

## 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 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  
10220 S 76th Ave, Room 250  
Bridgeview, Illinois 60455

- b. If submitting by **email, send to:** [vanessa.mendoza@cookcountyhealth.org](mailto:vanessa.mendoza@cookcountyhealth.org)

5. Questions? Please call 312-515-0366.



**Rental Application: PROPERTY OWNER INFORMATION  
 Lead Hazard Reduction Grant**

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

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

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

1. <b>PHOTO ID for each owner of the property</b> – 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. <b>DEED</b> for the home	
4. Current <b>REAL ESTATE TAX BILL</b>	

**\*CCDPH may require additional information if needed to verify the above eligibility requirements.**



**Acknowledgement and Agreement - Lead Hazard Reduction Grant**

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. By signing this form applicant consents and authorizes CCDPH to contact current employer and verify income, if that becomes necessary for the application. 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 children 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.

Owner Signature 1 \_\_\_\_\_

Owner Signature 2 (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_