

CITY OF CHICAGO
Chicago Department of Public Health
Lead Poisoning Prevention and Healthy Homes Program
in Partnership with
Neighborhood Housing Services of Chicago, Inc.

Homeowner Application for Financial Assistance
Lead-Based Paint Hazard Control Grant Program

MAKING CHICAGO

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LEAD SAFE CITY



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Chicago Department of Public Health
Lead Poisoning Prevention and Healthy Homes Program
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Homeowner Application for Financial Assistance
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Please provide the following information for the *primary applicant*:

Name: _____ Marital Status: _____
Home Address: _____ Unit ____ Zip Code: _____
Social Security #: _____ Date of Birth: _____
Telephone Number: _____ Alternate Telephone Number: _____
Employer's Name: _____
Employer's Address: _____
Monthly Gross Pay from Employer: _____
Other Monthly Income (if applicable): (List the amount and source for all other income,
including rental income):

Please provide the following information for the *co-applicant* (if applicable, the co-applicant is the other person listed on the deed for the property you are seeking funding for):

Name: _____ Marital Status: _____
Home Address: _____ Unit ____ Zip Code: _____
Social Security #: _____ Date of Birth: _____
Telephone Number: _____ Alternate Telephone Number: _____
Employer's Name: _____
Employer's Address: _____
Monthly Gross Pay from Employer: _____
Other Monthly Income (if applicable): (List the amount and source for all other income,
including rental income):

Please provide the following information for all adults and children living in the applicant's household.

Date of Birth: Month/Day/Year

Gender: Female (F) Male (M) Transgender (T)

Ethnicity: Hispanic (H) Non-Hispanic (NH)

Race: Asian (A) American Indian or Alaska Native (AI) Black or African American (AA) Native Hawaiian or Other Pacific Islander (H) White (W)

Monthly Income: 4 Week Gross Pay

Income Source: Employed (E) Unemployment Insurance (UI) Not Working (NW)

Number of adults and children living in the household: _____

Name	Date of Birth	Gender	Ethnicity	Race	Monthly Income	Income Source

(Attach a separate sheet of paper for additional individuals that live in the applicant's household)

Please provide the following information for the address of the property you are seeking funding for:

Address of property you are seeking funding for:

Type of home (note, buildings with more than 4 units are not eligible for this program):

Single family 2 Unit 3 Unit 4 Unit

Name(s) of individual(s) on the Title: _____

How long have you owned the home/building? _____

Is the home or building units all occupied? YES NO

Are the property taxes current? YES NO

Do you have homeowner's insurance for this property? YES NO

Is this property in foreclosure? YES NO

Do you plan to sell the property? YES NO

(If yes, when do you plan to sell the property? _____)

The applicant is required to submit All documents below with the application:

1. Copy of **Photo Identification** (State ID, Driver's License, Passport or Consular ID)
- Photo Identification must have property address you are seeking funding for
2. Copy of most recent **Rental Unit Lease or last two months of Rent Receipts** (if applicable)
3. Copy of **last two Paycheck Stubs (paid bi-weekly/monthly), last four Paycheck Stubs (paid weekly) or a Notarized Letter** stating amount of monthly income from employer (if applicable)
4. **Letter from Unemployment Office** indicating ineligibility for benefits if no income from employment is reported or a **Notarized Letter** stating that you have no source of income (if applicable)
5. Copy of most recent **Social Security Award Letter** (if applicable)
6. Copy of **Birth Certificate** for every child younger than 6 years of age living in the property you are seeking funding for or who visits the property 6 hours or more on a weekly basis
7. Copy of most recent **Pension Award Letter** (if applicable)
8. Copy of most recent **Property Deed or Mortgage Statement**
9. Copy of most recent **Homeowners Insurance Policy Declaration Page**
10. Copy of most recent **Property Tax Bill Receipts**
11. Copy of **Blood Lead Level Test** results for every child younger than 6 years of age living in the property you are seeking funding for or who visits the property 6 hours or more on a weekly basis (if applicable)
12. Copy of most recent **Medical Card** for all children less than 18 years of age who live at the property you are seeking funding for (if applicable)
13. Copy of most recent documents showing **Other Income Sources**, such as TANF, Child Support, Rent Receipts/Lease, etc. (if applicable)
14. **Notarized letter** stating tenant do not pay rent or delinquent on rent payments (if applicant)
15. Please **Notarize the Child Verification Form** on page 6 of this application

