City of Columbus | Department of Development | Housing Services Lead Safe Columbus | 111 N. Front St., 3rd Floor| Columbus, OH 43215

## APPLICATION FOR LEAD & HEALTHY HOMES 2019 GRANT

#### **Funds Available to Property Owners**



DEPARTMENT OF DEVELOPMENT

The City of Columbus, Department of Development, Lead Safe Columbus program, has grant funds available to remediate lead based paint hazards.

If you are a landlord or an owner occupant, you may be eligible for funding if you:

- Own property built before 1978
- Own property within the City limits of Columbus
- Owner occupied units must have children under 6 years old living or visiting property
- Rent to those with low to moderate income
- Applicants cannot be on the City of Columbus Bid list for Lead as an active bidder.

You may be eligible to receive a grant of \$12,000 average per unit to pay for lead hazard control work and up to \$2,600 in Healthy Homes supplemental funding. If you would like more information or are interested in applying for funds, please contact:

Kim Chafin Lead Safe Columbus 614-645-2875 kachafin@columbus.gov

All owners of rental property must complete a Fair Housing Workshop conducted by the Columbus Urban League.

#### **Property Owner Information**

Name: Mr. /Ms			Date:
Address:			
City:		_ State:	_ Zip Code:
Phone #: Home	Work:		
Email:	_		
Household Income: (owner occupants only) Monthly		Annual	

#### **Project Property Information**

Property Address(s):		
City:	State: Zip Code:	
Owner Occupied: Yes 🗌 No 🗌 Tenant Occupied: Yes 🗌 No 🗌	# Units in Building # of Bedrooms _	
Property Insurance: Yes 🗌 No 🗌 Company:	Amount:	
Date of Purchase: Year Property Constructed		

\*Please attach a Residential Occupant Profile sheet for each unit you wish to enroll in the program.

#### How did you hear about this program?

Friend/Family Member	Columbus Public Health	Community Outreach Event	Other:

#### **Applicant's Certification**

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Columbus' Lead-Safe Columbus program and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant agrees to allow the following reviews/inspections by City staff:

- (1) An historic preservation review to determine historic eligibility
- (2) An environmental review to determine floodplain location
- (3) Review for relocation obligations
- (4) Lead-based paint inspection/risk assessment
- (5) A City of Columbus Code Inspection and voluntary blood tests for children of the occupants.

Further, the Applicant agrees to comply with all applicable requirements of the aforementioned. The Applicant is aware that if approved,

this grant may be treated as income subject to Federal Income Tax. By applying for this grant you agree to have your property listed on the Lead Safe Registry on the Lead Safe Columbus website once the project is completed.

Signature	Date
Signature	Date

Do you have any business or personal relationships with any of the Lead Abatement Contractors in the Lead Safe Columbus Program? If so please explain.

#### Lead Safe Columbus Grant Application – Next Steps

Submit the following to complete your application:

The following documents are required to process your application. Please return the forms that are required on this checklist with your application as soon as possible. Please send copies, not originals.

#### **Owner-Occupied Applicants/Co-Applicants:**

✓ Copy of Photo ID

Proof of household income — three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, second job, child support, etc.

- ✓ Bank Statements
- ✓ Copy of Federal Income Tax Returns including all schedules for most recent two (2) years
- ✓ Copy of most recent water, gas, or electric bill
- Declaration page as proof of property insurance
- ✓ Completed Residential Occupant Profile Form (attached)
- ✓ Completed Children Visiting Under 6 Form (if applicable, attached)
- ✓ Completed Request for Technical Assistance Form (attached)

#### Investor Applicants/Co-Applicants:

- ✓ Copy of Photo ID
- ✓ Copy of most recent Federal Tax Returns including Schedule C or E for past 2 years
- ✓ Lease agreement; if project address not included on Schedule C or E
- ✓ Declaration page for property insurance showing project address and policy period
- ✓ Completed Residential Occupant Profile for each unit (attached)
- ✓ Completed Children Visiting Under 6 Form (if applicable, attached)
- ✓ Completed Vacant Unit Status form (if applicable,attached)
- ✓ Completed Request for Technical Assistance Form (attached)

#### Please return to:

Attention: Kim Chafin 111 N. Front St., 3rd Floor Columbus, Ohio 43215 Fax: 614-645-6675 Questions: 614-645-2875

#### Listed below are the steps that will occur during the lead hazard control work:

- Feasibility Inspection
- Eligibility Determination
- Lead Inspection Risk Assessment
- Work Specifications
- Bid Process
- Sign Grant Agreement and Contract
- Temporary Relocation (if applicable)
- Lead Hazard Control Activities
- Invoice, Final Inspections and Approval
- Maintenance and Monitoring

