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





		AF	PLICANT'S	INFORM	ATION			
PRIMARY APPLICANT			SECONDARY APPLICANT					
NAME					NAME			
ADDRESS					ADDRESS			
CITY, STATE, ZIP				CITY,	STATE, ZIP			
HOME PHONE				ног	ME PHONE			
CELL PHONE				CI	ELL PHONE			
WORK PHONE				wo	RK PHONE			
EMAIL ADDRESS				EMAII	ADDRESS			
		ru	IDI AVMENT	INFORM	ATION			
	DE	EM RIMARY APPLICANT	<u>iployment</u>	INFUKM	Aliun	e E O	ONDARY APPLICANT	
		NIMANY APPLICANT					UNDANY APPLICANT	
EMPLOYER			EMPLOYER					
ADDRESS				ADDRESS				
CITY, STATE, ZIP				CITY, STATE, ZIP				
HOW LONG EMPLOYED			HOW LONG EMPLOYED					
POSITION			POSITION					
MONTHLY SA				MONTHLY SALARY				
ANNUAL SALARY			ANNUAL SALARY					
		H	OUSEHOLD I	NFORM <i>i</i>	ATION			
Please list all mer	mbers (of your household. Please inc children under age 6 liste						40 tax return and all
								DOES CHILD
NAME DATE		DATE OF	BIRTH	AGE		RELATIONSHIP	RECEIVE MEDICAID	
1								
2								
3								
4								
5								
6								
7								
8								
PLEASE INDICATE MAIN CONTACT FOR THIS APPLICATION: APPLICANT CO-APPLICANT BOTH								
BEST NUMBER TO REACH CONTACT PERSON? HOME WORK CELL BEST TIME TO CALL?								
BEST TIME TO SET UP AN APPOINTMENT BETWEEN 8AM AND 4:30PM?								

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HOUSEH	OLD INCOME INFORMATION			
	ITIONAL INCOME FOR YOUR HOUSEHOLD:			
1	urity income, pension, interest, dividends, annuity, worker's compensation,			
	ildren, unemployment, child support and alimony)			
SOURCE	ADDRESS			
ACCOUNT NO.	CASE WORKER			
MONTHLY AMOUNT				
SOURCE	ADDRESS			
ACCOUNT NO.				
MONTHLY ANACHINT				
MONTHLY AMOUNT				
PRO	OPERTY INFORMATION			
<u> </u>	PROVIDE UP-TO-DATE PROOF OF THE FOLLOWING INFORMATION:			
	-to-date Homeowner's/Renter's Insurance and Proof of up-to-date Taxes			
DO YOU LIVE IN A HOME BUILT BEFORE 1978?				
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:	CURRENT MORTGAGE BALANCE?			
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 WERE THE IMPROVEMENTS COMPLETED?				

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WHAT OTHER NEEDED IMPROVEMENTS ARE YOU AWARE OF IN 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, Amerian
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
RELOCATION INFORMATION
WE WILL RELOCATE THE 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 relocate 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 your family requires temporary housing, the work on your home will
be scheduled once a lead safe property is available.
ac sancaaled once a lead sale 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
PELASE ADD ANY COMMENTS THAT TOO TELE WILE ASSIST OS IN EVALUATING TOOK ATTEICATION

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LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM APPLICATION

AUTHORIZATION TO OBTAIN & RELEASE DISCLOSE, CREDIT CHECK AND VERIFICATION OF INFORMATION

I/we hereby grant permission to Nazareth Housing Development Corporation (NHDC) and the City of Akron to verify income, proof of insurance and proof of homeownership and other info, to determine eligibility of our application for the Lead Hazard Reduction Demonstration Grant Program (LHRDGP). The purpose or need for disclosure is for evaluation and monitoring purposes only. The program partners may be able to offer financial assistance for improvements to your home based on qualifications.