The following documents are required to be submitted with the application for All adults living in the applicant's household:

1. Copy of **Photo Identification** (State ID, Driver's License, Passport or Consular ID)
- Photo Identification must have property address you are seeking funding for
2. Copy of **last two Paycheck Stubs (paid bi-weekly/monthly), last four Paycheck Stubs (paid weekly) or a Notarized Letter** stating amount of monthly income from employer (if applicable)
3. **Letter from Unemployment Office** indicating ineligibility for benefits if no income from employment is reported or a **Notarized Letter** stating that you have no source of income (if applicable)
4. Copy of most recent **Social Security Award Letter** (if applicable)
5. Copy of most recent **Pension Award Letter** (if applicable)
6. Copy of most recent documents showing **Other Income Sources**, such as TANF, Child Support, Rent Receipts/Lease, etc. (if applicable)
7. **Notarized letter** stating tenant do not pay rent or delinquent on rent payments (if applicant)

Properties with structural deficiencies will be excluded from the program

Child Verification Form

Please provide the following information for ALL children between 6 months and 6 years of age who live at the property you are seeking funding for or who visit the property 6 hours or more on a weekly basis.

I, _____ owner of the property located at

Address Unit # City State Zip Code

swear the child(ren) listed below reside or visit this address 6 hours or more on a weekly basis.

Child's Name DOB Blood Lead Level Medicaid (Y/N)

Child's Name DOB Blood Lead Level Medicaid (Y/N)

Child's Name DOB Blood Lead Level Medicaid (Y/N)

Child's Name DOB Blood Lead Level Medicaid (Y/N)

(Attach a separate sheet of paper for additional children that live at the address you are seeking funding for)

Signature of Property Owner (Applicant) Date

This _____ day of
_____ 20 _____

Notary Public

APPLICANT and CO-APPLICANT CERTIFICATION

I/We certify that all information in this application and all other information furnished in support of this application are given for the purpose of obtaining a grant from the Chicago Department of Public Health (CDPH).

I/We certify that CDPH or Neighborhood Housing Services (NHS) may obtain verification from any source named herein, and that CDPH or NHS may be contacting me to request additional information.

I/We understand that CDPH may award a partial or a full grant depending on My/Our income and the size of My/Our building. I/We will be told what form of assistance is being provided before agreeing to have the work done.

I/We agree that if applicant is not the occupant of the unit, applicant agrees that (s)he will obtain all necessary consents from unit occupant(s) for entry to conduct Direct Lead Hazard Control Activities.

I/We will not sell the property for the next three (3) years, and if I/We do, I/We understand any amount granted may be subject to recapture by CDPH at the time of sale.

I/We agree to attend a homeowner lead workshop at CDPH and continue to maintain our property such that it remains free of lead hazards. I/We understand that it is my responsibility as the owner of the property to monitor all mitigated areas and to make repairs in a proper manner.

I/We understand and agree that CDPH personnel have the right for a period of one year to enter and inspect the areas of the abatement/mitigation for the purpose of determining the effectiveness and durability of the allowed alternative procedures.

I/We further attest that there is a child younger than six years of age that either lives in the property or spends at least six hours per week in at the property.

If applying for rental property, I/We further agree that I/We will continue to rent to the current tenant(s) as long as they remain in good standing and priority will be given if a vacant unit is available to families with children six years of age or younger. I/We will continue to offer more than half of the units at affordable rents for very low-income individuals and the remainder at affordable rents for low-income individuals as determined annually by the US Department of Housing and Urban Development for the next three years.

I/We understand Lead Hazard Control grant funds may not be used to evaluate or control lead-based paint hazards in publicly-owned housing, project-based Section 8 housing, rental housing covered by a pending or final HUD, EPA, and/or Department of Justice settlement, consent decree, court order or other similar action regarding violation of the Lead Disclosure Rule, or by HUD regarding the Lead Safe Housing Rule.

