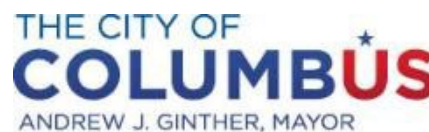


City of Columbus | Department of Development | Housing Services
Healthy Homes Program | 111 N. Front St., 3rd Floor| Columbus, OH 43215



DEPARTMENT OF
DEVELOPMENT

APPLICATION FOR HEALTHY HOMES 2022 GRANT

Funds Available to Property Owners

The City of Columbus, Department of Development, Healthy Homes program, has grant funds available to address housing hazards.

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

- Property located within City of Columbus corporation limits
- Total household income, at or below maximum per household size
- Have an active insurance coverage on property
- Not in active foreclosure or unconfirmed bankruptcy
- Mortgage and property taxes are paid current
- No municipal, state, or federal liens
- *Applicants cannot be on the City of Columbus, Housing Division Bid list as an active bidder*

You may be eligible to receive a grant of \$7,500 average per unit to pay for home repairs. If you would like more information or are interested in applying for funds, please contact:

Erica Hudson
Healthy Homes Program
614-645-6739
ejhudson@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: _____

**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’ Healthy Homes 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) Healthy Homes Rating System assessment & Radon Testing
- (5) A City of Columbus Code Inspection

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.

Signature _____ Date _____

Signature _____ Date _____

Do you have any business or personal relationships with any of the Contractors in the Healthy Homes Program? If so please explain.

Healthy Homes 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 (Prior 3 months full checking and/or savings account statements)
- ✓ Copy of Federal Income Tax Returns including all schedules for most recent two (2) years
- ✓ Copy of most recent mortgage and/or home equity line of credit statement(s)
- ✓ Declaration page as proof of property insurance
- ✓ Completed Residential Occupant Profile Form (attached)
- ✓ Disabled homeowners and/or occupants: Physician must complete enclosed eligibility form (page 10) Physician must provide Non-Rx Certification for Prescription/Letterhead statement
- ✓ 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
- ✓ Copy of most recent mortgage and/or home equity line of credit statement(s)
- ✓ Completed Residential Occupant Profile for each unit (attached)
- ✓ Completed Vacant Unit Status form (if applicable, attached)
- ✓ Completed Request for Technical Assistance Form (attached)
- ✓ Disabled homeowners and/or occupants: Physician must complete enclosed eligibility form (page 10) Physician must provide Non-Rx Certification for Prescription/Letterhead statement

Listed below are the steps that will occur during the Healthy Homes application process:

- Feasibility Inspection
- Eligibility Determination
- Healthy Homes Rating System Assessment
- Radon Testing
- Work Specifications
- Bid Process
- Sign Grant Agreement and Contract
- Healthy Homes Repairs
- Invoice, Final Inspections and Approval
- Maintenance and Monitoring

Please return to:

Attention: Erica Hudson
111 N. Front St., 3rd Floor
Columbus, Ohio 43215
Fax: 614-645-6675
Questions: 614-645-6739

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.

Residential Occupant Profile

Occupant Name: Mr. /Ms.

☐ Owner Occupant
☐ Tenant Occupant

Address:

City:
State:
Zip Code:

Phone #: Home
Email:

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check one of the following regarding the occupant:
☐ Hispanic/Latino
☐ Non-Hispanic/Latino

Please check all that apply regarding the occupant:

☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
If

the occupant is female head of household please check this box:
☐ Female head of Household

FAMILY COMPOSITION:						
NAME	RELATIONSHIP	DATE OF BIRTH	SEX	RACE	GROSS MONTHLY	INCOME SOURCE
	Head of Household					

Are you or someone in your household currently disabled?
☐ Yes
☐ No

Current Monthly Rent
Current Mortgage Payment
Mortgage Balance

Total number of rooms:
Number of bedrooms:
Date of occupancy

Are you receiving any housing assistance? (check one)

☐ No Assistance
☐ Section 8 Certificate
☐ Section 8 Voucher
☐ Other Assistance:

The information below will be used to determine assets for the occupant and is required in order to receive grant funding.

Please check all that apply:

☐ Marketable Securities(ex. stocks, bonds, etc.)
☐ Cash & Cash Equivalents(ex. checking account, savings account)

☐ Real Estate
☐ Other:
☐ None

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. I hereby attest that to the best of my knowledge, the information provided herein is true and correct:

Tenant Signature
Date

Homeowner Signature
Date

Before applying for 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 or transfer property for 3 years beginning after completion of the healthy homes repairs. 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 (according to HUD definition) and prioritize renting to low income families with children for a period of not less than 3 years after the completion of the healthy homes repair activities.
-

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 Healthy Homes program fund, when reviewing applicants, I/we will give priority consideration to renting to households that are low to moderate income and to households of families with children.

Signature _____ Date_____

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 Radon Testing.
- 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 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 Healthy Homes Grant includes Healthy Homes Funding to correct physical hazards in grantee housing. The Healthy Homes 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 14 hazards, or categories of hazards. Each of the 14 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.

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**. The Healthy Homes funding is prioritized and allocated by the Healthy Homes program to address Radon and Asthma related burdens and other hazards such as: Smoke Detectors/CO² Detectors, mold and moisture issues and fall hazards.

More information including a full list of the 14 hazards can be found in the handout "The Effect of the Defect" can be found at www.hud.gov/healthyhomes.



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 Healthy Homes Grant:

- Property located within City of Columbus corporation limits
- Total household income, at or below maximum per household size
- Have an active insurance coverage on property
- Not in active foreclosure or unconfirmed bankruptcy
- Mortgage and property taxes are paid current
- No municipal, state, or federal liens

Referral:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Reason for referral: _____

Referred by:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Signature _____ Date _____

HOME ACCESSIBILITY MODIFICATION ELIGIBILITY

Name <small>(Last, First, M.I.)</small>	Occupant, Disabled	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Physician/Chiropractor Signature:		Date of last physical exam:	

PERSONAL HEALTH HISTORY

List any diagnosed medical conditions/disabilities:

How long will these medical conditions/disabilities last?

IDENTIFY ONE OR MORE MAJOR LIFE ACTIVITIES THAT ARE SUBSTANTIALLY LIMITED DUE TO THE DISABILITY:

Exercise	<input type="checkbox"/> Climbing Stairs
	<input type="checkbox"/> Walking
	<input type="checkbox"/> General Mobility
	<input type="checkbox"/> Pulling/Lifting
	<input type="checkbox"/> Other (Explanation):

OTHER PROBLEMS

Mark the boxes below and check whether the following modifications would be medically necessary for an accessible living environment **[or]** of helpful benefit to the client. **Transfer the marked items below to a Non-Rx Certification for Prescription [or] letterhead statement.**

<u>MOBILITY MODIFICATIONS</u>	Necessity	Beneficial	<u>MOBILITY MODIFICATIONS</u>	Necessity	Beneficial
<input type="checkbox"/> Grab Bars			<input type="checkbox"/> Stair Lifts		
<input type="checkbox"/> Wheelchair Ramp			<input type="checkbox"/> Widening Doorways		
<input type="checkbox"/> Handrails for Steps			<input type="checkbox"/> Toilet Assist Railings		
<input type="checkbox"/> Accessible Bath/Shower			<input type="checkbox"/> Other (Explanation):		
<input type="checkbox"/> Chair Lifts					