A City of Columbus Code Inspection will be conducted on the property once applying for funds. The property will have to meet all applicable housing codes. For more details on the Housing Code please see this link: https://www.columbus.gov/housingdivision/leadsafecolumbus/

Homeowner Signature

Residential Occupant Profile						
Occupant Name: Mr. /Ms					_ Owner Occup	ant 🔲 Tenant Occupant
Address:						
City:				_ State:	Zip Co	ode:
Phone #: Home		Email:				
Please check one of the following regarding the Please check all that apply regarding the occupa White Black or African American A If the occupant is female head of household plea	ant: sian 🗌 American	Indian or Alaskan N	Vative [	] Native		ific Islander
FAMILY COMPOSITION: NAME	RELATIONSHIP	DATE OF BIRTH	SEX	RACE		INCOME SOURCE
	Head of Household					

Are you or someone in your	r household currently pregnan	t? Yes	No	
Current Monthly Rent	Currer	t Mortgage Payment _		Mortgage Balance
Total number of rooms:	Number of bedrooms:	Date of occupa	INCY	
Are you receiving any housi	ng assistance? (check one)			
No Assistance	Section 8 Certificate	Section 8 Voucher	Other Ass	istance:
The information below will be	e used to determine assets for t	he occupant and is requ	ired in order to receive	grant funding.
Please check all that apply:				
Marketable Securities	e(ex. stocks, bonds, etc.)	Cash & Cash Equivale	ents(ex. <b>checking accou</b>	int, savings account)
Real Estate		Other:		None
<b>PENALTY FOR FALSE OR FRAUDULENT STATEMENT</b> : U.S.C. Title 18. See 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, litigious 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. I hereby attest that to the best of my knowledge, the information provided herein is true and correct:				
Tenant Signature			Date	

Date\_

Before applying for Lead and Healthy Homes funding this Notice should be given to your tenants occupying the units you are requesting the funding for.

### **Notice to Tenants**

The owner of your unit submitted an application to the City of Columbus Development Department for Federal financial assistance. The application is currently being reviewed. If approved, the proposed project activities will include health and safety repairs and improvements in your unit. The repairs may require you to leave the premises for a brief period and you will work with City staff to facilitate the relocation details. The expense for this relocation is paid for by the program.

Eligibility for the program is based on tenant income as part of the application review process. Tenant income must be re-certified every 6 months. A City of Columbus Relocation Specialist will contact you for the purpose of determining income eligibility and to explain the process of the project if the application is approved. Please have the following items available upon request:

- Proof of household income three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, second job, child support, etc.
- Bank Statements (for all checking and savings accounts)
- Proof of all assets

In addition two inspections (Decent, Safe &Sanitary and Healthy Homes) will be conducted on your unit as part of the application process. Please cooperate with the City of Columbus in order to process the application in a timely fashion. If you have any questions in regards to the application please contact your landlord. The names of the people that may contact you from the City of Columbus are listed below.

- Gerald Furlow
- Kristina Eason
- Spencer Edwards
- Representative from Columbus Public Health

## Thank you for cooperation with this program.



## **2022 HUD Income Guidelines for the Columbus MSA** (*effective June 15, 2022*)

INCOME LIMITS (MEDIAN FAMILY INCOME \$93,700)				
FAMILY SIZE		80% AMI		
ONE	YEARLY	\$52,500		
TWO	YEARLY	\$60,000		
THREE	YEARLY	\$67,500		
FOUR	YEARLY	\$74,950		
FIVE	YEARLY	\$80,950		
SIX	YEARLY	\$86,950		
SEVEN	YEARLY	\$92,950		
EIGHT	YEARLY	\$98,950		

#### Guidelines

Owner shall not sell property for 3 years beginning after completion of the lead hazard control work. If there shall be any such material sale, transfer, disposition, encumbrance, or alteration of use without the written consent of the City the outstanding Grant Funds shall become due and payable.

#### **Owner-Occupied Applicants/Co-Applicants:**

• For owner occupied units, the owner must be at or below 80% of the most current area median income level as established by HUD at the time of qualifying for income eligibility.

#### Investor Applicants/Co-Applicants:

- For tenant occupied units, the rental units must be occupied by a tenant whose income is at or below 80% of the AMI as established by HUD At the time of qualifying for income eligibility.
- Investor owners must keep rents affordable and prioritize renting to low income families with children under 6 years of age for a • period of not less than 3 years after the completion of lead hazard control activities.

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## **Children under Age 6 years old visiting**

l/We

\_\_\_\_\_, the Homeowner(s)and or Tenant of the property located at:

currently do not have any children of our/my own under the

age of six living at the property but do have other children under the age of six that spend more than six hours a week at my/our home.

Homeowner(s)/Tenant: Please fill in the following information.

NAME	AGE	RELATIONSHIP TO OWNER/TENANT

The Applicant certifies that all information in this request and all information furnished in support of this request are we and complete to the best of the Applicant's knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. See 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, litigious 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.

