

CITY OF CANTON
Mayor Thomas M. Bernabei

Lead Hazard Control Grant Application



Landlord Guidelines & Application

**Department of Community Development
Housing Rehab Division
City of Canton
218 Cleveland Ave SW, 5th Floor
Canton, OH 44702
330-489-3040**

**Rollin Seward, Director
Tom Flanigan, Housing Program Manager
Pam Walker, Loan/Grant Processor
Kim Fox, Loan/Grant Processor
Karla Heinzer, Construction Coordinator**



LEAD SAFE CANTON
Canton's Lead Hazard Control Grant Program
APPLICATION

Review of Grant Eligibility & How the Program Works

Homeowners, rental owners and their tenants may apply if all of the following criteria are met:

- The home is built before 1978 and is located within the City of Canton Corporation Limits
- A child under the age of 6 lives in the rental or visits at least 6 hours per week; A pregnant woman living in the home is also eligible
- The home meets local ordinances and housing codes.
- The home is free of clutter, insects, rodents, and unsanitary conditions.
- Home is insured by the owner
- Property taxes are current
- Water/Sewer/Sanitation is current
- Property owner must not be delinquent in any indebtedness to the City of Canton, Stark County, State of Ohio, and/or Federal Government
- Mortgage is current
- Gross annual household income is <80% Area Median Income; *for rental properties income is based on the tenant's income*

Income cannot exceed the following HUD limits, which are subject to change annually:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$ 38,950	\$ 44,500	\$ 50,050	\$ 55,600	\$ 60,050	\$ 64,500	\$ 68,950	\$ 73,400

Effective 4/2020

Landlords are required to pay \$500 toward the remediation of a tenant occupied unit and a 3-year lien will be placed on the property.

How the Program Works After Eligibility is Approved:

- A Lead Safe Canton (LSC) Inspector will contact you to perform a home inspection to determine the property is up to code and feasible for assistance through this program. If approved you will move onto the next step.
- A LSC Risk Assessor will contact you to schedule a time to do a Lead Inspection / Risk Assessment which can take 2-4 hours. This test is performed with an XRF Analyzer gun that takes paint readings. A report will be mailed with a list of the lead hazards to both the owner(s) and tenant.
- A Scope of Work will be created based upon the findings in the Lead Inspection / Risk Assessment.
- A pre-bid meeting is scheduled at the house to allow contractors to see the work that needs to be done.
- The Contractor with the lowest and best bid is awarded the job and the City of Canton will hold the contract with the winning contractor.
- Relocation is required while the lead work is being completed at the home, and it is encouraged that the property occupants stay with friends and/or family. If this is not an option, LSC will arrange for

relocation. The occupant(s) MUST provide a debit/credit card at check in for any incidentals. Only the individuals listed on the application as living in the home are eligible for relocation. Failure to follow hotel policies may result in a loss of your reservation. LSC will not make additional arrangements and the owner and/or tenant are not permitted to return to the home until the lead work is completed and a clearance inspection has been conducted. LSC must be made aware of any animals that will be going to the hotel prior to reservations being made. Boarding of animals is not covered by the program. Animals may NOT be left either inside or outside at the home. If any animals are left, Animal Control will be contacted to remove the animals and the owner will be responsible for any fees to get the animal(s) back.

- LSC staff will call the owner/occupants to give the date that the contractor will begin lead work. A time will be scheduled to plan for relocation to a friend or family home; or to a hotel with a kitchenette; or to a safe-house of LSC choosing, paid by the Program. No food will be purchased using the program. Only individuals listed on the application as living in the home will be permitted to use hotel amenities. It is estimated that relocation will last no more than 10 days maximum.
- The tenant(s) and/or owners will clear areas where work is being done and take down window covers.
- Once lead work begins, no one can enter the residence until it is tested and found lead safe. LSC staff will call the tenants and advise when they are able to return.
- Invoice and Final Inspections.
- Maintenance and Monitoring. LSC will monitor the work within one year to confirm the work has held up and property is lead safe.

All occupants of the home must follow these guidelines. Failure to comply may result in termination of participation in the Lead Hazard Control Program. Please call 330-489-3040 if you have questions or concerns.

If you understand and agree to these guidelines, please sign and date below and return with your application.

Signature of Owner or Authorized Representative

Date

Signature of Co-Owner

Date

For information about what the program offers visit www.cantonohio.gov/lead



RENTAL OWNER REQUIRED DOCUMENTS:

- Rental Owner Declaration of Insurance** with the current policy period and property address.
- Power of Attorney, LLC, or Corporation document** which names the Rental Owner alternate who can sign HUD Lead Based Paint Hazard Reduction Program documents, if needed.
- Federal Tax Return** - most current including schedule C and E .
- Copy of Lease if the unit requiring assistance is not listed in Schedule C and E.**

IMPORTANT: The city is required to verify that the property owner is not delinquent in any indebtedness to the city of Canton. We will be verifying current property taxes, income taxes, and all Canton City Utilities (water, sewer, garbage).

