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
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:

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<th>1 Person</th>
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<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
<th>8 Persons</th>
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<td>$38,950</td>
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<td>$60,050</td>
<td>$64,500</td>
<td>$68,950</td>
<td>$73,400</td>
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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
# APPLICATION

## RESIDENTIAL OCCUPANT PROFILE

<table>
<thead>
<tr>
<th>Owner Occupant</th>
<th>Tenant Occupant</th>
<th>Land Contract Owner</th>
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### Occupant Information

<table>
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<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Occupant Last Name</td>
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<tr>
<td>First</td>
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<tr>
<td>Init.</td>
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<tr>
<td>Social Security #</td>
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<tr>
<td>Birth date</td>
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<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Co-Occupant Last Name</td>
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<td>First</td>
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<tr>
<td>Address</td>
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<tr>
<td>City</td>
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<tr>
<td>ZIP</td>
<td></td>
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<tr>
<td>Owner Phone Number</td>
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<tr>
<th>Field</th>
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<tr>
<td>Email Address</td>
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### Co-Owner Information

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<th>Details</th>
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<tr>
<td>Co-Owner Last Name</td>
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<td>First</td>
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<td>Init.</td>
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<td>Social Security #</td>
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<td>Birth date</td>
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<tr>
<td>Marital Status</td>
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<th>Field</th>
<th>Details</th>
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<tr>
<td>Is this address your Principal Residence?</td>
<td>Yes</td>
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<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Are you receiving housing assistance?</td>
<td>Yes</td>
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<tr>
<td>If yes, what type:</td>
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### Alternate Contact Information:

This information is being collected to assist us in locating you in the event your phone is out of service or for some other reason we cannot get in contact with you.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Phone Number</th>
<th>Address</th>
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<tr>
<th>Contact Name</th>
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### Statistical Data for Federal Compliance and Equal Opportunity:

<table>
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<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Single Family Home</td>
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<tr>
<td>Duplex</td>
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<td>Triplex</td>
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<td>Fourplex</td>
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<tr>
<td>Single Head of Household?</td>
<td>Yes</td>
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<td>If Yes:</td>
<td>Male</td>
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<td>Are any members of the household disabled/handicapped?</td>
<td>Yes</td>
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<tr>
<td>Is the occupant or co-occupant a Veteran?</td>
<td>Yes</td>
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</table>

Select One or More:  
- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Hawaiian or Pacific Islander
- Other Multi-Racial
**HOUSEHOLD SIZE INFORMATION:**

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>FULL TIME STUDENT?</th>
<th>SOCIAL SECURITY NO.</th>
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<tr>
<td></td>
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<td>Owner/Renter</td>
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<td>Co-Owner</td>
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**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):

<table>
<thead>
<tr>
<th>Name and Address of Financial Institution</th>
<th>Type of Account</th>
<th>Account Number</th>
<th>Balance</th>
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<tbody>
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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 _____________
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.
VERIFICATION AUTHORIZATION,
PRIVACY & RELEASE FORM

Applicant(s): ___________________________________   Address _________________________________

PURPOSE: Your signature on this eligibility Release Form and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Canton Community Development Department to obtain information regarding my income, employment, bank accounts, outstanding debts (including mortgage), to order a consumer credit report and to acquire other information relative to eligibility and continued participation in any of Community Development assistance programs.

PRIVACY ACT NOTICE STATEMENT: The City of Canton Department of Development and the Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant’s eligibility in a Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit in the Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. Your name, address and the amount of assistance funds that you receive are considered public data. Other information provided regarding you and your household are considered private data which will only be used when it is required for administration and management of the program. We cannot release private data or use the private data in any other way unless you give us permission by completing a consent form that is provided by Community Development. Public information may be released to appropriate Federal, State, prosecutors and local agencies when relevant to civil, criminal or regulatory investigation; as well as, all staff/persons involved in program administration, local loan committee member(s) who approve applications, the Auditor(s) who perform required audits of this program, member(s) of the Appeals Committee for the purpose of address/resolving applicant complaint(s) as addressed in the Project Policy and Procedural Manual, and Law Enforcement personnel and other enforcement authorities, as required. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorize to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made in regards to all sources of Income, Assets, and Deductions received from any person or Dependent in the household (i.e. Full-Time Student, Handicap/Disability of Family Member or Minor children, etc.), as well as other information required to determine eligibility.

INSPECTION AND PHOTO RELEASE: I/we hereby authorize the Department of Community Development staff to enter my home for the purposed of taking photographs and inspecting to identify rehabilitation work that is necessary to bring the house up to Residential Rehabilitation Standards.

AUTHORIZATION: I authorize the City of Canton Department of Community Development and HUD to obtain information about me and my household this is pertinent to eligibility for participation in the Program.

I acknowledge that:

- A photocopy of this form is as valid as the original form
- I have the right to review my file and the information received using this form (accompanied by a person of my choosing)
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate
- All adult household members will sign this form and cooperate with the owner and the Department of Community Development in this process.

Printed Name                              Signature of Head of Household  Date
______________________________________  ________________________________________

Printed Name                              Signature of Co-Applicant   Date
______________________________________  ________________________________________

Printed Name                              Signature of Co-Applicant   Date
______________________________________  ________________________________________

Printed Name                              Signature of Co-Applicant   Date
______________________________________  ________________________________________