

CITY OF CANTON
Mayor Thomas M. Bernabei

Lead Hazard Control Grant Application



Guidelines & Application

**Department of Community Development
Housing Rehab Division
City of Canton
218 Cleveland Ave SW, 5th Floor
Canton, OH 44702
330-489-3040**

**Rollin Seward, Director
Tammy Hajdu, Housing Program Manager
Pam Walker, Loan/Grant Processor
Kim Fox, Loan/Grant Processor
Tom Flanigan, Project Manager
Karla Heinzer, Construction Coordinator**



LEAD SAFE CANTON
Canton's Lead Hazard Control Grant Program
APPLICATION

Review of Grant Eligibility & How the Program Works

Homeowners, rental owners and their tenants may apply if all of the following criteria are met:

- The home is built before 1978 and is located within the City of Canton Corporation Limits
- A child under the age of 6 lives in the rental or visits at least 6 hours per week; A pregnant woman living in the home is also eligible
- The home meets local ordinances and housing codes.
- The home is free of clutter, insects, rodents, and unsanitary conditions.
- Home is insured by the owner
- Property taxes are current
- Property owner must not be delinquent in any indebtedness to the City of Canton, Stark County, State of Ohio, and/or Federal Government
- Mortgage is current
- Gross annual household income is <80% Area Median Income; for rental properties income is based on the tenant's income

Income cannot exceed the following HUD limits, which are subject to change annually:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$ 38,950	\$ 44,500	\$ 50,050	\$ 55,600	\$ 60,050	\$ 64,500	\$ 68,950	\$ 73,400

Effective 4/2020

Landlords are required to pay \$500 toward the remediation of a tenant occupied unit.

How the Program Works After Eligibility is Approved:

- A Lead Safe Canton (LSC) Inspector will contact you to perform a home inspection to determine the property is up to code and feasible for assistance through this program. If approved you will move onto the next step.
- A LSC Risk Assessor will contact you to schedule a time to do a Lead Inspection / Risk Assessment which can take 2-4 hours. This test is performed with an XRF Analyzer gun that takes paint readings. A report will be mailed with a list of the lead hazards to both the owner(s) and tenant.
- A Scope of Work will be created based upon the findings in the Lead Inspection / Risk Assessment.
- A pre-bid meeting is scheduled at the house to allow contractors to see the work that needs to be done.
- The Contractor with the lowest and best bid is awarded the job and the City of Canton will hold the contract with the winning contractor.
- Relocation is required while the lead work is being completed at the home, and it is encouraged that the property occupants stay with friends and/or family. If this is not an option, LSC will arrange for relocation. The occupant(s) MUST provide a debit/credit card at check in for any incidentals. Only the individuals listed on the application as living in the home are eligible for relocation. Failure to follow hotel policies may result in a loss of your reservation. LSC will not make additional arrangements and

the owner and/or tenant are not permitted to return to the home until the lead work is completed and a clearance inspection has been conducted. LSC must be made aware of any animals that will be going to the hotel prior to reservations being made. Boarding of animals is not covered by the program. Animals may NOT be left either inside or outside at the home. If any animals are left, Animal Control will be contacted to remove the animals and the owner will be responsible for any fees to get the animal(s) back.

- LSC staff will call the owner/occupants to give the date that the contractor will begin lead work. A time will be scheduled to plan for relocation to a friend or family home; or to a hotel with a kitchenette; or to a safe-house of LSC choosing, paid by the Program. No food will be purchased using the program. Only individuals listed on the application as living in the home will be permitted to use hotel amenities. It is estimated that relocation will last no more than 10 days maximum.
- The tenant(s) and/or owners will clear areas where work is being done and take down window covers.
- Once lead work begins, no one can enter the residence until it is tested and found lead safe. LSC staff will call the tenants and advise when they are able to return.
- Invoice and Final Inspections.
- Maintenance and Monitoring. LSC will monitor the work within one year to confirm the work has held up and property is lead safe.

All occupants of the home must follow these guidelines. Failure to comply may result in termination of participation in the Lead Hazard Control Program. Please call 330-489-3040 if you have questions or concerns.

If you understand and agree to these guidelines, please sign and date below and return with your application.

Signature of Owner/Tenant Applicant

Date

Signature of Owner/Tenant Co-Applicant

Date

Signature of Rental Owner or Authorized Representative

Date



REQUIRED DOCUMENTS:

- Photo ID** – Copy of Photo ID of the Head of Household.
- Federal Tax Return** – a copy of the most current tax return with all Schedules which must be signed and dated for all adults 18 years and older. Self-employed individuals must turn in three most current returns.
- W-2** Statement of Earnings for all adults 18 years and older.
- Social Security Benefits Statement** (Form SSA-1099) and/or **Pension Doc** with yearly amount.
- Copy of most recent water, gas, or electric bill.
- Last 6 pay stubs** for all adults 18 years and older who are employed
- Social Security Award Letter**
- Determination of Unemployment Compensation Benefits** document with date first paid out
- Unemployed Certificate** signed and dated for every person living in the home over age 18 years with no income if applicable (Attached).
- Birth certificates** for all children under 6 living in the home or visiting the home
- Visiting Child Certificate** if you have a child under 6 that visits the home (Attached).
- Declaration of Insurance** showing property address and policy period.
- Blood Test of child under age 6** documenting the level of lead in blood. Can't be older than 6 months. Turn in with attached Blood Testing Release Form.
- Divorce documents/decree/separation agreement if spouse is on deed but not occupying the property.
- Last 6 checking account statements and current savings statement** for all adult occupants
Please write source of income for all unidentified bank deposits.