PLEASE MAIL or EMAIL, THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO THE FOLLOWING ADDRESS:

City of Canton
Department of Community Development
P.O. Box 24218
Canton, Ohio 44701-4218
ATTN: Lead Safe Canton Program
PH (330) 489-3040 FAX (330) 580-2070
Email: communitydevelopment@cantonohio.gov



LEAD SAFE CANTON APPLICATION

LANDLORD PROFILE



Last Name	First	Init.	Social Security #	Birth date
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Co-Applicant Last Name	First	Init.	Social Security #	Birth date
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Address	City	Zip
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Email Address _____

Phone number(s): Home: _____ Work: _____ Mobile: _____

Marital Status: _____

ALTERNATE CONTACT INFORMATION:

This information is being collected to assist us in locating you in the event your phone is out of service or for some other reason we cannot get in contact with you.

Contact Name	Phone Number	Address
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Contact Name	Phone Number	Address
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Address of Property to be assisted: _____ **Year Built** _____

Unit#: _____ City: _____ State: _____ Zip: _____

Single Family Home Duplex Triplex Fourplex

Tenant Name: _____ Tenant phone number: _____

Is there presently a Lead Order on this property? Yes (if Yes, please provide a copy) No

Does the Tenant have any children under the age of six? Yes No

Is the Tenant presently pregnant? Yes No

PROPERTY MORTGAGE INFORMATION:

Name of owner as it appears on the assisted property's title: _____

Is there a mortgage on the assisted property? Yes No

If yes, are you current on the mortgage? Yes No

FIRST MORTGAGE OF PROJECT PROPERTY:

Name of Lending Institution

Account #

Address City ZIP

Balance Owed Now

SECOND MORTGAGE OF PROJECT PROPERTY:

Name of Lending Institution

Account #

Address City Zip

Current Balance

HOMEOWNER'S INSURANCE FOR PROJECT PROPERTY:

Insurance Company Homeowners Policy is through

Expiration Date of Insurance

PROPERTY TAXES (ALL PROPERTIES OWNED IN CANTON MUST BE CURRENT):

Are you current on your property taxes: Yes No

If no, please explain: _____

If on a payment arrangement, please attach a copy of the payment arrangement for *each* property located within the city of Canton.

ADDITIONAL PROPERTY INFORMATION:

**Note: An application must be completed for each unit you wish to enroll. These units must be constructed prior to 1978.*

Parcel #: _____

Type of Construction: Brick Wood Vinyl/Aluminum Other (please specify): _____

Is your property in a flood zone? Yes No

Is your property listed as a Historical Property? Yes No

Has your property been cited for code violations within the last 12 months? Yes No

If yes, please include violation letter.

Has your insurance company asked you to make property improvements? Yes No

If yes, please include their letter.

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton's Lead Safe Canton Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. 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."

OWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE





City of Canton
Walk Away Policy Acknowledgment



The mission of the Lead Safe Canton Program is to assist low-to-moderate income homeowners and tenants with children under the age of 6, located within the city of Canton, to address lead-based paint hazards in their home. **Regardless of eligibility, an applicant may not receive assistance through the Lead Safe Canton Program when the owner or occupant is responsible for conditions that obstruct that mission.** Such conditions include, but are not limited to:

1. When an owner or occupant knowingly misrepresents information relevant to his or her eligibility for assistance through the program.
2. When, following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound or cannot be rehabilitated economically.
3. When the applicant/homeowner fails to demonstrate normal and responsible care of the property. Such failure would include willingly allowing:
 - a. Abuse by animals: evidence of unsanitary conditions or of severe damage to floors, carpets, furnishings, or yards caused by animal feces or urine.
 - b. Illegal or improper use of the property: use of the property for purposes other than as a residence in violation of building and zoning ordinances and/or criminal statutes.
 - c. Deliberate abuse: excessive damage to the home or fixtures, not easily attributable to normal wear and tear.
 - d. Poor housekeeping and maintenance: Extreme conditions of clutter or filth in or around the house when such conditions:
 - 1) constitute a potential health or safety hazard to staff, contractors, employees or others; and/or
 - 2) will severely hamper or increase the cost of rehabilitation work; and/or
 - 3) would adversely impact the appearance of the neighborhood after rehabilitation work is completed.
 - e. Existing code violations
4. The homeowner misuses and/or deals in drugs and weapons.
5. The homeowner, resident or applicant's agent becomes verbally or physically abusive and/or threatens city of Canton staff members, contractors, subcontractors or employees of contractors.
6. When during the course of the rehabilitation process, the homeowner continually does not respond to or obstructs city of Canton staff, the contractors, their subcontractors or employees as they attempt to discharge their required responsibilities in good faith under the written terms of the Lead Safe Canton Program.