I/we state that I/we have read and fully understand the above statements. A photographic or fax copy of this authorization is the equivalent of the original and may be used as a duplicate original. The information is for the confidential use of NHDC and the City of Akron in determining my/our eligibility for the LHRDGP. 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 may be responsible for all code violations and lead hazards present at their property.

WALK AWAY POLICY

Regardless of eligibility, under certain circumstances, Nazareth Housing may refuse assistance to an applicant. Such circumstances include, but are not limited to:

- 1. The applicant or applicants' associate(s) become verbally or physically abusive and/or threatens Nazareth Staff or Board members, Staff members of Nazareth's funders, contractors, subcontractors or employees of contractors.
- 2. When during the course of the application and/or eligibility process, the applicant continually fails to cooperate with Nazareth Staff or Board members, Staff members of Nazareth's funders, contractors their subcontractors or employees and/or fails to meet his or her required responsibilities.
- 3. When it becomes clear that neither the applicant nor Nazareth will benefit from providing service to the applicant, due to lack of communication or other factors.
- 4. When the applicant knowingly misrepresents information relevant to his or her eligibility for assistance through the program
- 5. If the Applicant's home is in a condition that is either excessively unsanitary or in any way causes undue hardships for Lead Abatement work to be completed successfully.
- 6. If the Applicant is unable to relocate their household for the duration of the Lead Abatement work.

By signing below, I certify that all information on this application and all information furnished in support of this application are true and complete to the best of my knowledge and belief.

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







The Parent/Guardian of the Children under age six must complete the form below; the form <u>must be notarized</u> and returned to Nazareth Housing.

The goal of the Office of Lead Hazard Control & Healthy Homes Lead Hazard Control Grant Programs is to prevent childhood lead poisoning by implementing primary prevention strategies that address homes where at-risk children are likely to reside, with a focus on homes with children under six (6) years of age. A pregnant woman qualifies as a "child occupant." Children under 6 are much more susceptible to the damaging effects of lead poisoning than older children. Lean poisoning affects the soft tissues, especially in the brain, and can cause developmental defects.

From:	795 Russell Avenue Akron, OH 44307	_	
Re:	Lead Program: Child Under Six Verification	_	
l,	PARENT/GUARDIAN NAME	the Pare	ent/Guardian of:
	FAILNT/ OUANDIAN NAIVIL		
	CHILD'S NAME	AGE	DOES CHILD RECEIVE MEDICAID
	CHILD'S NAME	AGE	DOES CHILD RECEIVE MEDICAID
	CHILD'S NAME	AGE	DOES CHILD RECEIVE MEDICAID
certify that m With his/her	y child spends at least 8 hours per month at	. If you have a	CLIENT'S ADDRESS any question or concerns,
please call me	CLIENT'S RELATIONSHIP TO CHILD PARENT/GUARDIAN PHONE # Opportunity for Blood	L and Tasting	
the child's pediat	uraged to have their child's blood tested for lead rician or Akron Children's Hospital. The Women' epartment, can provide testing, at no cost to the	I-based paint pois s, Infants & Child	ren's (WIC) Clinic, through the Summi
□ I/We ha	ive read the above statements and will take	my child/childre	en tested for lead paint poisoning.
	ave read the above statements and for pe or lead paint poisoning.	rsonal reasons	decline to have my child/childrer
	PARENT/GUARDIAN SIGNATURE		DATE
	PARENT/GUARDIAN SIGNAME (PLEASE PRINT)		

