

## Single Family Home / Owner Occupied Application 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 and make copies if sending by mail.
4. Send or email your completed application to:
  - 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](mailto:dsross@cookcountyhhs.org)

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



## Single Family Home/Owner Occupied Lead Hazard Reduction Grant Application

Property Owner #1 \_\_\_\_\_ Email address: \_\_\_\_\_

Property Owner #2 (if applicable) \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Household Size (number of all people living in the home, including yourself): \_\_\_\_\_

For each person in the household, including yourself, please provide the following information:

Name	Date of Birth	Race and Ethnicity	Income? Y / N

**Please make a legible copy and send the following documents:**

1. **Photo ID for each resident aged 18 and older** – Can be a copy of your Driver's License, State ID, Passport, Resident Alien Card, Matricula, or other identification.
2. **INCOME INFORMATION for each resident aged 18 and older**
  - a. **Last tax return including schedules, attachments and W-2's, etc. AND**
  - b. **Last two check stubs**
    - i. **ONLY** If you don't have a tax return or check stubs, **a letter from your employer stating the amount of income**
3. Most recent documents showing any other income source (example: rental income, IRS 1099)
4. If receiving social security or other benefits – submit **most recent benefits statement**
5. Most recent **mortgage statement** or home payment receipt
6. **Deed** for the home
7. Current **real estate tax bill**
8. **Only if not working and aged 18 or older:** a signed and notarized **NO INCOME verification** is required.
9. **Only if a child under 6 years visits but does not live with you:** a completed **SIGNIFICANT TIME** form is required.



## Single Family Home/ Owner Occupied Lead Hazard Reduction Grant Application Client Acknowledgement and Agreement

Owner Name: \_\_\_\_\_

Owner Name (2): \_\_\_\_\_

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

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

Applicant acknowledges that all information provided in this application is accurate and true. By signing this form applicant consents and authorizes CCDPH to contact current employer and verify income. 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 to correct lead-based paint hazards.
4. Complete any work necessary to prepare the property for remediation (moving furniture, 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. Provide a blood lead test for any child under 6 years of age residing in the unit to CCDPH within 6 months of the work beginning on your residence.
8. Not enter the unit and lead work areas during construction until a clearance has been completed with a passing result.
9. 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. Identifying information will be removed before use.

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 applicants' income, 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: \_\_\_\_\_