

CITY OF CANTON
Mayor Thomas M. Bernabei

Lead Hazard Control Grant Application



Homeowner/ Tenant Guidelines & Application

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

Sherice Freeman, Director
Karla Heinzer, Housing Program Manager
Kim Fox, Loan/Grant Processor
Edd Ash, 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	26,950	30,800	34,650	38,450	41,500	44,650	47,700	50,800
80% Income Limit	43,050	49,200	55,350	61,500	66,450	71,350	76,300	81,200

Effective 4/2022

How the Program Works After Eligibility is Approved:

- 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 of tested objects will be provided to both the owner (s) and tenant.
- 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.
- A Scope of Work will be created based upon the findings in the Lead Inspection / Risk Assessment.
- The Inspector will go over scope of work with Homeowner.
- A pre-bid walk-thru 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 may be required while the lead work is being completed at the home; 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 at hotel 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.
- 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 of LSC choosing; paid for 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 will take down window covers, move furniture, pack items, etc.
- 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 that the controls used are still maintained & 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



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
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

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.



APPLICATION

RESIDENTIAL OCCUPANT PROFILE



OWNER OCCUPANT TENANT OCCUPANT LAND CONTRACT OWNER

Applicant Last Name First Init. Social Security # Birth date

Co-Applicant Last Name First Init. Social Security # Birth date

Address City ZIP

() () ()
Applicant Home Phone Cell Phone Work Phone Email address

Marital Status: _____

Is this address your Principal Residence? Yes No

Are you receiving housing assistance? Yes No If yes, what type: _____

Main Contact for this application: Applicant Co-Applicant

Best time to schedule an appointment between 8:30am-3:00pm: _____

Best time to call applicant: _____

ALTERNATE CONTACT INFORMATION:

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

Contact Name Phone Number Address

STATISTICAL DATA FOR FEDERAL COMPLIANCE AND EQUAL OPPORTUNITY:

Single Family Home Duplex Triplex Fourplex

Single Head of Household? Yes No **If Yes:** Male Female

Are any members of the household disabled/handicapped? Yes No

Is the occupant or co-occupant a Veteran? Yes No

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

Does a child under age 6 live at this residence? Yes No

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

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.

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:

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

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

Name and Address of Financial Institution:	Type of Account:
	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 there is 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:

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

Landlord’s Name

Address and phone



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 and the signatures of each member of your household who is 18 years of age or older on this eligibility Release Form, **authorizes the city of Canton Community Development Department to obtain information regarding income.** This includes information regarding employment, bank accounts, outstanding debts, mortgage. It also gives permission 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: Canton’s 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 the 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 purpose of taking photographs and inspection to identify rehabilitation work that is necessary to bring the house up to code and safety standards.

AUTHORIZATION: I authorize the Canton Department of Community Development and HUD to obtain information about me and my household that 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
--------------	---------------------------	------

INSTRUCTIONS TO COMPLETE AFFIDAVIT

To complete this form:

- Fill in applicant's name
- Fill in address of property
- Complete the following for each applicant. The following information must be provided on this application.
 - - 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 Community 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 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, 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):

D.O.B./AGE _____	_____
SOC. SEC. NO. _____	APPLICANT SIGNATURE
EMPLOYMENT _____	
SOURCE OF INCOME _____	
PROPERTY STATUS _____	_____
	APPLICANT SIGNATURE

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

SIGNED _____

MY COMMISSION EXPIRES _____

COMPLETE ONLY IF RELATIONSHIP EXISTS:

COMPLETE ONLY IF APPLICABLE:

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

_____	_____
RELATIVE'S NAME	RELATIVE'S TITLE/DEPT.

_____	_____
RELATIVE'S NAME	RELATIVE'S TITLE/DEPT.



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 the Minor Home Repair, the Emergency Repair, Roof Replacement, and Lead Safe Canton Programs. When using govt money, all structures built prior to 1978 are presumed to have lead-based paint. The City of Canton will ensure that lead safe work practices are implemented and only contractors with their EPA Lead Safe Renovator Certification will be utilized.

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 Owner: _____

Date: _____

Witness: _____

Date: _____

THIS MUST BE TURNED IN WITH YOUR APPLICATION