

**Lead Safe Certification
Landlord Incentive Program**



LANDLORD NAME (FIRST & LAST) _____

BUSINESS or LLC Name _____

Email _____

Phone Number _____

I _____ (print landlord name and business name) understand that by signing below, I have verify that I have not received nor am I pursuing a \$500 incentive with a loan or grant application from CHN Housing Partners for rental property and unit listed below. I understand that I am unable to receive an incentive from both Environmental Health Watch and CHN Housing Partners for the same rental property and corresponding unit if applicable. By signing below, I understand and agree that I cannot receive a loan or grant and reimbursement for the same property.

Address for Incentive Submission

_____ (Property street number and street name)

_____ (Property Apartment, Unit, or Suite Number/Floor)

_____ (Property City, State, Zip Code)

Check Applicable Check Distribution Method Below

- I would like to receive my check in the mail. I understand that Environmental Health Watch cannot be held responsible for lost or delayed mail. Please mail my check to the address listed below.***

- I would like to pick up my check from the Environmental Health Watch offices located at 4600 Euclid Avenue Floor 3 Cleveland, Ohio 44103. I understand that I must schedule an appointment with the team in advance of pick up via email at incentives@ehw.org. I accept responsibility for bringing a valid state I.D. or Driver's License to verify my identity.***

Full Name (Print)

Date

Full Name (Signature)

Date

To be completed for Pick Up Checks: Landlord Signature and date for receipt of corresponding check

_____ Full name (signature) _____ (today's date)

_____ Call Center PM/PC Initial