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APPLICANT'S INFORMATION					
	LANDLORD INFORMATION		TENANT INFORMATION		
NAME		NAME			
ADDRESS		ADDRESS			
CITY, STATE, ZIP		CITY, STATE, ZIP			
HOME PHONE		HOME PHONE			
CELL PHONE		CELL PHONE			
WORK PHONE		WORK PHONE			
EMAIL ADDRESS		EMAIL ADDRESS			
PLEASE INDICATE MAIN CONTACT FOR THIS APPLICATION: APPLICANT CO-APPLICANT BOTH BEST NUMBER TO REACH CONTACT PERSON? HOME WORK CELL BEST TIME TO CALL?					
BEST TIME TO SET UP AN APPOINTMENT BETWEEN 8AM AND 4:30PM?					
WHAT OTHER NEEDED IMPROVEMENTS ARE YOU AWARE OF IN YOUR HOME?					
EXAMPLE: VINYI SIG	ing, windows, Doors, Furnace, Hot W	ater Tank, Insulation, Kooj Kep	airs, Electrical, Plumbing, Handicap Access		
HOW DID YOU HEAR ABOUT THE LEAD PROGRAM?					
		RK COMPLETED ON YOUR HOI	NE .		
	ED ASSISTANCE ON YOUR HOME BY A	NOTHER 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 WERE THE IMPROVEMENTS COMPLETED?					
WHAT TEAK WERE THE IMPROVEMENTS COMPLETED:					
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 LIVE IN A HOME BUILT BEFORE 1978?					
DO YOU HAVE HOMEOWNER'S/RENTER'S INSURANCE?					
WHAT IS THE NAM	TE OF YOUR INSURANCE COMPANY?				
TELEPHONE NUMBER ANNUAL PREMIUM AMOUNT:					

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ARE YOUR MORTGAGE PAYMENTS UP-TO-DATE?	IF NO, DO YOU HAVE A PAYMENT PLAN?		
MORTGAGE PAYMENT AMOUNT:	CURRENT MORTGAGE BALANCE?		
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 PROP	ERTY?		
IF YOUR PROPERTY IS UNDER A LAND CONTRACT, HAS IT BEEN REC	ORDED WITH SUMMIT COUNTY?		
IF YES, WHEN WAS IT RECORDED?			
AUTHODIZATION TO OPTAIN A DELFACE DICOLOCE (DEFINIT OUTON AND VEDICIONATION OF INCODMETION		
AUTHORIZATION TO OBTAIN & RELEASE DISCLOSE, O			
	ent Corporation (NHDC) and the City of Akron to verify income,		
	o, to determine eligibility of our application for the Lead Hazard pose or need for disclosure is for evaluation and monitoring		
	nancial assistance for improvements to your home based on		
qualifications.	number assistance for improvements to your nome based on		
4			
I/we state that I/we have read and fully understand the above	statements. A photographic or fax copy of this authorization is		
the equivalent of the original and may be used as a duplicate o	riginal. The information is for the confidential use of NHDC and		
the City of Akron in determining my/our eligibility for the LHRI			
-	on Grant Program the property owners may be responsible for		
all code violations and lead hazards present at their property.			
WALK AW	AY POLICY		
Regardless of eligibility, under certain circumstances, Nazareth Hou	using may refuse assistance to an applicant. Such circumstances		
include, but are not limited to:			
1. The applicant or applicants' associate(s) become verbally or physically abusive and/or threatens Nazareth Staff or Board			
members, Staff members of Nazareth's funders, contractors, subcontractors or employees of contractors.			
2. When during the course of the application and/or eligibility process, the applicant continually fails to cooperate with			
Nazareth Staff or Board members, Staff members of Nazareth's funders, contractors their subcontractors or employees and/or fails to meet his or her required responsibilities.			
3. When it becomes clear that neither the applicant nor Nazareth will benefit from providing service to the applicant, due to			
lack of communication or other factors.			
4. When the applicant knowingly misrepresents information relevant to his or her eligibility for assistance through the program			
If the Applicant's home is in a condition that is either excessively unsanitary or in any way causes undue hardships for Lead			
Abatement work to be completed successfully.			
6. If the Applicant is unable to relocate their household for the duration of the Lead Abatement work.			
By signing below, I certify that all information on this application a	nd all information furnished in support of this application are true		
and complete to the best of my knowledge and belief.			
Landlard Claustine			
Landlord Signature	Date		







Nazareth's Affordable Housing Programs

Thank you for your interest in Nazareth Housing Development Corporations' Lead Hazard Reduction Program. Nazareth Housing Development Corporation's Lead Hazard Reduction Program can provide a grant for up to \$14,000 which will assist you to eliminate lead paint hazards in your home by replacing windows, doors, siding, and many other home repair issues that are caused by hazardous lead paint.