I/We certify under penalty of law that the information contained in this declaration is true, accurate, and complete to the best of My/Our knowledge. I/We understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Applicant Signature

Date

Co-Applicant Signature

Date

**Please call 312-746-7834 to schedule an appointment
to submit application and required documents**

Program Location:

Chicago Department of Public Health
Lead Poisoning Prevention and Healthy Homes Program
Lead Based Paint Hazard Control Grant Program
2133 West Lexington Street
Chicago, IL 60612

ACKNOWLEDGEMENT AND WAIVER

Applicant certifies that he/she is the owner of the property and has made application (Homeowner Application for Grant Assistance) to the Chicago 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 the County of Cook ("County") has provided funding to the Chicago Department of Public Health to conduct the Lead-Based Paint Hazard Control Program which will provide assistance to property owners in obtaining lead abatement and mitigation services, including the services which may be performed on Applicant's property if the application is granted by the Chicago Department of Public Health.

Applicant further acknowledges that County's role in connection with the Lead-Based Paint Hazard Control Program is that of a funding source, and that the County is not responsible for the selection, supervision, or performance of firms or persons not employed by the county who provide lead abatement and mitigation services at Applicant's property. Applicant agrees to release and hold the County and its officials, agents, servants, and employees and any of their successors harmless from and against any and all claims arising from the performance of lead mitigation and abatement services on Applicant's property, and releases the County and its officials, agents, servants and employees and any of their successors from any such claims. Applicant understands and agrees that the County is an intended beneficiary of Applicant's agreement to waive and release claims as set forth herein and that Applicant's agreement is a condition precedent to the use of funding provided by the County.

Applicant Name (Print)

Address

City

State

Zip Code

Telephone #

Applicant Signature

Date

NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. CUSTOMER/APPLICANT GRIEVANCE POLICY

This Customer/Applicant Grievance Policy shall apply to all customers or program applicants of Neighborhood Housing Services of Chicago, Inc. and its affiliated organizations (collectively, “NHS”).

I. Purpose

It is the policy of NHS to treat its clients and applicants with fairness and professionalism and to protect the confidential nature of all client information. Clients or applicants who believe they that have not been fairly or professionally served by the NHS, that their right to confidentiality has been breached or that they have been wrongly denied participation in a particular program, have the right to present their grievance for prompt consideration and resolution by NHS.

II. Notification

It is the policy of NHS to notify all its clients and applicants that these grievance procedures exist: (1) at intake and (2) at any time it becomes clear the client or applicant is not satisfied with the service being provided.

III. Time-Lines

A client or applicant may present a grievance concerning a continuing practice or condition at any time. However, a grievance concerning a particular act or occurrence must be brought within thirty (30) days after such act or occurrence. If a good reason is given for not bringing the grievance within the specified time limit, NHS may at its discretion extend this time limit.

IV. Definitions

Client - A client is anyone whose case has been accepted by NHS.

Applicant- An applicant is a person who has submitted or has attempted to submit an application to an NHS program or a program administered by NHS.

V. Types of Grievances

Denial of Services: An applicant who has submitted an application to a program but has been denied may grieve the denial.

Dissatisfaction with Client Representation/Services Provided: A client of NHS may grieve a lack of fairness or professionalism in the handling of his or her case.

Dissatisfaction with NHS Program: Any person who believes the NHS is not properly operating or administering a program may grieve.

VI. Procedures

A. Grievance/Complaint

The client or applicant may request that the NHS supervisor of a program or department conduct a review of his or her grievance. This shall be done in writing and effectively communicate the complaint and the specific type of grievance. Upon request of the party making the grievance, the person serving as the NHS case handler for the party making the grievance shall provide the name of the applicable supervisor to the grieving party. The supervisor will issue a written decision or letter within ten (10) working days from receipt of a complaint.

B. Communication with Case Handler

The client should initially attempt to resolve any problem by communicating complaints to the person handling the case. This can happen through a face-to-face or phone discussion or by written communication.

