Ohio Dept. of Health/Development Lead Hazard Control Grant Program



Property Information: Address:				
Please check all that apply: Lead Hazard Control Orders Primary I Multi-Family (list number of units)	Prevention Vacant	Rental Daycare	Owner Occu	upied Single Family
Property Taxes Paid: Yes No Homeow Will taxes/HOI be paid by grant funding? If Yes, please give amount owed (please brea	Yes No)	Yes No	
Owner Contact Information: Name(s):				
Address: Phone: Email:				
Occupant Contact Information *Sk	ip if owne	er occupied	:	
Primary Tenant Name: Email:	Phone: Number of people living in the home:			
Grant Requirements Please check to demonstrate that all conditio	ns are ackn	owledged:		
☐ The property must be located within the provided to the entire structure.	City of Ci	ncinnati and	built prior to	1978. Access must be
\Box The owner is responsible for costs above	the amount	allocated by	the grant prog	gram.
☐ All units are subject to being completely provide relocation expenses for rental units, member. Tenants must have no out of pocket	of \$230/far	nily of four p	olus \$57.50 fo	
\Box The owner must provide water and utilities the duration of the project.	es in each u	nit and comi	mon area, incl	uding exterior work, for
☐ Rental properties receiving lead hazard families with children under the age of six ye				

^{*}Property owner must submit valid photo ID, Tenant Relocation Form, and Corporate Resolution/Articles of Incorporation for business (notarized POA if owner out of state) to be considered for ODH funding. If applying for ODD funding, proof of income is required.

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☐ Property must be in decent safe, and sanitary condition as well as str deficiencies to be considered for the grant program. The City may require acceptance into the grant program	•
☐ If applying for ODD grant funding, all occupants above the age of 18 Examples of acceptable proof of income include: most recent tax return, last or copies of award letters for Social Security, unemployment benefits, child sassistance, as applicable.	st 30 days of recent pay checks,
Disclaimer and Owner Signatures: Submission of this application does not guarantee project funding (nor does it provide exemption from complying with any City of Cincinnati Metropolitan Housing Authority, Cincinnati Health Departments. I understand that it is the responsibility of the property owner than official orders always and submitting this application does not possible consequences of non-compliance.	Cincinnati, State of Ohio, artment, or any other official to remain in compliance with
Owner name (Please print clearly):	
Owner Signature:	Date:
Owner Signature:	Date:
Completed applications can be emailed to):
david.roland@cincinnati-oh.gov	
For assistance with completing the grant application	, please call:
David Roland at (513)-357-7374	
For office use:	
Grant is eligible for: Ohio Department of Development (ODD) \Box Ohio Department of Health (ODH) 🗆

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