



## Hennepin County Healthy Homes Grant Application Form

### Owner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

### Property Information

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

Number of Units: \_\_\_\_\_ Number of Units To Be Enrolled: \_\_\_\_\_

Building Type (check one)

Owner Occupied Single Family

Owner Occupied Multi Unit

Single Family Rental

Multi Unit Rental

Is the property currently occupied? \_\_\_\_\_ Year of Construction: \_\_\_\_\_

How did you hear about this Program? \_\_\_\_\_

### For each of the following please circle one:

Are you enrolled in another grant or renovation program? Yes No Unknown

If yes, what agency and staff member are you working with? \_\_\_\_\_

Is the household income below the listed levels? (Source: HUD FY2012 Low Income Levels) *(All occupants must sign consent/release forms and provide verification of income.)*

1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
\$45,500	\$52,000	\$58,500	\$65,000	\$70,200	\$75,400	\$80,600	\$85,800

Yes

No

Unknown

Are there children under the age of 6 or pregnant women residing in or visiting the property?

Yes

No

Unknown

Have any of the children been diagnosed as having an elevated blood lead level?

Yes

No

Unknown

Do any occupant children have a medical diagnosis of asthma?

Yes

No

Unknown

Has anyone in the household been hospitalized or sought emergency medical care due to an asthma attack or injury in the home (slip/fall, burn, other)?

Yes

No

Unknown



Is the property owned by public housing or does it receive Project Based Section 8 assistance?

Yes                      No                      Unknown

Do any of the occupants receive tenant based Section 8 rental assistance?

Yes                      No                      Unknown

Is there a licensed or legally unlicensed daycare operating at the property?

Yes                      No                      Unknown

**This box is required for rental property only!**

**Rent Certification**

Rent for this unit is \$ \_\_\_\_\_

<b>1 Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom</b>	<b>4 Bedroom</b>
761	924	1210	1359

**(Fair market rents)**

**Property Owner Requirements:**

Facilitate access to the property for Hennepin County staff to complete a Healthy Homes Inspection and other evaluations before rehabilitation work begins.

Provide or facilitate occupant income verification by submitting income or providing information to occupants on how to directly submit income verification documents to Hennepin County Housing, Community Works and Transit (HCWT). (Examples would be pay stubs, benefit statements, or a tax return if self-employed.)

Provide information and consent forms to occupants for completion and submission to HCWT.

Enter a contract with an individual or firm to complete all hazard mitigation specifications as outlined in the inspection report and approved scope of work. Individuals performing lead reduction work will be either licensed lead abatement workers or will have attended the 8-hour Lead Safe Work Practices Training. Proof of licensure or certification will be provided to HCWT in writing. The mitigation of other hazards may also require special training and certification. No work can begin until the contractor and scope are approved by HCWT.

Assist dwelling occupants with relocation for duration of lead hazard reduction work. (Grant funds may pay for documented relocation costs up to \$150 per day and not more than \$750 total.)

Provide a copy of an occupant protection plan to HCWT prior to start of work or require the contractor to submit one.

Provide HCWT or its agents or another approved agency access to the property to perform a post mitigation inspection and testing as needed. If lead based paint hazard reduction is completed, a lead-based paint clearance inspection will be required when the work has been completed and before occupants return.



All hazard mitigation work is to be completed within one year of the Healthy Homes Inspection or October 1, 2014 which ever comes first. All hazard mitigation work must comply with applicable historical preservation requirements as well as all local, state and federal rules for lead hazard reduction. I understand that should I sell my property after completion of lead hazard reduction that I am to disclose to the purchaser all pertinent information including, but not limited to, results of lead inspection/risk assessment, all paperwork related to lead hazard control work.

(For rental property only) I agree to maintain rents for low-income individuals and make the dwelling available to and give priority to families with children, especially children under the age of six for three years following the completion of the project. I agree to complete and submit the HousingLink Amenity Forms for the Lead Safe Housing registry if lead hazard reduction was included as part of my project.

**Property Owner Benefits:**

Free Healthy Homes Inspection and other evaluations (minimum \$550 value).

For 1-4 unit Rental buildings, HCWT will reimburse the property owner or pay the contractor directly for 50 percent of the hazard mitigation costs up to \$6,000.00 per unit, provided all owner requirements are met as outlined above.

For Multi-Unit buildings with five or more units, HCWT will reimburse the property owner or pay the contractor directly for 50 percent of the hazard mitigation costs up to \$2,000.00 per unit, provided all owner requirements are met as outlined above.

For Owner Occupied units, matching funds may not be required and the grant amount will vary from \$500-\$8,000 based on the hazards identified.

HCWT will provide grant funds for documented relocation expenses not to exceed \$150 per day and up to \$750 per unit when relocation is required, provided all owner obligations are met as outlined above.

Free final inspections and lead clearance testing as needed will be provided by HCWT for each enrolled dwelling unit.

Failure to meet owner requirements will result in ineligibility for grant funds.

**Please enroll my property in the Hennepin County Healthy Homes Grant Program. I have read and understand the requirements listed in this application.**

\_\_\_\_\_  
 Property Owner

\_\_\_\_\_  
 Date

Send Application to: Melisa Illies

Hennepin County Housing, Community Works, and Transit  
 701 4<sup>th</sup> Ave S, Suite 400  
 Minneapolis, MN 55415  
 Fax (612) 348-2920

Questions – Contact Melisa at (612) 348-2020 or Mike at (612) 348-2114