



Nazareth Housing Dev. Corp.
795 Russell Avenue Akron, OH 44307
☎ 330-374-1526 330-374-1569 ☑ 330-203-1944
✉ info@nazarethhousing.org 🌐 www.nazarethhousing.org

The following information is required to complete the eligibility process. Please keep in mind that the sooner you provide this information to Nazareth Housing, the faster we can process your application.

- Copies of Birth Certificate(s) for children under six living in household and/or spending a significant amount of time in home.
- Proof of up-to-date Homeowner's Insurance (receipt of your most recent payment and/or declarations page).
- A Notarized letter 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
- 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.

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 question please contact Keith at 330-374-1526.



LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM APPLICATION

LANDLORD'S INFORMATION

Rental properties eligible for 75% discount on lead costs

NAME		ADDRESS	
PHONE NUMBER		CITY, STATE, ZIP	
<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME		EMAIL ADDRESS	

OWNER/RESIDENT'S INFORMATION

PRIMARY		SECONDARY	
NAME		NAME	
DATE OF BIRTH		DATE OF BIRTH	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE NUMBER		PHONE NUMBER	
<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME		<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME	
EMAIL ADDRESS		EMAIL ADDRESS	

EMPLOYMENT INFORMATION

PRIMARY APPLICANT		SECONDARY APPLICANT	
EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
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 dependents on your current 1040 tax return and all children under age 6 listed on the attached 'child under six verification form.

	NAME	DATE OF BIRTH	AGE	RELATIONSHIP	MONTHLY INCOME
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? _____

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**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 _____

ADDRESS _____

ACCOUNT NO. _____

CASE _____

MONTHLY AMOUNT _____

WORKER _____

2

SOURCE _____

ADDRESS _____

ACCOUNT NO. _____

CASE _____

MONTHLY AMOUNT _____

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 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 HOMEHAVE 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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LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM APPLICATION

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? _____

DO YOU HAVE A FRIEND OR RELATIVE WHO YOU THINK MIGHT BENEFIT FROM THIS PROGRAM?

NAME: _____

ADDRESS: _____

PHONE: _____

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? _____

CHILD UNDER AGE 6 NAME _____

DATE OF BIRTH _____

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. If lead hazards are 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 may provide temporary housing. If your family requires temporary housing, the work on your home will be scheduled once temporary housing 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

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.

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 **must be notarized** 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. Lead poisoning affects the soft tissues, especially in the brain, and can cause developmental defects.

To: Nazareth Housing Development Corporation
795 Russell Avenue Akron, OH 44307
From: _____

Re: Lead Program: Child Under Six Verification

I, _____ the Parent/Guardian of:
PARENT/GUARDIAN NAME

_____	_____	_____
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 my child spends at least 8 hours per month at _____
CLIENT'S ADDRESS

With his/her _____ . If you have any question or concerns,
CLIENT'S RELATIONSHIP TO CHILD

please call me at _____
PARENT/GUARDIAN PHONE #

Opportunity for Blood Lead Testing

Parents are encouraged to have their child's blood tested for lead-based paint poisoning. This test may be carried out by the child's pediatrician or Akron Children's Hospital. The Women's, Infants & Children's (WIC) Clinic, through the Summit County Health Department, can provide testing, at no cost to the parents, provided they have a prescription for the test from their doctor.

- I/We have read the above statements and will take my child/children tested for lead paint poisoning.
- I/We have read the above statements and for personal reasons decline to have my child/children tested for lead paint poisoning.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE (PLEASE PRINT)