

**CITY OF CANTON**  
**Mayor Thomas M. Bernabei**

**Lead Hazard Control Grant Application**



**Homeowner/ Tenant Guidelines & Application**

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

**Rollin Seward, Director  
Tom Flanigan, Housing Program Manager  
Kim Fox, Loan/Grant Processor  
Linda Headley, Loan/Grant Processor  
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
- Water/Sewer/Sanitation is 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 between <50%-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
50% Income Limit	24,350	27,800	31,300	34,750	37,750	40,350	43,100	45,900
80% Income Limit	38,950	44,500	50,500	55,600	60,050	64,500	68,950	73,400

Effective 4/2020

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

For information about what the program offers visit [www.cantonohio.gov/lead](http://www.cantonohio.gov/lead)



## 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 Homeowner's 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.
- Current checking account statements and current savings statement** for all adult occupants  
*Please write source of income for all unidentified bank deposits.*
- Copy of Registered Lead Contract (if applicable)**
- Bank documents showing the balance owed on the property (if applicable)**
- If the property taxes are not up-to-date, proof of delinquency payment plan and payment receipts from the last three months are required.**

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.

## 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](mailto:communitydevelopment@cantonohio.gov)

**Once the above information has been provided to our department, and a determination of eligibility has been made, the city of Canton will contact you to schedule an inspection.**



**HOUSEHOLD SIZE INFORMATION:**

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

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	MONTHLY INCOME
		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.

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

**Do you own any other real estate?**  Yes  No (for Owner Occupant only)

If yes, please list the address and/or parcel#: \_\_\_\_\_

**LIENS ON PROPERTY:**

Are there presently any liens on your property/outstanding municipal assessments  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LANDLORD INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**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

Is your property under a Land Contract?  Yes  No

If so, has the Land Contract been recorded with the Stark County Recorder's Office?  Yes  No

Date that is was recorded: \_\_\_\_\_

**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 (INCLUDE DECLARATION PAGE):**

\_\_\_\_\_  
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 with proof of 3 payments.**

**ADDITIONAL PROPERTY INFORMATION:**

# of Units in Building \_\_\_\_\_ # of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

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.*



How did you hear about Canton's Lead Hazard Control Program? \_\_\_\_\_

**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

**Relocation Information:**

This section of the application will be used to formulate a relocation plan for you and your family. If testing reveals lead hazards in your home, you and your family may be required to temporarily relocate while a contractor makes your home lead safe. We strongly encourage all applicants applying for this program to relocate themselves with a family member or friend. In case you are not able to do so, the program will provide temporary hotel accommodations if funding is available.

Please answer the following questions:

Are you able to relocate yourself, your family members and your pets?  Yes  No

Do you require a handicap accessible facility?  Yes  No





# 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:

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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.**





## INSTRUCTIONS TO COMPLETE AFFIDAVIT

To complete this form:

- Fill in applicant's name
- Fill in address of property
- Complete the following for each applicant even if you *do not* have a relative working for the City of Canton:
  - D.O.B./Age
  - Social Security Number
  - Employment
  - Source of Income
  - Property Status
- Each applicant must sign Affidavit before a notary

Under complete only if relationship exists:

- Complete section 1 & 2 *only* if you have a relative working for the City of Canton

Please return to the City of Canton, Department of Development.

# AFFIDAVIT

PROGRAM NAME: **LEAD SAFE CANTON**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

STATE OF OHIO:

COUNTY OF STARK:

TO WHOM IT MAY CONCERN:

The undersigned certifies that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members (are/are not) delinquent in the payment of any indebtedness to the City of Canton, including city income tax, real estate taxes, personal property taxes, water and sewer charges or other City assessments for any properties owned within the City of Canton.

The undersigned hereby authorizes the City of Canton Community & Economic Development Department of the City of Canton, to be given information concerning income tax filing status, real estate taxes, personal property taxes, water and sewer charges or other City assessments, and the existence of any delinquencies.

Further, the undersigned states that (he/she) or that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members is (related/not related), personally and/or through business, to the following City of Canton employee (s) or elected official (s):

**COMPLETE ONLY IF RELATIONSHIP EXISTS:**

1. \_\_\_\_\_ RELATIVE'S NAME \_\_\_\_\_ RELATIVE'S TITLE/DEPT.

2. \_\_\_\_\_ RELATIVE'S NAME \_\_\_\_\_ RELATIVE'S TITLE/DEPT.

D.O.B./AGE \_\_\_\_\_ APPLICANT SIGNATURE

SOC. SEC. NO. \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

SOURCE OF INCOME \_\_\_\_\_

PROPERTY STATUS \_\_\_\_\_ APPLICANT SIGNATURE

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

SIGNED \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**COMPLETE ONLY IF APPLICABLE:**

The applicant/co-applicant \_\_\_\_\_ is an employee of the City of Canton and assigned to the \_\_\_\_\_ Department.





RECEIPT OF THE PROTECT YOUR FAMILY  
FROM LEAD PAMPHLET

**SUMMARY:**

The City of Canton uses federal U.S. Department of Housing and Urban Development (HUD) funding to finance the Housing Rehabilitation Programs such as Minor Home Repair, Roof Replacement and Lead Safe Canton. When government money is involved, housing built prior to 1978 is assumed to have lead-based paint hazards. Some exemptions may apply. The City of Canton will ensure that lead safe work practices are implemented and only contractors with the EPA Lead Safe Renovator Certification will be utilized for renovations. Only Lead Abatement Contractors will be utilized for lead hazard repair/replacement.

I hereby certify that I have received the publication entitled Protect Your Family from Lead in Your Home (EPA 747-K-94-001) and that I have read and understood the information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

THIS MUST BE TURNED IN WITH YOUR APPLICATION