The above information will be required for all adults living in the home. Please provide only the documents that are applicable to you. Additional documents may be requested as your application is reviewed. If you cannot make copies of documents, we can make copies for you.

RENTAL OWNER REQUIRED DOCUMENTS:

- Rental Owner Declaration of Insurance** with the current policy period and property address.
- Power of Attorney, LLC, or Corporation document** which names the Rental Owner alternate who can sign HUD Lead Based Paint Hazard Reduction Program documents, if needed.
- Current Property Taxes** – proof taxes are paid.
- Federal Tax Return** – most current including schedule C and E for the past 2 years.
- Copy of Lease if the unit is not listed in Schedule C and E.**

PLEASE MAIL or EMAIL, THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO THE FOLLOWING ADDRESS:

City of Canton
Department of Community Development
P.O. Box 24218
Canton, Ohio 44701-4218
ATTN: Lead Safe Canton Program
PH (330) 489-3040 FAX (330) 580-2070
Email: communitydevelopment@cantonohio.gov

HOUSEHOLD SIZE INFORMATION:

Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	FULL TIME STUDENT?	SOCIAL SECURITY No.
		Owner/Renter		
		Co-Owner		

HOUSEHOLD INCOME:

Provide information on all household income sources. Income includes the following for all persons of the household that are age 18 or over: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, and other income. Food benefits are NOT considered income.

OWNER'S ANNUAL INCOME:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
Alimony	\$
Child Support	\$
CO-APPLICANT ANNUAL INCOME:	\$
Employer:	\$
Pension::	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$

If additional household members are employed, please attach another sheet and provide employment information.

HOUSEHOLD ASSETS (CHECKING/SAVINGS/ETC):

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

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Do you own any other real estate? Yes No (for Owner Occupant only)
If yes, please list the address and/or parcel#: _____
If yes, please list the equity in the real property _____

(Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs that would be incurred in selling the asset (e.g., broker fees).

LIENS ON PROPERTY:

Are there presently any liens on your property or any outstanding municipal assessments:

Yes No

PROPERTY OWNER INFORMATION:

Name: Mr. /Ms. _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone #: Home: _____ Mobile: _____ Work: _____

Email: _____

Household Income: (owner occupants only) Monthly \$ _____ Annually \$ _____

Is anyone living at this residence currently pregnant? Yes No

If so, what is their relationship to the Applicant? _____

When is their expected due date? _____

What is the name of their OB/GYN doctor? _____

Please attach proof of pregnancy

PROPERTY MORTGAGE INFORMATION:

Name of owner as it appears on the property's title: _____

Is there a mortgage on the property? Yes No

Are you current on your mortgage? Yes No

Is your primary residence currently in foreclosure? Yes No

FIRST MORTGAGE:

Name of Lending Institution Account #

Address City ZIP Balance Owed Now

SECOND MORTGAGE:

Name of Lending Institution Account #

Address City Zip Current Balance

HOMEOWNER'S INSURANCE:

Insurance Company Homeowners Policy is through Expiration Date of Insurance

PROPERTY TAXES:

Are you current on your property taxes: Yes No

If no, please explain: _____

If on a payment arrangement, please attach a copy of the payment arrangement.

ADDITIONAL PROPERTY INFORMATION:

Owner occupied: Yes No Tenant occupied: Yes No

*#Units in Building _____ # of Stories _____ # of Bedrooms _____

**Note: An application must be completed for each unit you wish to enroll. These units must be constructed prior to 1978.*

Parcel #: _____ Year of Property Construction: _____

Type of Construction: Brick Wood Vinyl/Aluminum Other (please specify): _____

Is your property in a flood zone? Yes No

Is your property listed as a Historical Property? Yes No

Has your property been cited for code violations within the last 12 months? Yes No

If yes, please include violation letter.

Has your insurance company asked you to make property improvements? Yes No

If yes, please include their letter.

PREVIOUS ASSISTANCE:

Have you received previous Assistance from the city of Canton? Yes No

If yes, what type and when: _____

PROPERTY REPAIR REQUEST:

Explain: _____

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton’s Lead Safe Canton Program, and is true and complete to the best of the applicants’ knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain 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.”

OWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE





CITY OF CANTON

LSC VISITING CHILD CERTIFICATION



I, _____, the owner/renter of _____ attest that each of the below listed children under the age of six spends a “significant amount of time visiting” my home. Significant amount of time visiting is defined as six hours per week and a total of 60 hours per year.

