



## **COUNTY OF SUMMIT HUD LEAD-BASED PAINT HAZARD REDUCTION PROGRAM VACANT**

### **ABOUT THE PROGRAM**

The County of Summit HUD Lead-Based Paint Hazard Reduction Program is not an emergency program. Homes must be owner-occupied and in the County of Summit, Ohio.

Rental owners and their tenants may apply if all the following criteria are met:

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

How the Program Works After the Application is Approved \*timeline may vary for each applicant

- A SCPH Lead Risk Assessor will contact you to schedule a time to do a lead risk assessment. A report will be mailed with a list of the lead hazards.
- The Owner(s) will sign off on the scope of work to be bid on by contractor(s) and will receive an estimated cost of work.
- 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 most responsive bid is awarded the job and the County of Summit will hold the contract with the winning contractor.
- The County of Summit will schedule a time for the owner(s) to sign their mortgage documents and access agreement. The mortgage amount is calculated by taking 25% of the contractors' lead bid and securing it with a 5 year, deferred, forgivable loan and the remaining bid is a grant to the owner. The loan is forgiven in equal portions over 5 years on the anniversary date of executing the mortgage documents. The amount forgiven each year is not pro-rated during the year. The loan will become due if the home is sold, transferred or no longer the primary residence of the owner within the loan term. The unit must remain as a rental and maintain registration with the County Fiscal Office and City where the home is located.

- The owner must add the County of Summit as an “Additional Insured” to their homeowners’ insurance policy for the term of the loan. Documentation must be provided prior to closing of the addition.
- Property taxes must be current and remain current for the term of the loan.
- SCPH Grant staff will call 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, of SCPH 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 the hotel pool, additional guests are not permitted to use hotel amenities.
- 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.
- 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.
- Once lead work begins, no one can enter the residence until it is tested and found lead safe. SCPH staff will call the owner and advise when they are able to return.

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 330-926-5600 (SCPH) 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

\_\_\_\_\_  
Signature of Rental Co-Owner or Authorized Representative

\_\_\_\_\_  
Date

This section is intentionally left blank.



**COUNTY OF SUMMIT  
HUD LEAD-BASED PAINT HAZARD REDUCTION PROGRAM  
VACANT**

The County of Summit HUD Lead-Based Paint Hazard Reduction Program is not an emergency program.

**VACANT RENTAL REQUIRED DOCUMENTS:**

- ☐ Proof of identity (current Photo or State ID)
- ☐ A copy of your current homeowner's insurance listing address
- ☐ 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.

This section is intentionally left blank.



**COUNTY OF SUMMIT  
HUD LEAD-BASED PAINT HAZARD REDUCTION PROGRAM  
VACANT**

Mail documents to: **County of Summit  
HUD LEAD-BASED PAINT HAZARD REDUCTION PROGRAM  
175 S Main St, Room 207  
Akron, Ohio 44308**

**All sections of the Application must be completed. Indicate "N/A" if it does not apply to you. *Incomplete applications will be removed.***

**PART 1 – RENTAL OWNER APPLICANT INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you the owner of record for this property? ☐ Yes ☐ No

Rental Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Gender Identity:** ☐ Male ☐ Female ☐ Prefer not to say

**Are you a veteran?** ☐ Yes ☐ No

**Marital Status:** ☐ Married ☐ Divorced ☐ Widowed ☐ Single



**Are you (Please check only one of the following): Required for Federal Funding Purposes**

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Black/African American/White                |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian/White                                 |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> American Indian/Alaskan Native/White        |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Am. Indian/Alaskan Native/Black/African Am. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                          |

**PART 2 – CO-APPLICANT INFORMATION**    ☐ Check here if there is no Co-Applicant

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**Gender Identity:**    ☐ Female    ☐ Male    ☐ Prefer not to say

**Are you a veteran?**    ☐ Yes    ☐ No

**Marital Status:**    ☐ Married    ☐ Divorced    ☐ Widowed    ☐ Single

**Are you (Please check only one of the following): Required for Federal Funding Purposes**

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Black/African American/White                |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian/White                                 |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> American Indian/Alaskan Native/White        |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Am. Indian/Alaskan Native/Black/African Am. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                          |

This section is intentionally left blank.

**PART 3 – Rental Owner alternate who can sign HUD Lead Based Paint Hazard Program**

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
Title: _____	Title: _____

**PART 4: HOME INSURANCE INFORMATION**

Do you currently have homeowners' insurance?     ☐ Yes     ☐ No

Insurance Company Name \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This section is intentionally left blank.

## **PART 5: 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) understands 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 contractors bid. The payment by cashier's 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.

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).

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.

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

\_\_\_\_\_  
Signature of Rental Co-Owner or Authorized Representative

\_\_\_\_\_  
Date

This section is intentionally left blank.

## 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 Co-Owner or Authorized Representative

---

Date

This section is intentionally left blank.

## 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 circumstances, 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 Co-Owner or Authorized Representative

---

Date