

Rental Application: RESIDENT 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

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



RENTAL APPLICATION: RESIDENT INFORMATION
Lead Hazard Reduction Grant

Name of Renter: _____

Property Address: _____ UNIT # _____

City: _____ ZIP: _____

Phone Number: _____ Email address: _____

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 of Resident	Unit Number	Date of Birth	Race/Ethnicity	Employed? Y / N

Property Owner name: _____ Phone: _____

Property Owner Email: _____

Please attach 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 (ex: rental income, IRS 1099)	
4. If receiving social security or other benefits – submit your MOST RECENT BENEFITS STATEMENT	
5. ONLY if not working and aged 18 or older: a signed and notarized NO INCOME verification is required.	
6. ONLY if child visits but does not live with you: a Significant Time form must be completed.	



RENTAL APPLICATION: RESIDENT

Acknowledgement and Agreement - Lead Hazard Reduction Grant

Resident Name: _____

Resident Name (2): _____

Address: _____ Unit _____

Applicant certifies that (s)he resides at the property and unit named above and, with the agreement of the property owner, 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 unit.

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 at a time agreed to by CCDPH and Applicant.
2. Allow access to the property named above to correct lead-based paint hazards at a time agreed to by CCDPH and Applicant.
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. Provide a blood lead test for any children under 6 years of age living in or regularly visiting in the unit to CCDPH within 6 months of the work beginning on your residence.
6. Not enter the unit and lead work areas during construction until a clearance has been completed with a passing result.
7. 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 applicants' income, funds for this program are either provided by Cook County or the United States Department of Housing and Urban Development.

Signature _____

Date: _____