



HUD Lead Hazard Control and Healthy Homes Program



Lorain County Public Health
For the Health of Us All

APPLICATION

Erie County Health Department
420 Superior Street
Sandusky, Ohio 44870

Phone: (419) 626-5623 ext. 483 (HUD)
eriecohealthohio.org
healthyhomes@echdohio.org

Lorain County Public Health
9880 South Murray Ridge Road
Elyria, Ohio 44035

Complete one application per unit and return to:

Erie County Health Department
Attn: Lead Hazard Control Program
420 Superior Street
Sandusky, Ohio 44870

Property Information

Street Address _____ Apt. # _____

City _____ Zip _____ County _____

Year Built _____ Please mark (X): Single family Multi family

Please mark (X): Owner occupied Rental unit Land contract

Property Owner Name _____

Phone Number _____ Text _____ Email _____

Mailing Address _____

Name of property manager (if applicable): _____

Phone Number _____ Text _____ Email _____

LLC, corporations, partnerships or other entity must provide proof that representative has authority to sign on behalf of the entity as the authorized agent listed on the property title.

| Is/does the property: | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| Have a child less than 6 years of age that lives or spends at least 6 hours/week in the home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Associated with a child's elevated blood lead level of 5ug/dL+? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Under orders, condemned, or has documented housing code violations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delinquent with real estate taxes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Owned by or associated with partners/contractors in the grant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Previously had work done in a lead hazard control program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Subsidized? Ex: Section 8 Voucher Program(Metro), Public Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dwelling and outbuildings insured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke-Free? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date Received: _____

Office Use Only: Project # _____

Occupant Information

List **all** household members who live in the home. *List the head of household in the first space.* If any household members are pregnant, please put 'baby' as a name and an anticipated due date.

| | Name of Household Member | Age | Monthly Income for Adult Ages 18 and Older | Enrolled in Medicaid? Yes or No |
|---|--------------------------|-----|--|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

Submit additional information on separate sheet of paper if necessary

What is the yearly combined income of all adults ages 18 and older? \$ _____

Occupant Contact Name _____

Phone Number _____ Text _____ Email _____

The applicant and co-applicant certify that all information on this application and all information provided in support of this application are given for the purpose of qualifying for funding under the Erie and Lorain Counties Lead Hazard Control Program, and are true and complete to the best of the applicant's knowledge and belief. Verification may be used for any source herein.

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."

Applicant – print

Signature

Date

Co-Applicant– print

Signature

Date

Date Received: _____

Office Use Only: Project # _____