

# LEAD SAFE CUYAHOGA PRE-QUALIFYING APPLICATION

1. What community do you live in? \_\_\_\_\_  
**Cleveland Heights**—call Lori Sanford @ 216-291-4869 for an application  
**City of Cleveland**—call 216-664-2045 for an application  
*(if not in a Target City, applicant does not qualify for the grant)*
2. Do you Rent or Own the home? \_\_\_\_\_
3. Do you have a child 5 years of age or younger (<72 months) that lives in the home or spends a significant amount of time in the home (6+ hours/week)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
4. How many people live in your home (including yourself)? \_\_\_\_\_
5. Do you qualify based on these income guidelines? (max. income for family size)  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
*(if No, applicant does not qualify for the grant)*

<u>Household Size</u>	<u>Income</u>	<u>Household Size</u>	<u>Income</u>
1	\$44,050	5	\$67,950
2	\$50,350	6	\$73,000
3	\$56,650	7	\$78,000
4	\$62,900	8	\$83,050

6. If you are renting, would your landlord be willing to participate in the program?  
**\*All landlords are required to pay a minimum of \$500 towards the cost of repairs.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Single Duplex Multi unit  
*(if No, applicant does not qualify for the grant) (circle rental type)*

7. How did you hear about the program? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

## Target Cities

Bratenahl  
 Brooklyn  
 Brooklyn Hts.  
 Brook Park  
 Cleveland Hts.  
 Cuyahoga Hts.  
 East Cleveland  
 Euclid  
 Fairview Park  
 Garfield Hts.  
 Lakewood  
 Linndale  
 Maple Hts.  
 Newburgh Hts.  
 Parma  
 Rocky River  
 Shaker Hts.  
 South Euclid  
 Warrensville Hts.