Homeowner Signature \_\_\_\_\_ Date\_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date\_\_\_\_\_

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## Vacant Unit Occupant Status

I/We \_\_\_\_\_\_, the owner Of

verify that the unit is currently vacant.

To be in compliance with Federal regulations that pertain to the Lead Safe Columbus program fund, when reviewing applicants, I/we will give priority consideration to renting to households that are low to moderate income and to households that have children under 6 years old occupying or visiting the unit more than six hours per week.

Signature

Date

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## **Lead in Blood Screening Request**

Occupant Name: Mr./Ms		
Address:		
City:	State:	Zip Code:
Phone #: Home		
You or your landlord recently applied for a grant through Lead Safe Columbus safety, <i>any child in your home less than six years of age is required to ha</i> year, we would like to know the results and the name and address of your do If you would like to request a screening, call 614-724-6000.	<b>ave a lead screening</b> . If your chi	• • •
Please have your doctor conduct a lead screening. If you do not have a fan	nily doctor you can call 614-645-	5500 to be linked with one.
I do not wish my child/children to have a lead screening	I would like for r	ny child/children to have a lead screening
My child has been tested for lead within the last 12 months by: D	octor's Name	
Address:		
Child's Name:	Date of Birth	Result:
Child's Name:	Date of Birth	Result:
Child's Name:	Date of Birth	Result:
Parent or Guardian Signature:		Date:

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## **Request for Technical Assistance**

I,	, the applicant of the property/properties located at
	_ request technical assistance from the City of Columbus.
Technical assistance includes:	
1 Lead based paint inspection and risk assessment.	
2. Healthy Homes Assessment; ratings with the highest hazards will be addressed.	
3 Work specifications.	
4 Other technical assistance as needed.	
Comments	
Signature	Date

## Healthy Homes Supplemental Funding

# Housing conditions should support the health and well-being of its residents; they should not cause injuries or illness.

This simple principle lies at the heart of healthy housing initiatives in the City of Columbus and recognizes interactions between housing and disease, injury, and overall well-being. Identifying unhealthy housing conditions is a prerequisite to correcting them before they negatively impact health.

The City of Columbus Lead Hazard Control Grant includes limited Healthy Homes Funding to correct physical hazards in grantee housing. The Lead Hazard Control Demonstration Grant Program is required to use HUD's Healthy Home Rating System (HHRS) in an effort to standardize assessment criteria. The HHRS Assessment of grantee homes is performed by the Columbus Public Health Department, Healthy Homes Program.

Using the HHRS, the Healthy Home Assessor examines 29 hazards, or categories of hazards. Each of the 29 hazards are assessed separately and weighted according to likelihood of occurrence and the severity of possible outcomes should the hazard result in harm (i.e., a risk-based approach in which a value is generated for each hazard).

A priority ranking of hazards is generated in an alphabetical scale based on the estimated risks of potential harm to the most vulnerable occupants; with the letter score 'A' being the most harmful. Inspections are essentially carried out in the traditional fashion (i.e., a physical assessment of the whole property for deficiencies) and hazards ranked using a computer with specialized software.

HEALTHY HOMES ACTION PLAN

While this does not involve a new approach to the physical inspection of dwellings, it does require an understanding and appreciation of the potential effects that could result from deficiencies that should be identified during the inspection. The HHRS concentrates on threats to health and safety. It is generally not concerned with matters of quality, comfort and convenience. However, in some cases, such matters could also have an impact on a person's physical or mental health or safety.

Hazards found in your property will be listed in the **Healthy Homes Action Plan**. Lead will be addressed in a dedicated Lead Risk Assessment. The limited Healthy Homes funding is prioritized and allocated by Lead Safe Columbus to address Asthma related burdens and barriers to completing lead hazard control work, Smoke Detectors/CO<sup>2</sup> Detectors, Limited Pest Control, and Fall hazards.

More information including a full list of the 29 hazards can be found in the handout "The Effect of the Defect" can be found at www.hud.gov/healthyhomes.

Referral:

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## **Referral Form**

#### We Need Your Help!

Do you know a property owner within the City of Columbus limits? If the property owner meets the following qualifications please provide their information and we will contact them to see if they qualify for the Lead & Healthy Homes Grant:

- Owns property built before 1978
- · Own Single-family or Multi-family units within the City limits of Columbus
- · Property can be owner occupied or rental property
- Owner occupied properties of low to moderate income households that have children under the age of 6 living in the property or spend at least six hours per week visiting the property

Referred by:

· Rental properties occupied by low to moderate income households or vacant.

	Kolonica by
Name:	Name:
Address:	Address:
Contact Number:	Contact Number:
Email:	Email:
Reason for referral:	

Signature

Date