

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

**Lead Hazard Control Grant Application**



**Landlord 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

**Landlords are required to pay \$500 toward the remediation of a tenant occupied unit and a 3-year lien will be placed on the property.**

If the property is vacant or becomes vacant up to 3 years after lead assistance is provided, according to Federal guidelines, you are required to give priority in renting the property to low to moderate income families with emphasis to families with small children (under the age of 6) or pregnant persons for not less than 3 years following the completion of lead abatement activities. You may be asked to provide additional tenant and/or unit information to the City of Canton periodically, even after the property has received assistance.

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 or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Date

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



### **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.
- Federal Tax Return** - most current including schedule C and E .
- Copy of Lease if the unit requiring assistance is not listed in Schedule C and E.**
- Identification - Picture ID**

**IMPORTANT:** The city is required to verify that the property owner is not delinquent in any indebtedness to the city of Canton. We will be verifying current property taxes, income taxes, and all Canton City Utilities (water, sewer, garbage).

### **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)**



# LEAD SAFE CANTON APPLICATION

## LANDLORD PROFILE



\_\_\_\_\_  
Last Name                                      First                                      Init.                                      Social Security #                                      Birth date

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

\_\_\_\_\_  
Address    City    Zip

\_\_\_\_\_  
Email Address

Phone number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Marital Status: \_\_\_\_\_

### 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.

\_\_\_\_\_  
Contact Name                                      Phone Number                                      Address

\_\_\_\_\_  
Contact Name                                      Phone Number                                      Address

Address of Property to be assisted: \_\_\_\_\_ Year Built \_\_\_\_\_

Unit#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Single Family Home       Duplex       Triplex       Fourplex

Tenant Name: \_\_\_\_\_ Tenant phone number: \_\_\_\_\_

Is there presently a Lead Order on this property?     Yes (if Yes, please provide a copy)     No

Does the Tenant have any children under the age of six?  Yes     No

Is the Tenant presently pregnant?  Yes     No

### PROPERTY MORTGAGE INFORMATION:

Name of owner as it appears on the assisted property's title: \_\_\_\_\_

Is there a mortgage on the assisted property?     Yes     No

If yes, are you current on the mortgage?     Yes     No

**FIRST MORTGAGE OF PROJECT PROPERTY:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address City ZIP

\_\_\_\_\_  
Balance Owed Now

**SECOND MORTGAGE OF PROJECT PROPERTY:**

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Current Balance

**HOMEOWNER'S INSURANCE FOR PROJECT PROPERTY:**

\_\_\_\_\_  
Insurance Company Homeowners Policy is through

\_\_\_\_\_  
Expiration Date of Insurance

**PROPERTY TAXES (ALL PROPERTIES OWNED IN CANTON MUST BE CURRENT):**

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 for *each* property located within the city of Canton.**

**ADDITIONAL PROPERTY INFORMATION:**

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

Parcel #: \_\_\_\_\_

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.*

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**  
**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





## 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 Owner	Date
Printed Name	Signature of Co-Owner	Date
Printed Name	Signature of Co-Owner	Date
Printed Name	Signature of Co-Owner	Date



# 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 \_\_\_\_\_

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

EMPLOYMENT \_\_\_\_\_

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

PROPERTY STATUS \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
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.



## 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.

