

NAZARETH HOUSING DEVELOPMENT CORPORATION

795 RUSSELL AVENUE AKRON, OH 44307 | OFFICE: (330) 374-1526 | FAX: (330) 374-1569



LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM APPLICATION

APPLICANT'S INFORMATION

PRIMARY APPLICANT		SECONDARY APPLICANT	
NAME		NAME	
ADDRESS		ADDRESS	
CIYY, STATE, ZIP		CIYY, STATE, ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
WORK PHONE		WORK PHONE	
EMAIL ADDRESS		EMAIL ADDRESS	

EMPLOYMENT INFORMATION

PRIMARY APPLICANT		SECONDARY APPLICANT	
EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
CIYY, STATE, ZIP		CIYY, STATE, ZIP	
HOW LONG EMPLOYED		HOW LONG EMPLOYED	
POSITION		POSITION	
MONTHLY SALARY		MONTHLY SALARY	
ANNUAL SALARY		ANNUAL SALARY	

HOUSEHOLD INFORMATION

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD.

PLEASE INCLUDE ALL MEMBERS LISTED AS DEPENDANTS ON YOUR CURRENT 1040 TAX RETURN.

	NAME	DATE OF BIRTH	AGE	RELATIONSHIP	DOES CHILD RECEIVE MEDICAID
1					
2					
3					
4					
5					
6					
7					
8					

PLEASE INDICATE MAIN CONTACT FOR THIS APPLICATION:

APPLICANT | CO-APPLICANT/SPOUCE | BOTH

BEST NUMBER TO REACH CONTACT PERSON?

HOME | WORK | CELL

BEST TIME TO CALL? _____

BEST TIME TO SET UP AN APPOINTMENT DURING BUSINESS HOURS? _____

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HOUSEHOLD INCOME INFORMATION

PLEASE LIST ANY ADDITIONAL INCOME FOR YOUR HOUSEHOLD:

(Example: trust funds, social security, supplemental security income, pension, interest, dividends, annuity, worker's compensation, disability, aid to dependant children, unemployment, child support and alimony)

1 SOURCE _____
ACCOUNT NO. _____
MONTHLY AMOUNT _____

ADDRESS _____
CASE WORKER _____

2 SOURCE _____
ACCOUNT NO. _____
MONTHLY AMOUNT _____

ADDRESS _____
CASE WORKER _____

PROPERTY INFORMATION

TO BE ELIGIBLE FOR THE PROGRAM, APPLICANTS MUST PROVIDE UP-TO-DATE PROOF OF THE FOLLOWING INFORMATION:

Proof of up-to-date Mortgage Payments, Proof of up-to-date Homeowner's/Renter's Insurance and Proof of up-to-date Taxes

DO YOU HAVE HOMEOWNER'S/RENTER'S INSURANCE? _____

WHAT IS THE NAME OF YOUR INSURANCE COMPANY? _____

TELEPHONE NUMBER _____ ANNUAL PREMIUM AMOUNT: _____

ARE YOUR MORTGAGE PAYMENTS UP-TO-DATE? _____ IF NO, DO YOU HAVE A PAYMENT PLAN? _____

MORTGAGE PAYMENT AMOUNT: _____

ARE YOUR TAX PAYMENTS UP-TO-DATE? _____ IF NO, DO YOU HAVE A PAYMENT PLAN? _____

MONTHLY TAX PAYMENT AMOUNT: _____

HAVE YOU EVER DECLARED BANKRUPTCY? _____ IF YES, WHEN? _____

IS YOUR HOME CURRENTLY IN FORECLOSURE? _____

ARE THERE ANY LIENS OR JUDGEMENTS ATTACHED TO YOUR PROPERTY? _____

IF YOUR PROPERTY IS UNDER A LAND CONTRACT, HAS IT BEEN RECORDED WITH SUMMIT COUNTY? _____

IF YES, WHEN WAS IT RECORDED? _____

OTHER WORK COMPLETED ON YOUR HOME

HAVE YOU RECEIVED ASSISTANCE ON YOUR HOME BY ANOTHER AGENCY? _____

IF YES, WHICH AGENCY PROVIDED ASSISTANCE? _____

WHAT IMPROVEMENTS WERE ADDRESSED? _____

EXAMPLE: Vinyl siding, Windows, Doors, Furnace, Hot Water Tank, Insulation, Roof Repairs, Electrical, Plumbing, Handicap Access

