



**SUMMIT COUNTY PUBLIC HEALTH (SCPH)
HUD LEAD SAFE HOUSING**



**ILENE
SHAPIRO**
COUNTY EXECUTIVE

VACANT RENTAL APPLICATION

Landlords may apply if all the following minimum criteria is met:

- The home is built before 1978.
- Property tax payments are not delinquent.
- The home is registered as a rental with the Summit County Fiscal Office and with the City where located.
- The home meets local ordinances and housing codes.

How the Program Works after the Application is Approved (this process may be delayed due to pandemic and unforeseen circumstances)

- A SCPH lead risk assessor will contact you to schedule a time to do a lead risk assessment. A report will be mailed to the owner(s). A scope of work will be prepared along with an in-house estimate for the owner(s) to sign.
- A pre-bid meeting at the Rental is scheduled to allow contractors to see the work to be done.
- The Contractor with the lowest most responsive bid is awarded the job. The County of Summit will hold the contract with the winning contractor.
- Owner(s) is/are responsible for 25% of the contractors bid, which is due at the time of signing the mortgage documents. The remaining amount of the contractor's bid is split 50% as a grant and 50% as a 5 year, deferred, forgivable mortgage.
- The County of Summit will schedule an appointment for the authorized owner(s) to sign their mortgage documents and bring their 25% contribution. The terms of the loan will be 0% interest, deferred, forgivable. The loan is forgiven in equal portions over 5 years on the anniversary date of signing the mortgage documents. Forgiveness is not prorated throughout the year. The unit must remain as a rental and maintain registration with the County Fiscal Office and City where the home is located.
- The owner(s) will add the County of Summit as an "Additional Insured" on the homeowner's insurance policy for the term of the loan.
- Lead work will not start if the dwelling is cluttered, infested with insects or rodents, or unsanitary. The program will NOT pay for pest extermination. Pest extermination must be completed by a licensed pest control operator and a receipt shall be shown to Summit County Public Health.
- Once lead work begins, no one can enter the residence until it is tested and cleared of lead hazards.



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- The rental owner must attempt to rent to low-income families with children under the age of 6 years either residing in the home or visiting. A copy of each lease that lists occupant names and ages must be provided to the County of Summit for the term of the loan.

If program eligibility criteria are met, return the enclosed application with the required documents. Failure to comply may result in termination of participation in the Lead Paint Hazard Reduction Grant Program.

Please call SCPH at 330-926-5600 or 330-643-8013 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 Rental Owner or Authorized Representative

Date



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PLEASE MAIL, EMAIL, OR BRING THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO (Lobby may be closed for public access due to local health orders)

County of Summit
Department of Community and Economic Development
175 S. Main St., Suite 207
Akron, OH 44308
Phone: (330) 643-8013
Website: <https://co.summitoh.net> Email: hmiller@summitoh.net

VACANT RENTAL REQUIRED DOCUMENTS:

- Homeowner Insurance policy** with the current effective dates and annual premium amount.
- Power of Attorney, LLC, or Corporation Agreement document** which names the rental owner alternate who can sign HUD Lead Based Paint Hazard Reduction Program documents, if needed.

Please provide only the documents that are applicable to you. Additional documents may be requested as your application is reviewed.



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Summit County Public Health

1867 W Market Street
Akron, Ohio 44313
ATTN: Lead Program
PH (330) 926-5600 FAX (330) 923-6436
Website: https://www.schd.org
Email: lead@schd.org

RENTAL OWNER

Owner Name/s Listed on the Property Deed:

Owner Representative (If Applicable) Name:

Email: _____

Mailing Address for Owner: _____

**Should be different than rental address

PART 1: RENTAL OWNER APPLICANT INFORMATION

RENTAL OWNER NAME

RENTAL ADDRESS (City) (Zip Code)