Nazareth Housing has thoroughly renovated properties available in the City of Akron and in Summit County for Rental or Lease Purchase. There are no rental subsidies applied to these homes; our rental rates, however, are below fair market value and are affordable for low-income households. If you are interested in purchasing or renting a home, we would love to assist you.

We may have grant funds available which allows us to sell you a home anywhere in Summit County excluding properties located in of the City of Akron, Barberton, and Cuyahoga Falls. If you are searching or have found a home outside the city, we may have subsidies to make purchasing that home very affordable.

Please keep in mind that your household's annual income must not exceed the current HUD Income Limits. If you are interested in our programs, please fill out the enclosed application and mail send it back by mail, fax, or scan and email at the numbers/addresses listed below.

Please call us or visit us online at www.nazarethhousing.org to learn more about our organization and the programs and services we provide.

We look forward to serving you!

Lead Hazard Reduction Program Details

Please read the following information for details about the Lead Hazard Reduction Program.

REQUIRED ELIGIBILITY DOCUMENTS

The following information is required to complete the eligibility process. WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION WITHOUT ALL OF THE REQUIRED DOCUMENT:

- Proof of up-to-date Homeowner's Insurance (receipt of your most recent payment and/or declarations page).
- Copies of Birth Certificate(s) for children under six living in household and/or spending a significant amount of time in home.
- A <u>Notarized letter</u> from the Parent/Guardian(s) of the child under six is necessary if the homeowner is not the legal Guardian.
- Current Income Verification for all in household (Copies of your last three paystubs, social security benefits).
- First two pages of most recently filed 1040 tax return for all in household.
- Copy of most recent W2's for all in household.
- Lead blood test results for children under six living in household (strongly encouraged but not mandatory)
- Copy of Registered Land Contract (if applicable).
- Document from your bank showing balance owed on property.
- Document from your bank showing that mortgage payments history for last 3 months
- If your property taxes are not up-to-date you must provide proof of a delinquency payment plan and payment receipts for the last 3 months.

Please keep in mind that the sooner you provide this information to Nazareth Housing, the faster we can process your application. Once you have provided the information listed above, Nazareth Housing will contact the City of Akron to request a Lead Risk Assessment, to

determine if and where there are lead hazards your home.

If you have any question or concerns, please contact Nazareth Housing at (330) 374-1526. Thank you for your interest. We look forward to helping to make your home lead safe!

-Program Details

Grant funds are available to eliminate lead based paint hazards in your home.

If you own a home built before 1978 that is in need of repair, up to \$14,000 in grant funds may be available to eliminate lead based paint hazards in your home. This means if the cost to eliminate the lead hazards in your home only come to \$2,500, for example, you are only eligible for \$2,500 of the up-to \$14,000 grant. These grant funds typically allow for the replacement of doors, windows siding, kitchen cabinets and other necessary repairs due to lead-based paint hazards.

Lead Exposure

Environmental regulations stopped or reduced the use of lead in materials because of its extreme health risks. Building built prior to 1978 may still suffer from its presence in paint, stoneware and vinyl.

Lead poisoning is caused by increased levels of lead in the blood. Lead poisoning is very common among young children under age five because they may breathe lead dust or put their hands in their mouth as they crawl and play. Lead poisoning can cause serious neurological damage as well as kidney damage, seizures, and even death.

