Cerro Gordo County
Department of Public Health

RENTAL

Cerro Gordo County Lead-Based Paint Hazard Control Grant Program Application

When you have completed this application entirely, which includes ALL the required Items to Provide (pg. 3), the next step is to return your application (6 pages total) immediately to: Cerro Gordo County Department of Public Health, Attn: Cortney Perrin, 22 N. Georgia Ave., Suite 300, Mason City, IA 50401. The applications can also be emailed to cperrin@cghealth.com or faxed to (641) 421-9351.

Please check all that apply. Please note: If all four do not apply to the household, the unit is *not eligible* for the Lead Hazard Control Grant Program (*Mobile homes are not eligible for the program**).***

- ☐ **My home is located in Cerro Gordo County.**
- ☐ **My home was built before 1978.**
- ☐ **I have at least one child or children age(s) 5 or under who lives or resides my home , or am a pregnant woman (must provide verification)**
- ☐ **I can obtain Proof of Property Insurance provided by the owner(s) and/or tenant(s).**

There may be a waiting list to receive assistance with the Cerro Gordo Lead Hazard Control Grant Program. All information provided is confidential and must be retained by the Cerro Gordo County Lead Hazard Control Grant Program. There are preferences on the waiting list for households with children that have an Elevated Blood Level (EBL). If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time. This is not a housing rehabilitation program. All projects focus on the removal of lead paint hazards only. *Completing the application process is no guarantee of receiving funding, and homes will be assisted based on their level of priority.*

***The application should be completed by the head of household.**
***Income is based off ALL household income of the residing tenants.**

Address of Property being considered:_____

Year house was built (If unknown, please put unknown):_____

How many children, 5 years of age or under, are living at this address?_____

*How did you find out about our program?_____

OWNER'S INFORMATION

Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____ Email:_____

Circle all that apply: Rental Single Family Duplex-number of units if Duplex:_____
(If this home is owner-occupied, please fill out the application designated for owner-occupied units)

Are you buying your home "on contract," or are there other parties listed on the dead? Circle: YES* NO
*If yes, please list the deed holder(s) here:_____
***ALL** parties listed on the deed must sign the mortgage and promissory note

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TENANT INFORMATION

Name:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____ Email:_____

Emergency Contact:_____ Emergency Contact Phone:_____

*Are you a part of the Section 8 Voucher Rental Assistance Program? _____

If known, do any of the children have an Elevated Blood Level (EBL)? If known, please fill out the following:

Family Member Tested for Lead	Elevated Lead Level? Or Lead Poisoned? (Y/N)	Date of Last Lead Test	Notes

NOTE: To be eligible, the unit (house, apartment, etc.) must have been constructed prior to 1978, the occupant(s) must qualify under the HUD FY 2016 Income Limits noted below (income guidelines are subject to change), and there must be children living and/or frequently visiting (over 6 hours per week) at the unit 5 years of age or under. Income is based off Annual Gross Income before taxes.

Household Size: Circle the number of people currently living in this unit below

Family Size	1 person	2 person	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Income Level 1	$22,200	$24,400	$28,550	$31,700	$34,250	$36,800	$39,250	$41,850
Income Level 2	$35,800	$40,600	$45,600	$50,650	$54,750	$58,800	$62,850	$66,950

HOUSEHOLD COMPOSITION (All those who live in the unit)

ADULTS (18 years and older)	Gender	Date of Birth	Age	Social Security Number	Hispanic Y/N	*Race*	Disabled Y/N

CHILDREN	Gender	Date of Birth	Age	*Race	Hispanic Y/N

*For Statistics Only:
1) White
2) Black/African American
3) American Indian/Alaska Native
4) Asian
5) Native Hawaiian/Pacific Islander

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LIST ALL HOUSEHOLD INCOME as per **IRS form 1040** definition of gross income, includes but is not limited to: wages, salary, bonuses, interest, dividends, rents, royalties, income from operating a business, alimony, pensions, annuities, share of income from partnerships and S corporates, and income tax refunds:

INCOME List all household members with income	**Type of Income** (as noted above)	**Gross Amount Received**	**How Often Received** (Weekly, Bi-weekly, etc.)	**Provide the Name of Employer**	**Provide the Address of Employer**

ITEMS TO PROVIDE:

You *MUST* turn in the following items along with your application in order to be considered for the program. Please check off the items as you prepare your application.

OWNERS MUST PROVIDE:

- ☐ Application completed in full and signed by owner(s) and head of household. This includes consent for photos, release of information, owner contribution acknowledgement, and relocation during construction.
- ☐ Proof of owner's property insurance
- ☐ Proof of up-to-date Mortgage payment(s)
- ☐ Copy of a Deed for the property from Cerro Gordo County Recorder's Office (220 N Washington Ave, Mason City, IA 50401)
- ☐ Promissory Note and Mortgage Disclosure Form (pg. 5 of the application)

TENANTS MUST PROVIDE:

