

Rental Application: PROPERTY OWNER INFORMATION Lead Hazard Reduction Grant Program

This is an application for the Cook County Department of Public Health Lead Hazard Reduction Grant Program. This grant helps eligible suburban Cook County homeowners and renters by funding the renovation work needed to eliminate or control lead paint hazards in their homes.

Your completed and signed application is a request for assistance through the program.

All information that you provide in the application will be kept confidential. The information will be used by the Cook County Department of Public Health to determine whether you are eligible for assistance through the program.

INSTRUCTIONS:

1. Fill out the application on page 2.
2. Sign the acknowledgement on page 3.
3. Gather the documents listed on page 2. Make copies if sending by mail.
4. Send or email your completed application.
 - a. If submitting by **mail, send to:**

Cook County Department of Public Health
Lead Grant Program
600 Holiday Plaza Drive, 4th Floor
Matteson, IL 60443

- b. If submitting by **email, send to:** dsross@cookcountyhhs.org

5. Questions? Please call 312-465-3193.

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Owner Name: _____

Owner Phone Number: _____ Email address: _____

Owner Address: _____ Unit # _____

City: _____ ZIP: _____

Property Address (for unit to be remediated through the grant program):

Total Number of Units in Building: ____ 1 ____ 2 ____ 3 ____ 4

Please provide resident contact information for all units:

Resident Name	Contact (phone and/or email)	Unit number

OWNER Required Documentation:

Please make a legible copy and send the following documents:

1. Photo ID for each owner – Can be a copy of your Driver's License, State ID, Passport, Resident Alien Card, Matricula, or other identification.
2. Most recent mortgage statement or home payment receipt
3. Property Deed
4. Current real estate tax bill for property

PROPERTY OWNER Acknowledgement and Agreement Lead Hazard Reduction Grant - Rental Property Application

Owner Name: _____

Owner Name (2): _____

Owner Address: _____

Address of property to be enrolled in program _____

Applicant certifies that (s)he owns the property named above and has made application (the "Application") to the Cook County Department of Public Health for assistance in obtaining lead abatement and mitigation services with respect to such property or with respect to one or more units located within the property.

Applicant acknowledges that all information provided in this application is accurate and true. Applicant understands that representatives of the Cook County Department of Public Health will evaluate the application and approve or deny the Application for assistance based on the criteria governing the Lead Hazard Reduction Grant Programs. All decisions are final.

If approved and enrolled into the program, Applicant agrees to:

1. Allow lead risk assessors to complete a lead inspection/risk assessment of the property.
2. If hazards are found, work with program representatives to agree to specifications for work to be completed.
3. Allow remediation of the property to correct lead-based paint hazards.
4. Complete any work necessary to prepare property for remediation (property clean up, etc.).
5. Complete any required repairs NOT RELATED to lead that may be identified during any required building inspections or walkthroughs.
6. Comply with and coordinate any non-lead code violation(s) cited by the local municipal building inspector. Building permit, rough inspection, final inspection, labor, material, or other associated costs related to the violation will be the responsibility of the homeowner. All lead hazard reduction grant work will be discontinued until local municipal inspector signs off on final inspection.
7. Make units in the building that have been remediated through this program available for at least 3 years to low-income families and prioritize rental to families with at least one child under 6 years of age.
8. Allow CCDPH to take photographs of the lead hazards and remediation work in the property that may be used for education or to publicize the grant program. All identifying information will be removed.

Applicant acknowledges that participation in this program is completely voluntary. Applicant has the right to withdraw from the program at any time. If Applicant refuses to comply with the recommendations and requirements of the program, CCDPH reserves the right to remove the Applicant from the program and cease all potential mitigation/remediation work.

Units remediated through this program will be listed on the CCDPH registry of lead safe units in suburban Cook County. Depending on the income of unit residents, funds for this program are either provided by Cook County or the United States Department of Housing and Urban Development.

Signature 1 _____

Signature 2 (if applicable) _____

Date: _____