Child 1 _____ Age ____ DOB _____

Home Address _____ City _____

Child 2 (if applicable) _____ Age ____ DOB _____

Home Address _____ City _____

Child 3 (if applicable) _____ Age ____ DOB _____

Home Address _____ City _____

Child 4 (if applicable) _____ Age ____ DOB _____

Home Address _____ City _____

Child 5 (if applicable) _____ Age ____ DOB _____

Home Address _____ City _____

Please attach a copy of each child’s Birth Certificate

Please state the reason these children spend a significant amount of time visiting your home:

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation any make me ineligible for the Lead Hazard Reduction Demonstration grant program.

Printed Name

Signature of Applicant/Homeowner

Date



CITY OF CANTON

LEAD SAFE CANTON BLOOD TESTING RELEASE



All children under six years of age are recommended to have their blood lead level tested, by your primary care provider, prior to the lead hazard control work in your home.

Please check the following which best describes your child/children under the age of six (6) years from the following options:

My child/children under six years of age had their blood lead levels tested within the past six (6) months and I authorize the release of the blood test results to the LSC Program Manager.

Name of test provider _____

Test date ___/___/___ (Name of child #1) _____

Test date ___/___/___ (Name of child #2) _____

Test date ___/___/___ (Name of child #3) _____

Test date ___/___/___ (Name of child #4) _____

My child/children under the age of six (6) has not been tested for an elevated blood lead level within the past six (6) months and I agree to have them tested by my primary care physician or another provider and to submit the results to the LSC Program Manager

I elect not to have my child/children tested for an elevated blood lead level.

I voluntarily disclose this information and understand consent for blood lead level testing is not required, but strongly recommended, for participation in the Lead Safe Canton Lead Hazard Control grant program.

Printed Name of Parent or Legal Guardian Signature Date

LSC Program Manager Signature Date





City of Canton Walk Away Policy Acknowledgment



The mission of the Lead Safe Canton Program is to assist low-to-moderate income homeowners and tenants with children under the age of 6, located within the city of Canton, to address lead-based paint hazards in their home. **Regardless of eligibility, an applicant may not receive assistance through the Lead Safe Canton Program when the owner or occupant is responsible for conditions that obstruct that mission.** Such conditions include, but are not limited to:

1. When an owner or occupant 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 willingly 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.
 - e. Existing code violations
4. The homeowner misuses and/or deals in drugs and weapons.
5. The homeowner, resident or applicant's agent becomes verbally or physically abusive and/or threatens city of Canton staff members, contractors, subcontractors or employees of contractors.
6. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs city of Canton staff, the contractors, their subcontractors or employees as they attempt to discharge their required responsibilities in good faith under the written terms of the Lead Safe Canton Program.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the city of Canton staff. By my signature below, I acknowledge that I have received a copy of this policy.

Applicant Owner/Occupant

Date

Co-Applicant Owner/Occupant

Date



UNEMPLOYMENT CERTIFICATION

I, _____, certify that I am 18 years of age or older; and that the last of my income ceased as of this day _____ in the month of _____, 20____ and I no longer have any source of income. I understand that I must report to the city of Canton all sources of income. I do hereby swear and attest that all of the information reported herein is true and correct. I also understand that any and all income for myself and any additional household members must be reported to the city of Canton within ten (10) calendar days of the change.

Signature of Household Member

Date

Signature of City Representative

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S.

Because you have reported to city of Canton that you have zero (0) household income, you are required to report to the city of Canton what resources are available to meet your family's needs. This includes: money from wages, self-employment, child support, cash contributions, non-cash contributions, Social Security benefits, disability payments (SSI), Worker's Compensation, retirement benefits, AFDC OWF, Veteran's benefits, rental property income, stock dividends, income from any bank accounts, alimony, and any other sources of assistance.

1. Do you own a car? ___yes ___no
Do you make car payments? ___yes ___no
What is your monthly payment amount? _____
How do you pay for gasoline? _____ Estimate amount you pay \$_____
How do you pay for insurance? _____ Estimate amount of bill \$_____
2. Do you pay a portion of the house payment? ___yes ___no
How much do you pay? _____
3. Are you paying for utilities? ___yes ___no
How much do you pay?
How do you pay for it? _____
4. Do you have a phone? ___yes ___no
Is it a home or cell phone? ___home ___cell
How do you pay for it? _____ Estimate amount of your service \$_____
5. Do you have cable, digital or satellite services? ___yes ___no
How do you pay for it? _____ Estimate amount of your service \$_____
6. How do you purchase personal necessities such as soaps, toilet papers, cleaning supplies, etc?

Estimate value of items \$_____
7. Do you have any credit card bills? ___yes ___no
8. How do you make your monthly payments?

WHEN AND IF YOU BEGIN TO RECEIVE INCOME, YOU MUST CONTACT CITY IN WRITING.



