



One Government Center | Suite 1800 | Toledo, Ohio 43604 | Phone 419-245-1400 | Fax 419-245-1192

Dear Applicant:

Thank you for your interest in the Lead-Based Paint Hazard Control Program, provided by the City of Toledo, Department of Neighborhoods.

Funding for the Program received from the U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control, provides financial assistance to help reduce lead paint hazards in residential units located in the City of Toledo.

Assistance is provided to qualified homeowners and landlords in the form of a grant.

The following eligibility requirements also apply:

- Property must have been built before 1978
- Identifiable lead hazards must be present.
- Owner-Occupied properties must be the primary residence for a child(ren) under the age of six OR a pregnant female or the household can attest that children under the age of 6 regularly visit the residence, but do not reside at the address (regularly means the child must visit twice in the same week for three hours or more per visit. There must be 10 weeks of such visits in a year.)
- All children under six years old residing within the participating units must be tested prior to and after the lead-based paint work completion
- For Owner-Occupant housing, owner-occupant households have to meet household income guidelines that amount to HUD's 80% of median area income.
- For rental units, priority is given to occupying households meeting income guidelines that amount to HUD's 50% or below the median area income, however households at 80% or below can be considered. All rental applications must be submitted by the property owner, however the income of the tenant must meet the income eligibility guidelines not the landlord.
- Owner must be current on property taxes or have an executed payment plan
- Mortgage payments must not be delinquent
- Property must be structurally sound with no major Code deficiencies
- A grant agreement and recorded restrictive covenant will be required between the property owner and the City of Toledo Department of Neighborhoods

Qualified rental properties may be eligible for a grant of up to \$14,000 to address lead hazards; however assistance will vary with the needs of the property. Funds to address required safety and code deficiencies may be available through other city programs based on eligibility.

Please submit the completed application along with all required documentation to the Department of Neighborhoods, Division of Housing. If you have any questions regarding the application or eligibility, please contact the Department at 419/245-1400.

FY2020



COT/DON
RENTAL APP TLG rev 01/04/2021



**RENTAL PROPERTY APPLICATION
FOR
LEAD-BASED PAINT HAZARD CONTROL**

Owner Information

Owner Name(s):					
Business, Trust or LLC Name:					
Tax ID:					
Mailing Address:					
City:					
State:					
Zip Code:					
Primary Contact Name:					
Phone # (home):		(work)		(cell)	
E-mail:					
Do you or any immediate family members work for the City of Toledo?				<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, in which Department?					
<i>If the building is owned by a Business, Trust or LLC, a Notarized Corporate Resolution or official "Articles of Incorporation" identifying the person eligible to sign funding documents will need to be submitted.</i>					

Property Information

Street Address:					
City:					
State:					
Zip Code:					
Year Property Built:					

Property Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family (2-4 units)	
Number of Units with application:	Number of Occupied Units:
Does the property have a mortgage? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, are the mortgage payments current/up to date? <input type="checkbox"/> Y <input type="checkbox"/> N
Are property taxes current/up to date? <input type="checkbox"/> Y <input type="checkbox"/> N	If no, is there a formal payment plan currently in place? <input type="checkbox"/> Y <input type="checkbox"/> N
Is the property insured? <input type="checkbox"/> Y <input type="checkbox"/> N	Has the property been tested for lead-based paint previously? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, when?
Have you received a Lead Hazard or a Nuisance Order on the property? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, when?	
Have you ever received or applied for funding from the City of Toledo Department of Neighborhoods to rehab this building? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, when? Which program?	

INCOMPLETE APPLICATIONS WILL BE DELAYED

CITY OF TOLEDO LEAD GRANT
DEPARTMENT OF NEIGHBORHOODS

Unit #1	Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>
Housing Unit Area (sq ft)		
Total Number of Rooms		
Total number of Bedrooms		
Unit #2	Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>
Housing Unit Area (sq ft)		
Total Number of Rooms		
Total number of Bedrooms		
Unit #3	Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>
Housing Unit Area (sq ft)		
Total Number of Rooms		
Total number of Bedrooms		
Unit #4	Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>
Housing Unit Area (sq ft)		
Total Number of Rooms		
Total number of Bedrooms		

CONSENT AND AUTHORIZATION FOR VERIFICATION PURPOSES (ALL OWNER(S) MUST COMPLETE THIS FORM)

You must fill in your Social Security number, sign, and date this form. Application cannot be considered unless accompanied by this form.

I understand my rights under the right to Financial Privacy Act and hereby authorize your Agency/Company to disclose information contained in my financial records to the Department of Neighborhoods, One Government Center, Suite 1800, Toledo, Ohio, 43604, for the following purpose: **Rehabilitation of Property**

I understand that this Authorization may be revoked by me in writing at any time before my records are disclosed.

