

# CLARK COUNTY LEAD SAFE OHIO PROGRAM

## 2024 PRE-APPLICATION CHECKLIST

Please read the following statements regarding the 2024 Pre-Application for the Clark County Lead Safe Ohio program assistance.

**The information below is required to be returned with your pre-application.** Failure to include all necessary items or submitting the wrong items will delay your pre-application and may cause it to be rejected.

- All** persons living in the residence must be included on the application.
- All** persons living in the residence that receive income from any source (employment, Social Security, Disability, Unemployment, etc.) must list that income on the application.
- All** persons living in the home and receiving income must list the employers/providers name and address on the application.
- Any children over eighteen (18) who are not full-time students and are living in the home and are employed must be included in income.
- Persons receiving Social Security, Disability or VA Income must include such income.
- Persons receiving Unemployment Income must include such income.
- Child Support must be included in income.
- Your home/dwelling is constructed prior to 1978.
- Do You believe there are Lead Hazards in your Home/Dwelling?
- If you are renting your Home/Dwelling, your Landlord has completed required information.
- Applicant and Co-Applicant have signed and dated the pre-application.
- Owner/Landlord (If Any) has signed and dated the pre-application.
- Owner/Landlord has valid Property Insurance.
- Owner/Landlord will make commitment to keep rent affordable for 3 years.
- Applicant and Co-Applicant have signed and dated the 'Walk Away Provision'.
- Owner/Landlord (If Any) has signed and dated 'Walk Away Provision'.

***These forms will be used to determine basic eligibility for potential participation in the Clark County Lead Safe Ohio Program. Your pre-application will be reviewed and prioritized as per program selection criteria and Lead Safe Ohio guidelines and placed on a list for potential Lead-Safe Renovations based on the availability of funding.***

**CLARK COUNTY LEAD SAFE OHIO PROGRAM**  
**2024 PRE-APPLICATION**

I am interested in the Clark County Lead Safe Ohio Program: \_\_\_\_\_ (Yes/No)

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                            First                    Middle                    Last

Co-Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                            First                    Middle                    Last

Household Address: \_\_\_\_\_  
                            Street Address                            City                            State                            Zip Code

Telephone Contact: \_\_\_\_\_ Email Contact: \_\_\_\_\_

|                                    | Name  | Date of Birth | Gender |
|------------------------------------|-------|---------------|--------|
| <b>List All Household Members:</b> | _____ | _____         | _____  |
|                                    | _____ | _____         | _____  |
|                                    | _____ | _____         | _____  |
|                                    | _____ | _____         | _____  |
|                                    | _____ | _____         | _____  |
|                                    | _____ | _____         | _____  |

Do You Own the Home You Are Living In? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

**If You Are Renting Your Home, Owner/Landlord Information Is Required Below**

Owner/Landlord Name: \_\_\_\_\_  
                            First                    Middle                    Last

Owner/Landlord Address: \_\_\_\_\_  
                            Street Address                            City                            State                            Zip Code

Telephone Contact: \_\_\_\_\_ Email Contact: \_\_\_\_\_

# HOUSEHOLD INCOME & EMPLOYMENT INFORMATION

## Applicant

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

## Co-Applicant

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

## Household Member 1

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

## Household Member 2

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

## Household Member 3

Employers Name: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_



**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE TO HELP YOU. APPLICANTS AND OWNER/LANDLORD MUST SIGN BELOW.**

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I authorize Clark County Community Development or its representatives and/or designees of Ohio Development OF Development Community Services Division (ODOD/CSD) to inspect and evaluate actual services provided to me. I understand that any, and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in this application is necessary for evaluation of my application for Lead Safe Renovation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address, and total amount of Lead Safe Renovation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.

I understand that this application does not guarantee provision of assistance by Clark County, Ohio nor obligate Clark County in any manner.

**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 statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Date

# WALK AWAY PROVISION

***Clark County reserves the right to "Walk Away" from a housing unit that poses undue threat to health or safety of the program representative, inspector or contractor at any time.***

***Housing units that violate the following will not be assisted:***

- Structurally unsound dwellings that are, or should be, condemned for human habitation.
- Evidence of substantial, persistent infestation of rodents, insects, and/or other vermin.
- Excessive odors, clutter, garbage, or other unsanitary conditions in any area of the unit.
- Negligent housekeeping that limits access or creates a cumbersome working environment.
- Presence of and or use of, any controlled substance before or during rehabilitation/repair.
- Suspected manufacturing of a controlled substance before or during rehabilitation/repair.
- Any Threat of violence.
- Occupants or Owner allowing only limited access to the dwelling.
- Environmental hazards such as serious moisture problems, friable asbestos, or other hazardous Materials, which cannot be resolved before rehabilitation/repair work is scheduled to start.
- The presence of animal feces in any area of the dwelling unit.
- Other items or circumstances deemed to create an unsafe working environment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Landlord Signature

\_\_\_\_\_  
Date