Most Common Sources of Lead Poisoning

- Deteriorating or peeling lead-based paint
- Lead contaminated dust
- Lead contaminated residential soil

Inhalation of lead dust during renovations and demolition

What Parents Can Do:

There are several things you can do to keep your children and your home lead safe. Ensuring that window sills are free of dust, washing curtains regularly and being aware of and keeping young children away from chipped or peeling paint in your home are just a few ways to protect your child from lead hazards.

If you suspect that your child has lead poisoning, or that there may be lead paint hazards in your home, please contact the Summit County Health Department to learn more info about FREE lead blood tests for children under age six: (330) 375-2077.

Program Timeline

-Application Materials & Risk Assessment – 1-2 Weeks

Once we have received all of your application materials, Nazareth will schedule a time to inspect your home for possible lead-based paint hazards. If we determine there may be lead hazards in your home we will contact the City of Akron to schedule a Lead Risk Assessment. A representative from the City of Akron will call you and schedule a day/time to perform the risk assessment. This test will determine if, where and the severity of any lead hazards in your home. Please be sure to contact Nazareth Housing to let us know the day and time of the scheduled Risk Assessment.

-Lead Blood Testing

All children who live in the home or visit for a significant amount of time must have a lead blood test. The lead blood test is free for children under six years of age, and will determine whether or not your child has severely elevated levels of lead in their blood in which case, proper arrangements will be made in a timely manner to address the issue.

It takes roughly one week for us to receive the results from the lead risk assessment. Our Construction Manager will then compile a List of Work that details the repairs and lead hazard items to be addressed.

-Bid List of Work to Contractors – 2 Weeks

The list of work is placed out to bid with three contractors. The contractors will contact you within two weeks to schedule a day/time to assess your home and determine the price for which they are willing to complete the work. Nazareth will select the contractor with the most reasonable bid.

Once we have received all of your application materials and select a contractor, we must present the information to the Lead program's Grant Review Committee where, if approved, we will be permitted to use the proposed grant money.

Please note that you may be contacted by a representative of the Lead program from the City of Akron, Department of Planning & Urban Development to sign paperwork for the grant funds to be used.

The Contractor may not be able to begin working on your home until he has orders and received the necessary construction materials to complete the work.

-Relocation - Varies

Are you able to relocate yourself and your family?

You will not be able to stay in your home while lead hazard reduction work is being performed. Although we will try to be of assistance, you are responsible for finding a place to live temporarily and preparing your home for this program.

Your home will need to be prepared prior to your relocation. All curtains and blinds must be taken down from windows, walls must be free of pictures or anything that may fall and/or become damaged. All food must be removed from your refrigerators and freezers.

You may also need to move items away from walls, rooms, and windows so the contractor may have access to successfully complete the work. The specifics of such items will be made clear before Relocation is scheduled.

Prior to your Relocation, you will receive a form upon which you must record the location, model type and serial number or other identification details of all valuable and electronic items in your home. This is done for the protection of you the Homeowners and the Contractor to ensure that nothing in your home is misplaced or missing when you return.

On the day of your Relocation, Nazareth and the contractor will assess your home one last time to ensure that the work to be done can be done successfully. Your entire home and its contents will be photographed. Nazareth, the Homeowner and the Contractor will then sign a contract agreement for the work. All locks will be changed when you leave your home to ensure that you or a loved one cannot return to the property and become exposed to lead hazards. If you have left something behind and need to obtain it, please call Nazareth Housing at (330) 374-1526 and arrangements will be made to assist you.

You will be able to Relocate back to your home when the Contractor has successfully complete all items on the List of Work and the Contractor has obtained a Certificate proving that all lead hazards have been abated. All work done by our contractors is backed by a one year warranty. Contact Nazareth Housing if any problems occur with the work done by our contractors.

Nazareth Housing Development Corporation is an equal opportunity agency and does not discriminate on the basis of an applicant's race, origin, gender, gender identity, religion, nationality, sexual orientation, handicap, color or family status