C. Communication with Supervisor

If the discussion with the case handler does not result in a satisfactory resolution of the client's complaint, the client or applicant should submit a written grievance to the case handler's supervisor. Upon request of the party making the grievance, the person serving as the contact for the party making the grievance shall provide the name of the applicable supervisor to the grieving party. If the supervisor was involved in the action or decision that is the subject of the complaint, or for any other reason feels s/he cannot objectively review the complaint, s/he shall refer the complaint to his/her supervisor for review.

The supervisor will review the complaint, review the proceeding from the client point of view, review the case with the case handler, and review the case file. Following this review, the supervisor will respond to the client or applicant in writing within ten (10) working days with a finding.

If the supervisor finds that there is merit to the client's complaint, the supervisor will develop and present to the client a plan for resolving the client's dissatisfaction. This will be done in writing.

If the client continues to be dissatisfied, he or she will be advised of further appeal rights, i.e., the right to file a formal grievance with the Corporate General Counsel of NHS.

D. Unit Managers

If the complaint involves a staff person who is an NHS Unit Manager or is otherwise supervised by the Executive Director, the Executive Director will proceed as the “supervisor” as above. Any decisions from the Executive Director shall be final.

E. Content

The grievance must be in writing and clearly state why the client is dissatisfied and what needs to change in order for the client to be satisfied. In instances where the client cannot write, the formal grievance may be communicated in any manner that accommodates the client and is effective in communicating the complaint. Upon request, NHS shall designate an uninvolved staff member to assist the complainant in communicating the complaint.

F. Appeals

Any customer or applicant not satisfied with the result of the grievance procedure above may appeal (except in the case of a decision by the NHS Executive Director, which decision is final) the decision to the NHS Corporate General Counsel. The Corporate General Counsel will investigate the complaint, and inform the client or applicant in writing of the decision and/or proposed resolution within ten (10) working days of the date of receipt of the appeal. The decision of the Corporate General Counsel shall be final.

The undersigned Customer/Applicant hereby acknowledges receipt of the above Neighborhood Housing Services of Chicago, Inc. Customer/Applicant Grievance Policy (the “Policy”). The undersigned understands and hereby agrees to the Policy.

Customer/Applicant Name: _____
(Please print)

Customer/Applicant Signature: _____ Date: _____



Applicant Consent for Release of Information

I, _____, hereby authorize **Neighborhood Housing Services of Chicago, Inc.** (NHS) to collect information regarding my identity, financial history, income, demographics, mortgage information, property insurance and any other information or data the NHS determines necessary in determining my eligibility to participate in the lead abatement/Lead Safe Homes Initiative program.

Additionally, I agree that NHS may share any information collected from me with the Department of Housing and Urban Development, NeighborWorks America and the Chicago Department of Public Health.

Understood and agreed to by:

Client Name: _____
(Please print)

Client Signature: _____

Date: _____

NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. CUSTOMER/CO-APPLICANT GRIEVANCE POLICY

This Customer/Co-Applicant Grievance Policy shall apply to all customers or program co-applicants of Neighborhood Housing Services of Chicago, Inc. and its affiliated organizations (collectively, "NHS").

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Customer/Co-Applicant Name: _____
(Please print)

Customer/Co-Applicant Signature: _____ Date: _____



Co-Applicant Consent for Release of Information

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Additionally, I agree that NHS may share any information collected from me with the Department of Housing and Urban Development, NeighborWorks America and the Chicago Department of Public Health.

Understood and agreed to by:

Client Name: _____
(Please print)

Client Signature: _____

Date: _____

Filename: LPPHP Homeowner Application.doc
Directory: C:\Windows\system32
Template: C:\Users\129032.CITYOFCHICAGO\AppData\Roaming\Microsoft\Templates\Normal.dotm
Title: Chicago Department of Public Health
Subject:
Author: 129032
Keywords:
Comments:
Creation Date: 4/6/2015 11:48:00 AM
Change Number: 20
Last Saved On: 8/5/2015 1:03:00 PM
Last Saved By: Administrator
Total Editing Time: 193 Minutes
Last Printed On: 8/28/2015 1:36:00 PM
As of Last Complete Printing
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