

LEAD HAZARD CONTROL PROGRAM APPLICATION: LANDLORDS

City of Fort Wayne
 Office of Housing & Neighborhood Services
 1 East Main Street - City-County Building - 8th Floor
 Ft. Wayne, IN 46802 - (260) 427-2127

Date of Initial Intake:

Date Application Complete:

Pre-Qualification

Yes	No	
<input type="text"/>	<input type="text"/>	Rental Unit(s)? # of Units for which assistance is sought: <input style="width: 80px;" type="text"/>
<input type="text"/>	<input type="text"/>	Child(ren) Under Age 6 Living in Unit(s)?
<input type="text"/>	<input type="text"/>	Child(ren) Under 6 Tested for & Determined to have High Blood Lead Level(s)?
<input type="text"/>	<input type="text"/>	Deed in Client's (Landord's) Name?
<input type="text"/>	<input type="text"/>	Property Insurance?
<input type="text"/>	<input type="text"/>	Flood Insurance? (if needed)
<input type="text"/>	<input type="text"/>	Real Estate Taxes Current?

Qualified based on questions above?

Qualified based on Address?

Applicant Information & Income

APPLICANT 1 (Landlord/Property Owner)				APPLICANT 2 (Property Co-Owner)			
NAME	<input style="width: 100%;" type="text"/>			NAME	<input style="width: 100%;" type="text"/>		
	<i>First</i>	<i>Middle</i>	<i>Last</i>		<i>First</i>	<i>Middle</i>	<i>Last</i>
PHONE	<input style="width: 100%;" type="text"/>			PHONE	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		
CELL	<input style="width: 100%;" type="text"/>			CELL	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		
EMAIL	<input style="width: 100%;" type="text"/>			EMAIL	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		
CURRENT ADDRESS	<input style="width: 100%;" type="text"/>			CURRENT ADDRESS	<input style="width: 100%;" type="text"/>		
	Fort Wayne	IN	(zip)		Fort Wayne	IN	(zip)
SS#	<input style="width: 100%;" type="text"/>			SS#	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		
Marital Status	<input style="width: 100%;" type="text"/>			Marital Status	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>		

Apartment Unit Information

	Address	# of Bedrooms	Current Monthly Rent	HUD Rent Limit for Unit Size	Rents Within HUD Limits?	Difference
Unit 1						
Unit 2						
Unit 3						
Unit 4						
Unit 5						
Unit 6						
Unit 7						

Tenant Information

	Address	Currently Occupied?	Current Tenant Household Size	Estimated Household Income	# Children under 6 Years in Unit	Elevated Blood Levels Detected?
Unit 1						
Unit 2						
Unit 3						
Unit 4						
Unit 5						
Unit 6						
Unit 7						

Property Ownership Information

Property Address	<input type="text"/>	Purchase Date	<input type="text"/>
Year Built	<input type="text"/>	Purchase Price	<input type="text"/>
		Market Value	<input type="text"/>

1st MORTGAGE

Monthly Payment (PITI) <i>or Just Taxes & Insurance</i>	<input type="text"/>	Financed by	<input type="text"/>
	<input type="text"/>	Total Mortgage Amount	<input type="text"/>

Are you in a flood area or flood plain? Have flood insurance?

2nd MORTGAGE

Total Amount	<input type="text"/>	Financed by	<input type="text"/>
Monthly Payment (PITI)	<input type="text"/>		

Confirmation of property ownership?

Confirmation of property insurance?

Confirmation of flood insurance if needed?

Confirmation of current property tax payment?

Information for Government Monitoring

RACE & ETHNICITY

American Indian/Alaskan Native	<input type="text"/>	American Indian/Alaska Native & White	<input type="text"/>
White	<input type="text"/>	Asian & White	<input type="text"/>
Black/African American	<input type="text"/>	Black/African American & White	<input type="text"/>
Asian	<input type="text"/>	American Indianan/Alaskan Native & Black	<input type="text"/>
Hispanic	<input type="text"/>	Other	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>		

APPLICANT: I do not wish to furnish this information: _____ (Initials)

OVER 65 Years? Yes No

DISABLED? Yes No

The above information is requested by the Federal Government. If this loan is related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. However, if you chose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please initial on the provided line above.

How did you hear about this program?

Friend/Relative/Neighbor	<input type="text"/>	Neighborhood Association	<input type="text"/>
Health Department	<input type="text"/>	Social Service Organization	<input type="text"/>
School	<input type="text"/>	Community Dev. Corp.	<input type="text"/>
Apartment Association	<input type="text"/>	City of Fort Wayne	<input type="text"/>
Code Enforcement	<input type="text"/>	Community Dev. Corp.	<input type="text"/>
Advertisement	<input type="text"/>	Other:	<input type="text"/>

CERTIFICATION

I (We), the undersigned, certify that the information given above is accurate, that the address(es) for which a Lead Program assistance is sought is under my(our) ownership and that information concerning my(our) tenants which has been disclosed is factual and there isn't any information pertaining to household size, income, and children with elevated blood levels which has not been disclosed. I am also giving permission to OHNS to take photos of before and after lead work.

Application was taken by: face to face interview Date:

by mail

by telephone

Name & Title of Interviewer:

Applicant's Signature Date Co-Applicant's Signature Date