Daytime Phone: _____ Evening Phone: _____

Email: _____ Cell Phone: _____

Is English your first language? [] Yes [] No My first language is: _____

[] Female [] Male Are you a Veteran? [] Yes [] No Are you Hispanic/Latino? [] Yes [] No

Please check one of the following: (Required for Federal Funding Purposes)

[] White [] Black/African American [] American Indian/Alaskan Native [] Asian [] Other

[] Native Hawaiian/Other Pacific Islander [] Asian/White [] American/Indian/Alaskan

[] Native/White [] American Indian/Alaskan [] Native/Black/African American

[] Black/African American/White





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PART 2: RENTAL OWNER CO-APPLICANT (Co-Owner) INFORMATION

Check here if there is no co-applicant and go to Part 3 of the application.

RENTAL OWNER NAME

(First) (Middle) (Last)

Daytime Phone: Evening Phone:

Email: Cell Phone:

Is English your first language? Yes No My first language is:

Are you Female Male Are you a Veteran? Yes No Are you Hispanic/Latino? Yes No

Please check one of the following: (Required for Federal Funding Purposes)

- White Black/African American American Indian/Alaskan Native Asian Other
Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan
Native/White American Indian/Alaskan Native/Black/African American
Black/African American/White

Referral Program: Has anyone in the home received an Asthma diagnosis from the Doctor?

If yes:

Name: Age:

PART 3: HOME INSURANCE INFORMATION

Do you currently have homeowners' insurance? Yes No

Insurance Company Name

Agent Name:

Address:

Phone: Email:





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PART 4: VACANT RENTAL OWNER/S AGREEMENT

The Owner(s) confirms that he/she/they is/are the legal owner of the property described in this application.

The Owner(s) understands that it is a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction (Section 1001 of Title 18 of US Code).

The Owner(s) understands that the home's property tax must be paid in full. If a payment plan is set up with the County Fiscal Office, a copy of the plan should accompany the Application. Once the payment plan is established, a minimum of 6 payments must be made and the next half must be paid as well.

The Owner(s) understands that the property must be registered as a rental with the Summit County Fiscal Office and with the City where the house is located if applicable.

The Owner(s) understands the property must meet local ordinances/codes - occupancy, zoning, and property maintenance.

The Owner(s) understands that the property must be insect and rodent free. Any extermination is NOT paid by the program and must be done by the owner using a licensed pest control operator. Documentation must be provided that extermination was completed prior to lead work starting.

The Owner(s) understands that a lead risk assessment must be completed on the home. The lead risk assessment is completed by Summit County Public Health. Results from the lead risk assessment will be shared with the rental owner(s) and will determine what, if any lead assistance may be provided. All utilities must be turned on at the unit.

The Owner(s) understands that the Summit County Public Health Lead Risk Assessor will need access to each room of the home (including attic and basement) and must have a clear path to each window. If the Lead Risk Assessor does not have access to each room and window the lead risk assessment will be canceled until such time that the lead risk assessor feels that they have appropriate.

The Owner(s) understands that window treatments need to be removed where windows are being replaced, access to windows and porches must be clear. The Owner(s) understand that program is not responsible for anything broken or stolen before, during, or after the work is done.

The Owner(s) understands that a 5-year *deferred forgivable* mortgage loan and a lien will be placed on the property and understand(s) that home insurance is required for the 5-year loan period with the County of Summit listed as an "Additional Insured". The Rental Owner(s) understand that the payment of property taxes and additional assessments must be kept current for the term of the loan.

The Owner(s) understands that he/she will pay 25% of the contractor's bid. The payment by check or money order is due when the mortgage loan documents are signed at the County of Summit Department of Community and Economic Development office located at 175 S. Main St., Room 207, Akron, Ohio 44308.

The Owner(s) understands that rent cannot be significantly raised for 5 years after the HUD Lead Based Paint Hazard Reduction Grant process has been completed.

The Owner(s) understands that priority for rental should be given to low-income families with children under age 6 years living or visiting the home for 5 years after the program work has been completed. A copy of every lease shall be provided to Summit County with a list of occupants and their ages for the term of the loan.