- ☐ Birth Certificate for any child the age of 5 or under, or an official form of birth verification.
- ☐ Photo ID of the Head of Household
- ☐ *****If you are a part of Section 8 Voucher Rental Assistance Program, you will not need to provide any of the remaining items except for the parent verification form, if applicable*****
- ☐ Copy of last **2 months** of paystubs for anyone employed in the household over the age of 18
- ☐ Most recent **2 months** of bank statements (**BOTH** savings and checking accounts), and verification of any other household Income per IRS form 1040 "Adjusted Gross Income."
- ☐ Copy of most recent Income Tax Return. The **full return** must be provided.
- ☐ Verification of Social Security (SSI, SSA), Disability, or other Pension income, if applicable.
- ☐ DHS printout if anyone is receiving Food Stamps, Child Support, FIP, Medicaid, or Title 19, if applicable.
- ☐ If owner or occupant over the age of 18 does not work, a zero income affidavit form must be submitted. This form is available through Cerro Gordo Department of Public Health 641-421-9301
- ☐ If owner or occupant over the age of 18 is self-employed, a self-certification affidavit form must be submitted. This form is available through Cerro Gordo Department of Public Health 641-421-9301
- ☐ Completed W-9 Form in order to release relocation checks, if applicable. (We will provide this form to you when you return your application. The W-9 and the Photo ID must reflect the same person.)
- ☐ If child care is provided in the home, a parent verification form needs to be filled out and notarized by a notary public.

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that any false information provided on or attached to this application will cause me to be disqualified for the Cerro Gordo County Lead Hazard Control Grant Program.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Head of Household)

SIGNATURE OF PROPERTY OWNER (1) _____ **DATE** _____

SIGNATURE OF PROPERTY OWNER (2) _____ **DATE** _____

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CONSENT OF THE FOLLOWING:

Release of Information Authorization
I authorize and direct any federal, state, of local agency, organization, business, or individual to release to the Cerro Gordo County Department of Public Health any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Lead Hazard Control Grant Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Consent for Photographs
I hereby give my permission and consent for a representative of the Cerro Gordo County Lead Hazard Control Grant Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the Cerro Gordo County Lead Hazard Control Grant Program. I hold the Cerro Gordo County partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.

Relocation Notification
I understand that I am a voluntary participant in this program, and if I am approved for the Cerro Gordo County Lead Hazard Control Grant Program, tenants may need to vacate from my residence for a period of time while lead removal activities occur.

Release of Blood Lead Level Test Results
I understand that blood tests will be taken of resident children 5 years of age or under before work begins. Families will be referred to their primary medical provide for blood lead testing. Children that are uninsured will be tested at Cerro Gordo Department of Public Health. If a child was tested prior to enrollment in the program, blood lead testing must have occurred within 6 months prior to start of intervention work. I authorize the Iowa State Hygienic Lab to release blood test results to the Cerro Gordo County Lead Hazard Control Grant Program. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level is my responsibility.

Information Covered
I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity, employment, income, assets, residence, rental activity, ownership, property taxes, etc.

Background Checks
I authorize Cerro Gordo County Department of Public health, its officers, agents, and employees to conduct a background criminal and abuse check. I release and hold harmless Cerro Gordo County Department of Public Health, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or results of this check.

Conditions
I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Head of Household)

SIGNATURE OF PROPERTY OWNER (1) _____ **DATE** _____

SIGNATURE OF PROPERTY OWNER (2) _____ **DATE** _____

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PROPERTY OWNER (RENTAL UNIT) ACKNOWLEDGEMENTS

1. **Owner Contribution:**

   Property owners of rental units that utilize the Lead Hazard Control Grant Program will contribute ten percent (10%) of the total cost of the project.
   a. The owner's 10% contribution will be due at the time contracts are signed, prior to Issuance of Notice to Proceed with construction.
   b. Payment will be made payable in the form of check or credit card (with a service charge) to Cerro Gordo Department of Public Health prior to construction.

Owner's Initials:_____

2. **Mortgage and Promissory Note:**

   A mortgage and promissory note will be filed with Cerro Gordo County in the amount of the construction contract (minus the 10% owner contribution to the project). The mortgage and promissory note remains on file for 3 years after the project is complete and the property passes a lead clearance test. No payments are collected and no interested accrues on the note during this time. On the anniversary of the third year, the mortgage and promissory note is released.

   If you sell the subject house OR transfer the deed to another party within three (3) years of the mortgage and promissory note being filed with the Cerro Gordo County Recorder's Office, a portion of the mortgage and promissory note filed will be due upon the sale of the house. (For example, if the property is sold one year into the three year period, 2/3 of the mortgage and promissory note amount would be due upon the sale/transfer of the home.)

Owner's Initials:_____

3. **Relocation During Construction:**

   All residents and pets living at the subject property *may* be relocated during the period of the construction for health and safety reasons. Living arrangements for persons and pets during the time of construction is the responsibility of the owner-occupied or tenant occupied residence.

Owner's Initials:_____

Address of Property being considered:_____

PRINTED NAME OF PROPERTY OWNER (1) _____

SIGNATURE OF PROPERTY OWNER (1) _____DATE _____

PRINTED NAME OF PROPERTY OWNER (2) _____

SIGNATURE OF PROPERTY OWNER (2) _____DATE _____

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OFFICE INFO ONLY:

Date Application Received:_____ Application Approved/Denied: _____

Located in a Flood Plain:_____ Replacement Value of Unit:_____

Vacant Y/N:_____

NOTES:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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