Under any of these circumstances assistance may be withheld and/or terminated at the discretion of the city of Canton staff. By my signature below, I acknowledge that I have received a copy of this policy.

Applicant Owner/Occupant

Date

Co-Applicant Owner/Occupant

Date





VERIFICATION AUTHORIZATION, PRIVACY & RELEASE FORM

Applicant(s): _____ Address _____

PURPOSE: Your signature on this eligibility Release Form and the signatures of each member of your household who is 18 years of age or older, **authorizes the City of Canton Community Development Department to obtain information regarding my income**, employment, bank accounts, outstanding debts (including mortgage), to order a consumer credit report and to acquire other information relative to eligibility and continued participation in any of Community Development assistance programs.

PRIVACY ACT NOTICE STATEMENT: The City of Canton Department of Development and the Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant’s eligibility in a Program and the amount of assistance necessary using HUD funds. This information will be used to establish level of benefit in the Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. Your name, address and the amount of assistance funds that you receive are considered public data. Other information provided regarding you and your household are considered private data which will only be used when it is required for administration and management of the program. We cannot release private data or use the private data in any other way unless you give us permission by completing a consent form that is provided by Community Development. Public information may be released to appropriate Federal, State, prosecutors and local agencies when relevant to civil, criminal or regulatory investigation; as well as, all staff/persons involved in program administration, local loan committee member (s) who approve applications, the Auditor(s) who perform required audits of this program, member(s) of the Appeals Committee for the purpose of address/resolving applicant complaint(s) as addressed in the Project Policy and Procedural Manual, and Law Enforcement personnel and other enforcement authorities, as required. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorize to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made in regards to all sources of Income, Assets, and Deductions received from any person or Dependent in the household (i.e. Full-Time Student, Handicap/Disability of Family Member or Minor children, etc.), as well as other information required to determine eligibility.

INSPECTION AND PHOTO RELEASE: I/We hereby authorize the Department of Community Development staff to enter my home for the purposed of taking photographs and inspecting to identify rehabilitation work that is necessary to bring the house up to Residential Rehabilitation Standards.

AUTHORIZATION: I authorize the City of Canton Department of Community Development and HUD to obtain information about me and my household this is pertinent to eligibility for participation in the Program.

I acknowledge that:

- A photocopy of this form is as valid as the original form
- I have the right to review my file and the information received using this form (accompanied by a person of my choosing)
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate
- All adult household members will sign this form and cooperate with the owner and the Department of Community Development in this process.

Printed Name	Signature of Owner	Date
Printed Name	Signature of Co-Owner	Date
Printed Name	Signature of Co-Owner	Date
Printed Name	Signature of Co-Owner	Date

AFFIDAVIT

PROGRAM NAME: **LEAD SAFE CANTON**

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

STATE OF OHIO:
COUNTY OF STARK:

TO WHOM IT MAY CONCERN:

The undersigned certifies that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members (are/are not) delinquent in the payment of any indebtedness to the City of Canton, including city income tax, real estate taxes, personal property taxes, water and sewer charges or other City assessments for any properties owned within the City of Canton.

The undersigned hereby authorizes the City of Canton Community & Economic Development Department of the City of Canton, to be given information concerning income tax filing status, real estate taxes, personal property taxes, water and sewer charges or other City assessments, and the existence of any delinquencies.

Further, the undersigned states that (he/she) or that to the best of his/her knowledge, any officers, director, trustee, or their spouse and/or other immediate family members is (related/not related), personally and/or through business, to the following City of Canton employee (s) or elected official (s):

COMPLETE ONLY IF RELATIONSHIP EXISTS:

1. _____
RELATIVE'S NAME RELATIVE'S TITLE/DEPT.

2. _____
RELATIVE'S NAME RELATIVE'S TITLE/DEPT.

D.O.B./AGE _____

SOC. SEC. NO. _____ APPLICANT SIGNATURE

EMPLOYMENT _____

SOURCE OF INCOME _____

PROPERTY STATUS _____ APPLICANT SIGNATURE

Sworn to before me and signed in my presence this _____ day of _____, 2020.

SIGNED _____

MY COMMISSION EXPIRES _____

COMPLETE ONLY IF APPLICABLE:

The applicant/co-applicant _____ is an employee of the City of Canton and assigned to the _____ Department.



INSTRUCTIONS TO COMPLETE AFFIDAVIT

To complete this form:

- Fill in applicant's name
- Fill in address of property
- Complete the following for each applicant even if you ***do not*** have a relative working for the City of Canton:
 - D.O.B./Age
 - Social Security Number
 - Employment
 - Source of Income
 - Property Status
- Each applicant must sign Affidavit before a notary

Under complete only if relationship exists:

- Complete section 1 & 2 ***only*** if you have a relative working for the City of Canton

Please return to the City of Canton, Department of Development.