(Signature of Owner)	(Social Security No.)	Date
(Signature of Co-Owner)	(Social Security No.)	Date
(Signature of Co-Owner)	(Social Security No.)	Date

ACKNOWLEDGMENT OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, **Protect Your Family from Lead in Your Home**, informing me of the potential risk of lead hazard exposure from renovation activity to be performed. I received this pamphlet before the work began on

Unit Address	Signature
--------------	-----------

Lead Testing Release

I, _____, acknowledge that by having my property at _____ tested for lead-based paint hazards by the City of Toledo, Department of Neighborhood and Business Development (DNBD) through the Lead-Based Paint Hazard Control Program, I am required to disclose the testing results to all current and future tenants and potential buyers.

I understand that even if the property is tested for lead hazards the Lead-Based Paint Hazard Control Program might not be able to assist in the lead remediation of the above property if program limitations do not make the activities feasible.

I understand that potential funding will be provided as a grant up to the program limit of \$14,000 and owners are required to leverage any additional costs beyond the grant.

I understand that following the signing of funding documents, a 3-year restrictive covenant will be recorded on the property requiring continued rental to moderate to low income households with priority given to households with child(ren) under the age of six years. If the property transfers ownership within those three years, I understand that a restriction must be incorporated into the deed transferring title to such property. Such deed restriction will incorporate the restrictive covenant for the remainder of the three year period. This requirement shall be a non-negotiable condition of transfer of title.

I understand that the DNBD will cover the recording fee and provide endorsed release documents upon request at the end of the restrictive period but the cost of release will be the responsibility of the owner.

I understand that all applicant properties must be structurally sound with full electrical wiring in place and have working plumbing and heating as a condition of grant approval.

I understand that submission of this application does not guarantee project funding, nor does it exempt me from complying with any building code, City ordinance, Section 8, Lucas County Health Department, or any other official orders and submitting this application does not exempt me from any possible consequences of non-compliance.

I understand that eligibility determination for enrollment cannot be completed until a complete application from both the owner and the tenant (along with all supporting documentation) is submitted for review.

I understand that, as the owner of the assisted property, I am responsible for maintaining said property in a lead-safe condition following the intervention performed and that a maintenance schedule for all treated surfaces not undergoing abatement is required.

I certify that my answers are true and complete to the best of my knowledge. I understand that intentionally false or misleading information submitted on this application may result in being permanently banned from the Lead-based Paint Hazard Control program.

Owner Signature

Date

Owner/Landlord Eligibility Documentation

- Application**, completely filled out;
- Proof of Identification** (i.e. driver's license or state I.D.);
- Name, address and account numbers for all mortgages on the property** (current mortgage statement);
- Proof of homeowner's insurance as applicable** (Declarations page showing amount of coverage);
- Proof that real estate taxes are paid current** and/or proof of an approved and documented payment plan;
- Consent and authorization for verification form** signed by all owners;
- Notarized Corporate Resolution or official "Articles of Incorporation"** (as applicable)
- Documentation of Signatory Authority** (as applicable)
- Copy of Current Lease(s)**

For questions regarding the completion and submission of the Application contact:
City of Toledo, Department of Neighborhoods, Housing Division
One Government Center, Suite 1800, Toledo, Ohio 43604 (419)245-1400





RENTAL PROPERTY APPLICATION FOR LEAD-BASED PAINT HAZARD CONTROL

TENANT INFORMATION

Tenant application information and documentation may be submitted by the tenant directly to the Department of Neighborhood and Business Development

Unit address: _____ (To be completed and submitted for **each** unit to be addressed.)

Tenant Information:

Tenant Name:					
Phone # (home):		(work)		(cell)	

Are you a Housing Choice Voucher Recipient (formerly Section 8)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
--	----------------------------	----------------------------

Household Members (list all persons related and nonrelated residing in the unit)

Name	Age	Lead Tested	EBL	Medicaid Recipient	Race	Hispanic Ethnicity
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N

(use back of page to list any additional household members)

Are there any pregnant women currently living in the unit?	<input type="checkbox"/> Y	<input type="checkbox"/> N
--	----------------------------	----------------------------

Household Income (list all persons related and nonrelated residing in the unit receiving income)

Name	Monthly Income	Source (Wages, Benefits, Pensions, Public Assistance, Other)

Tenant Relocation Information

All occupants usually need to be temporarily relocated during a LBPHC project for their safety; this usually lasts 3-5 days. The program is required to provide relocation assistance to tenant occupants.

If necessary, are you willing to be relocated while lead work is being performed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
---	----------------------------	----------------------------

Can you stay with family or friends while work is being performed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
--	----------------------------	----------------------------

Do you have pets?	<input type="checkbox"/> Y <input type="checkbox"/> N	Type and size of pets:	
-------------------	---	------------------------	--

****Please note:** if you are relocated while lead work is being performed you are responsible for any damage to the property to which you were relocated. You are also responsible for any long distance calls made during your relocation.

