



LEAD SAFE HOME PROGRAM APPLICATION

A separate application must be completed for EACH address or unit

PART 1: PROPERTY INFORMATION

APPLICATION FOR (CIRCLE ONE): OWNER OCCUPIED RENTAL PROPERTY IS THIS A LAND CONTRACT? ____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

PROPERTY ADDRESS: _____ APT # ____ CITY: _____ ZIP: _____ COUNTY: _____

NUMBER OF UNITS/APARTMENTS WITHIN BUILDING (If home is a rental property with more than one unit): _____

OCCUPANT NAME: _____ OCCUPANT RACE: B W H Other _____

OCCUPANT TELEPHONE NUMBER: _____ ALTERNATE TELEPHONE NUMBER: _____

PART 2: OWNER INFORMATION- Owner must approve lead reduction activities prior to work occurring.

NAME: _____ OWNERSHIP: Individual LLC Partnership Corporation Other

ADDRESS: _____ TELEPHONE NUMBER: ____ (____) _____

CITY: _____ STATE: ____ ZIP: _____ ALTERNATE TELEPHONE NUMBER: (____) _____

IF YOU ARE THE LANDLORD, HAVE YOU BEEN CITED BY THE LOCAL PROSECUTORS OFFICE FOR A CHILD'S LEAD POISONING? YES NO IF YES, PLEASE LIST DATE THAT CITATION WAS RECEIVED: _____

PART 3: OCCUPANT INFORMATION:

All OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach an additional sheet of paper, if necessary.

This Program requires that all children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on your home. Please include children who are regular visitors (at least 2 days per week, 3 hours per visit = 6 hours total per week, ten weeks per year). Contact your doctor or county health department to arrange for blood tests. This information will be treated as confidential.

Blood lead test results MUST accompany this application. Homes with children under 6 years of age, with an Elevated Blood Lead (EBL) level will be given higher priority.

The Department of Community Health does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

Name	Receiving Medicaid (YES OR NO)	Gross Income (see below)	Date of Birth	Relationship to Primary Resident	For child visitors, please list number of hours per week that the child visits your home.	Blood Lead Level with Date of testing (children under age 6)	BLL (HHS Use Only)	
Total Income for Household (add lines above)		\$						

***** (Gross Income = before taxes/deductions)** Income includes but is not limited to wages, salary, tips, disability, social security, unemployment, alimony, child support and welfare assistance. It should be listed for all those who are over 18 years of age within the household.

PROOF OF ALL INCOME MUST BE ATTACHED

Please complete the reverse side of this form.

HHS Program Use Only: Date Application Received/Logged In _____	Denial: _____
Application No: _____ MSHDA Eligible: _____	Denial Reason: _____
Scoring: BLL: _____ Part 5: _____	Missing Information:
Income: _____ Target Area: _____	Tax Status ____ Income ____ Incomplete Section # ____
Total Application: _____	Approved for Field Investigation: _____

PART 4: ELIGIBILITY - Please answer ALL of the following questions, by checking Yes or No. Consult with your landlord, if necessary.		Yes	No
1. Was the house at the above address built before 1978? Approximate Year Built _____			
2. Were property taxes for this home, for the previous year paid to date?	RFC Use Only Paid _____ Not Paid _____ Verified by: _____ Date: _____ Source: _____		
3. Is the house/apartment owned by a federal, state, or local government agency?			
4. Does the house/apartment have at least one bedroom?			
5. Are you willing to have your children under 6 tested for lead poisoning 6 months following lead reduction activities?			
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____			

PART 5: Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know". Failure to provide information will be reason for denial.	Yes	No	Don't Know	Program Use Only
1. Is there a child under the age of 6 living in the house full time? If yes, how many? _____				
2. Is there a child under the age of 6 who is a regular visitor but does not live at this address (<u>for at least six hours per week, ten weeks per year</u>)? If yes, how many? _____				
3. Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 10ug/dL or higher?				
4. If you are the owner, would you be willing to contribute cash or labor towards removing lead hazards from the home?				
5. Is there a pregnant woman living at this address?				
6. Is there a woman living at this address between the ages of 16 and 45?				
7. Would members of the household have some place to go for up to ten days while the lead hazards are being removed from the home? <i>If this property is vacant, Mark YES</i>				
8. Is this home being used as a day care? If so, how many children attend? _____				
9. Was this home built prior to 1940?				
10. If you are the property owner, do you have good credit? <i>Note: This will not affect your application!</i>				
11. If you are the property owner, have you claimed bankruptcy in the last 3 years? <i>Note: This will not affect your application!</i>				
12. If you are the property owner, do you have any outstanding judgments or collections against you? <i>Note: This will not affect your application!</i>				
13. Approximately how long have you resided at this unit?	___ Years ___ Months			
14. If you are a tenant and currently <u>renting</u> , please list the monthly amount you pay for rent.	\$ _____ per month Utilities included? Yes No			

Please remember to attach the following document to this application:

Proof of income (Failure to attach income documentation may be reason for denial).

I verify that the answers provided above are accurate to the best of my knowledge. *Penalty for false or fraudulent statements: U.S.C. Title 18, sec 1001, provides: *Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. "*

Owner/Landlord Name (please print)

Owner/Landlord Signature

Date

Tenant Name (if applicable, please print)

Tenant Signature (if applicable)

Date

Mail completed application to: Michigan Department of Community Health, Healthy Homes Section
PO Box 30195
Lansing, MI 48909

OR

Fax application to: (517) 335-8800