owed		Balance Owed	
Monthly Payments		Monthly Payments	

Please attach a copy of your deed with this application.

Amount of Insurance on Home		Insurance Agent	

Please attach a copy of your Insurance Declaration of policy with this application.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I give permission to the Federal, State and Local Governments and their agents or contractors to verify any information contained in this application for evaluation only. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of assistance will be subject to public disclosure since public funds are being utilized to renovate my property.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec 1001, provides: "Whoever, in any matter within the jurisdiction of any Department of Agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."



Fair Housing - I have received the HUD published booklet along with other fair housing information included in my application packet.

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Applicant

Date

Co-Applicant

Date

Application accepted by:

Date & Time: