



Department of Health

Application for Lead Abatement Tax Credit

Bureau of Environmental Health and Radiation
Protection
Environmental Compliance Program
246 N High St.
Columbus, Ohio 43215-6108
Phone: 614-466-1450

Instructions: Please fill out the applicable sections of the form in their entirety. Incomplete forms or forms missing the required attachment(s) will not be considered. Eligible dwellings must be built prior to 1978 and must pass a clearance examination in accordance with standards prescribed in rules adopted by the director under section 3742.03 or 3742.45 of the Revised Code. Include with your application, a copy of the county auditor's page which shows the property owner's name, address of the property being considered, and the year the property was built. Correspondence pertaining to this application will be directed to the email address provided below. **Your application must be submitted by mail, to the contact information above, no later than January 15th of the year following the tax year for which you are applying.**

Note: It is the applicant's responsibility to maintain, and forward upon ODH request, documentation in support of the claims made on the tax credit application.

I. Applicant Information (Please Print or Type)

Name of individual/authorized representative requesting tax credit:	SSN:	Phone number w/ area code:
Name of estate/trust (if applicable):	FEIN:	
Permanent mailing address:	City, state, zip:	
Monitored e-mail address:	<u>County</u> of Tax Credit Property:	

II. Owner Information – Required only if multiple individual owners

**You must list all property owners. If more than 10 owners, attach additional sheets as necessary. Each individual owner shall be issued their own tax credit certificate based upon the percentage ownership indicated below.*

1	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
2	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
3	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
4	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
5	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
6	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
7	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
8	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
9	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):
10	Name of property owner:	SSN:	Ownership % (ex: xx.xx%):

III. Property Information –

**If more than four units, attach additional sheets as necessary.*

Unit 1 Address	Unit 2 Address	Unit 3 Address	Unit 4 Address
<p>_____</p> <p>(Number, street)</p> <p>_____</p> <p>(City, state, zip)</p>	<p>_____</p> <p>(Number, street)</p> <p>_____</p> <p>(City, state, zip)</p>	<p>_____</p> <p>(Number, street)</p> <p>_____</p> <p>(City, state, zip)</p>	<p>_____</p> <p>(Number, street)</p> <p>_____</p> <p>(City, state, zip)</p>
<p><input type="checkbox"/> Risk assessment</p> <p>_____</p> <p>Date(s)</p>	<p><input type="checkbox"/> Risk assessment</p> <p>_____</p> <p>Date(s)</p>	<p><input type="checkbox"/> Risk assessment</p> <p>_____</p> <p>Date(s)</p>	<p><input type="checkbox"/> Risk assessment</p> <p>_____</p> <p>Date(s)</p>
<p><input type="checkbox"/> Lead abatement</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Lead abatement</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Lead abatement</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Lead abatement</p> <p>Date Range:</p> <p>_____ to _____</p>
<p><input type="checkbox"/> Clearance (required)</p> <p>_____</p> <p>Date(s)</p> <p>Clearance Passed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Clearance (required)</p> <p>_____</p> <p>Date(s)</p> <p>Clearance Passed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Clearance (required)</p> <p>_____</p> <p>Date(s)</p> <p>Clearance Passed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Clearance (required)</p> <p>_____</p> <p>Date(s)</p> <p>Clearance Passed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><input type="checkbox"/> Relocation Occured</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Relocation Occured</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Relocation Occured</p> <p>Date Range:</p> <p>_____ to _____</p>	<p><input type="checkbox"/> Relocation Occured</p> <p>Date Range:</p> <p>_____ to _____</p>

IV. Abatement Verification Information –

**Use page 4 if you need to list multiple lead risk assessors, lead abatement contractors, or lead inspectors.*

Risk Assessment

Ohio licensed lead risk assessor's name, license number, and expiration date:	Phone number:	
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____

Lead Abatement

Ohio licensed lead abatement contractor's name, license number, and expiration date:	Phone number:	
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____

Clearance Examination

Ohio licensed lead inspector or Ohio licensed lead risk assessor's name, license number, and expiration date:	Phone number:	
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____

Relocation Expenses

- Maximum allowance will be equal to or less than the rate published by the government service agency (GSA) for the city or zip code where the lead activity occurred.
- Relocation dates must occur during abatement project dates.
- Project duration must be greater than one day to qualify for relocation expense.

Number of nights relocated: _____	Expenditure for accommodations: \$ _____
--	---

Total Credit Amount Requested

Total amount requested for tax credit: \$ _____
--

I hereby certify that the information contained in this application is true and accurate. I am aware that misrepresentation on this document may result in the automatic denial of my application. I attest no other funds were used to supplement the costs of lead abatement at this property and that any tax credit funds will not be deducted or excluded for federal income tax purposes or Ohio adjusted gross income as determined under section 5747.01 of the Ohio Revised Code.

Print Name

Applicant/Authorized Representative's
Signature

Date

Risk Assessment

Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____

Lead Abatement

Ohio licensed lead abatement contractor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead abatement contractor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead abatement contractor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____

Clearance Examination

Ohio licensed lead inspector or Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead inspector or Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____
Ohio licensed lead inspector or Ohio licensed lead risk assessor's name, license number, and expiration date:		Phone number:
Company name:	Unit number worked on (list all that apply):	Expenditure for this service: \$ _____