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The Owner(s) understands that the current tenants cannot be evicted because of their participation in the program.

The Owner(s) understands that any verbal or physical abuse or threats to Summit County staff, contractors, or their employees may result in immediate termination of assistance and that any work performed will be at the expense of the rental owner(s).

Signature of Rental Owner
or Authorized Representative

Date

Signature of Rental Owner Co-Applicant

Date



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PART 5: PERMISSION TO RELEASE OR VERIFY APPLICANT INFORMATION

Inquiries may be made about items listed below for the applicant, co-applicant, and other occupants of the household age 18 and over. Failure to verify information may result in a delay or may result in your application not being approved. If unit is vacant, tenant income will be verified upon occupancy.

APPLICANT INFORMATION COVERED

I/we authorize and release the County of Summit and/or HUD to obtain information that is pertinent to my/our eligibility for the Summit County Public Health Lead-Based Paint Hazard Control Grant Program and to verify the information that I/we have provided.

Table with 3 columns: Alimony or Separation Payments, Full-Time Student Status, Social Security Benefits; Assets (all sources), Handicap Assistance Expense, Tax Returns; Assets on Deposit, Income (all sources), Unemployment Benefits; Bank Accounts, Income from Business, VA Benefits; Child Care Expenses, Liens, Other; Child Support Payments, Medical Expenses; Employment, Pension and Annuities.

I/we acknowledge and understand:

Mortgage documents for work to be done will be signed at the County of Summit Department of Community and Economic Development office located at 175 S. Main St., Room 207, Akron, Ohio 44308.

A photocopy of this application is valid as the original. Notarized documents must be original.

All Rental Owners or Authorized Representative will sign this form and provide information as needed.

The Summit County Public Health representative has my/our permission to complete or fill in missing information on my/our application.

Signature of Rental Owner or Authorized Representative

Date

Signature of Rental Owner Co-Applicant

Date





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PART 6: RENT & ADVERTISING AGREEMENT

I/we agree to advertise the rental property at

too low to moderate income families with children less than 6 years of age for a period of 5 years from the date the lead hazard control process has been completed and accepted.

I/we understand that if a tenant vacates the rental, I/we must try to rent the property to another low to moderate income family with children less than 6 years of age, following all Fair Housing Laws. All leases and/or rent rolls will be provided upon request over the 5-year loan period.

I/we agree not to raise the rent on the above-listed property for a period of 5 years from the date the work has been completed and accepted and agree not to raise the rent as a result of the improvements made through the Summit County Public Health HUD Lead-Based Paint Hazard Reduction Program.

Signature of Rental Owner or Authorized Representative

Date

Signature of Rental Owner Co-Applicant

Date





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PART 7: WALK AWAY POLICY

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the Lead Based Paint Hazard Reduction Program. Such circumstances include, but are not limited to:

- The owner and/or applicant becomes verbally or physically abusive and/or threatens staff members.
- During the course of the lead abatement work the owner and/or tenant continually fails to cooperate with staff or contractors
- Applicant knowingly misrepresents information relevant to their eligibility for assistance.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but not limited to:
 - Abuse of animals: evidence of unsanitary conditions
 - Illegal or improper use of the property
 - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house

Under any of the circumstance's assistance may be withheld and/or terminated at the discretion of the program administrator.

I/we acknowledge that we have read and do thoroughly understand and by my/our signatures below do affirm the above.

Signature of Rental Owner or Authorized Representative

Date

Signature of Rental Owner Co-Applicant

Date





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Consent to Participate in the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services.

This consent covers all information shared by you or by anyone that has the right to share information on your behalf and is relevant to the recipient's involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Client

Name: _____

Signature: _____

Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____

Signature: _____

Date: _____

Relationship to Client: _____

Preferences (You may select more than one):

Email: _____ Text: _____ Phone: _____