WHAT YEAR WAS THE IMPROVEMENTS COMPLETED? _____

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WHAT OTHER ASSISTANCE IS NEEDED FOR YOUR HOME? _____

EXAMPLE: Vinyl siding, Windows, Doors, Furnace, Hot Water Tank, Insulation, Roof Repairs, Electrical, Plumbing, Handicap Access

HOW DID YOU HEAR ABOUT THE LEAD PROGRAM? _____

OPTIONAL INFORMATION

WHAT IS YOUR RACE? _____

EXAMPLE: American Indian or Alaska Native, Asian, Black, or African American, Native Hawaiian, or Pacific Islander, White, American Indian or Alaska Native and White, Asian and White, Black or African American and White, American Indian or Alaska Native and black, Other or Choose not to answer the above question/section

****LEAD BLOOD TESTING IS A PROGRAM RECOMMENDATION****

HAS YOUR CHILD/CHILDREN EVEN BEEN TESTED FOR LEAD POISONING? _____

DATE OF BLOOD TEST _____

NAME OF PHYSICIAN WHO CONDUCTED THE TEST _____

RESULTS

POSITIVE | NEGATIVE

RESULT NUMBER _____

DO YOU LIVE IN A HOME BEUILT BEFORE 1978? _____

RELOCATION INFORMATION

WE WILL RELOCATE THE NUMBER OF FAMILY MEMBERS YOU HAVE LISTED ON THE FRONT OF THIS APPLICATION

This section of the application will be used to formulate a relocation plan for your family. Due to the lead hazards found in your home, you and your family must relocation while the contractor makes your home lead safe. We strongly encourage all applicants applying to the program to relocate themselves with a family member or friend. In case you are not able to do so, the program does provide temporary housing. If a relocation house is needed the start of the lead abatement work should be scheduled once a lead safe property is available.

Please answer the following questions:

ARE YOU ABLE TO RELOCATE YOURSELF AND YOUR FAMILY? _____

IF NO, PLEASE LIST THE NUMBER OF MEMBERS TO BE RELOCATED _____

HOW MUCH NOTICE DO YOU REQUIRE BEFORE BEING RELOCATED? _____

DO YOU REQUIRE A HANDICAP ACCESSIBLE FACILITY? _____

PLEASE ADD ANY COMMENTS THAT YOU FEEL WILL ASSIST US IN EVALUATING YOUR APPLICATION

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**AUTHORIZATION FOR DISCLOSE AND CREDIT CHECK
AUTHORIZATION TO OBTAIN VERIFICATION OF INFORMATION
AUTHORIZATION TO RELEASE INFORMATION**

I/we authorize the Lead Hazard Reduction Demonstration Grant Program to release copies of my/our proof of income, birth certifications, this agreement, lead and or rehabilitation cost, list of work specifications, contract agreements, credit reports, loan documents to the City of Akron, Health Department, other City of Akron Departments, Nazareth Housing Development Corporation (NHDC), East Akron Neighborhood Development Corporation (EANDC), NeighborWorks, Summit County and other program partners. The program partners may be able to offer financial assistance for improvements to your home based on qualifications.

I/we hereby grant permission to NHDC, EANDC, and City of Akron Departments to run credit report(s), verify income, proof of insurance and proof of homeownership. I/we give permission to NHDC obtain verification of information that is necessary to process my/our application for the Lead Hazard Reduction Demonstration Grant Program. NHDC is authorized to release and verify all information on this application. The purpose or need for disclosure is for evaluation and monitoring purposes only.

I/we state that I/we have read and fully understand the above statements as they apply to me/us and do herein expressly consent to disclosure for the purpose of need and the extent or nature as stated above. A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The information is for the confidential use of the above mentioned agencies/organizations in determining my/our credit worthiness for a grant, installment loan, and/or deferred loan or to confirm information that I/we have supplied. In addition, I/we also understand that the documents supplied are subject to re-verification as needed even after the date of grant/loan disbursement. If I/we do not qualify, withdraw from the program or are denied assistance by the Lead Hazard Reduction Demonstration Grant Program the property owners will be responsible for all code violations and lead hazards present at their property.



Initial: _____
Date: _____

Initial: _____
Date: _____



WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF PAMPHLET

I have received a copy of the pamphlets Renovate Right and Protect Your Family from Lead in Your Home, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit. To complete the application I have initialed above that these were available to me when I/we applied to the program.

I certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Primary Applicant Signature

Date

Secondary Applicant Signature

Date