ACKNOWLEDGMENT OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, ***Protect Your Family from Lead in Your Home***, informing me of the potential risk of lead hazard exposure from renovation activity to be performed. I received this pamphlet before the work began on _____

Unit Address	Signature
--------------	-----------

CITY OF TOLEDO CONSENT AND AUTHORIZATION FOR VERIFICATION PURPOSES

All adult persons receiving income living in the in household must complete this form. You must fill in your Social Security number, sign, and date this form. Application cannot be considered unless accompanied by this form. I understand my rights under the right to Financial Privacy Act and hereby authorize your Agency/Company to disclose information contained in my financial records to the Department of Neighborhoods, One Government Center, Suite 1800, Toledo, Ohio, 43604, for the following purpose: Rehabilitation of Property. I understand that this Authorization may be revoked by me in writing at any time before my records are disclosed.

(Signature of Occupant)	(Social Security No.)	Date
(Signature of Occupant)	(Social Security No.)	Date
(Signature of Occupant)	(Social Security No.)	Date
(Signature of Occupant)	(Social Security No.)	Date

AFFIDAVIT OF HOUSING OCCUPANCY

I, _____, certify that the following individuals are or will be occupants of
Applicant/Occupant name
 _____, Toledo, Ohio, _____ that is a
Address zip code

housing unit for which funds may be provided through the City of Toledo Department of Neighborhood and Business Development (DNBD) to assist the applicant to rehabilitate the housing unit:

Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship
Name	Soc. Sec. #	D.O.B.	Income	Relationship

This affidavit will also act as authorization for the DNBD to verify any income information regarding the individuals listed above and is made for the City of Toledo with full knowledge that said city relies on the validity of this statement to determine eligibility for its assistance programs.

WITNESS its hand this ____ day of _____, 20_____.

Signed and acknowledged in the presence of:

Witness Signature	Applicant/Occupant Signature
Print Name	Print Name

STATE OF OHIO, COUNTY OF LUCAS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

Certification of Zero Income (To be completed by adult household member only, if appropriate)

APPLICANT/OCCUPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please check as appropriate:

I certify that I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

Signature

Date

Sworn to before me and subscribed in my presence this _____ day of _____ 20____.

Notary

CERTIFICATION OF UNBANKED STATUS (all persons receiving income without a bank account must sign this form)

My signature below attests that I do not maintain any type of account (e.g., saving, checking) at any bank, credit union or other financial institution, whether locally or out of county.

(Signature of Occupant)

Date

(Signature of Occupant)

Date

(Signature of Occupant)

Date

I certify that my answers are true and complete to the best of my knowledge. I understand that intentionally false or misleading information submitted on this application may result in being permanently banned from the Lead-based Paint Hazard Control program.

Tenant Signature

Date



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
--------------------------------------	--------------------------------------

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
------------------------	----------	---------	-------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
---	---------------------------

Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
-----------------------------------	----------------------	---

12A. Current Gross Base Pay (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, is its Continuance Likely?	
<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly				Pay Grade			
\$ _____				Type		Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings				Monthly Amount		Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type	Year To Date	Past Year	Past Year	Base Pay	\$	15. If paid hourly — average hours per week	
Base Pay	Thru _____	\$	\$	Rations	\$		
Overtime	\$	\$	\$	Flight or Hazard	\$	16. Date of applicant's next pay increase	
Commissions	\$	\$	\$	Clothing	\$		
Bonus	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase	
Total	\$	\$	\$	Pro Pay	\$		
				Overseas or Combat	\$	18. Date of applicant's last pay increase	
				Variable Housing Allowance	\$		
19. Amount of last pay increase							

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Commissions _____ Bonus _____
24. Reason for Leaving		25. Position Held	

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Tenant Eligibility Documentation

All applicable documentation listed below must be submitted with the application in order to compete eligibility review for the program.

- Application**, completely filled out;
- Proof of Identification** (i.e. driver's license or state of Ohio I.D.);
- Copy of birth certificate/birth record for all children under 6 years of age;**
- Copy of lead laboratory results for all children under 6 years of age residing in the household;**
- Consent and authorization for verification form** signed by all individuals currently living in the household and receiving income;
- Affidavit of Housing Occupancy.**

***Items listed below are not required for Housing Choice Voucher/Section 8 tenants.**

- Proof of employment** (last 2 mos. pay stubs) **for all individuals currently living in the household;***
- Verification of Employment form;***
- Proof of social security, pensions, retirement, child support, alimony** and any other type of income not listed, **for all individuals currently living in the household;***
- Verification of all savings, checking and all other investment accounts** (i.e. copies of bank and investment account statements);*
- Copy of **whole life insurance policy** that has cash value amount noted;*
- Notarized Certification of Zero Income** (*if applicable*);*

Completed tenant application information and documentation may be submitted by the tenant directly to the Department of Neighborhoods:

City of Toledo
Department of Neighborhoods, Housing Division
One Government Center, Suite 1800
Toledo, Ohio 43604
(419)245-1400