

# Is Your Home Lead-Safe For Your Child?

**Do you live in an old home and have old windows or peeling paint? If so, we can help!**

**You qualify for help if you meet ALL of the following:**

- You have a child under 6 years old or pregnant female **LIVING IN** the home
- You are a low or moderate income family
- You live in a home built before 1978
- You live in the counties of Bay, Calhoun, Hillsdale, Ingham, Jackson, Kalamazoo, Macomb, Oakland, or the city of Detroit **OR** elsewhere if your child has a lead level of 5 or above
- You own or rent the home



## **What help is provided?**

- ❖ Free Lead Inspection/Risk Assessment (\$750 value) on your home.
- ❖ Lead Hazard Control work which **may** include **new windows, doors** and special cleaning and painting.

## **What is the cost?**

- ❖ **Owner Occupied** – Up to \$8,000 per unit in **FREE** work is provided with a small fee required depending on income.
- ❖ **Landlords**- We provide from \$2,000-\$6,000 per unit; Landlords must come up with the rest.
- ❖ **Tenants**- There is no cost to you. We need your landlord's permission before starting work.

### *Contact Us with Questions:*

Carin Speidel  
Michigan Lead Safe Home Program  
PO Box 30195, Lansing, MI 48909  
Toll Free (866) 691-5323, Fax (517) 335-8800  
[www.michigan.gov/leadsafe](http://www.michigan.gov/leadsafe)

## **Getting Started is Easy!**

Just fill out the attached application and income checklist, remembering to provide proof of income as instructed on the form. Then, send the application, checklist and proof of income to us at:

***MDCH Lead Safe Home Program  
PO Box 30195  
Lansing, MI 48909***





## **MICHIGAN'S LEAD SAFE HOME PROGRAM** ***IS YOUR HOME LEAD SAFE FOR CHILD?***

The Lead Safe Home Program at the Michigan Department of Community Health offers assistance to low and moderate- income families, as well as Rental Property Owners, in making their homes lead-safe for children. The Program has made over 1950 homes lead-safe since March, 1998. Hundreds of young children now live in housing made lead safe through our program.

- ★ Children are at risk of getting lead poisoning if they live in a house or visit a home/daycare built before 1978 that has paint that is chipping, peeling, cracking or chalking.
- ★ Lead in paint, house dust and soil hurts a child's health and can cause behavior problems such as learning disabilities, hyperactivity and poor hearing.
- ★ Most children do not show signs of being sick from lead. The only way to find out if your child has lead poisoning is through a blood test. Call your child's doctor or clinic to have the test done.

### **What is the Lead Safe Home Program?**

If you are eligible for the Lead Safe Home Program \*\*, we will provide a FREE Lead Inspection and Risk Assessment on your property an average of \$2,000 to \$8,000 in work to make your home lead-safe, including items such as new windows, doors, painting and cleaning.

### **To qualify for the Lead Safe home Program, you must meet ALL of the following:**

- Residing occupant income (gross) must be low or moderate;
- Your home or apartment must be built prior to 1978;
- Your home must contain at least one bedroom;
- The property taxes on your home must be paid up-to-date. If applicable, rental properties must have valid rental certificate and no code violations;
- There must be a child under 6 years of age OR a pregnant female LIVING IN the home;
- You must contribute on the project in some way, either money or labor. This contribution may also come from other local programs in your area (housing agency, church, etc);
- Your home is within a designated target area. These target areas include homes located in Bay, Calhoun, Hillsdale, Ingham, Jackson, Kalamazoo, Macomb and Oakland counties or the city of Detroit, OR a child/children under 6 years of age with an Elevated Blood Lead (EBL) level of 5ug/dL or higher occupies the home the home and home is located outside of a target area.

***Please note that in some target areas, it may be necessary that you first apply to the local lead program covering your area.***

In addition, **priority** will be given to families meeting the following criteria:

- Your home was built prior to 1940.
- Your child or a visiting child has an elevated blood lead level
- Your home is used as an in-home daycare.
- Your home is occupied by a pregnant woman.

**\*\* Please note that eligibility is also based on condition of home and estimated cost of addressing lead hazards.**

The following commitments must be made by the household:

- Allow field staff into your home to inspect for lead before and after the project
- Children under 6 years old must have blood tests for lead before and 6 months after the project.
- Most likely, the family must move out of the home during project construction.
- Must be willing to contribute to the project in some way, either money or labor. This contribution may also come from other local programs in your area (housing agency, community action agency, church, etc).

In return, you'll receive an average of \$2,000 to \$8,000 in work on your home, including items such as new windows, doors, painting and cleaning. Since each home is different, this depends on the size and condition of your home, as well as the location where lead-based paint is found. At the end of the work, you'll have peace of mind, that your home is now safe for young children!

### **How does the Lead Safe Home Program work?**

1. Complete an application, **making sure to include proof of income (Includes, but is not limited to 3 most recent pay stubs or last year's W2s, federal or state tax returns, alimony, disability, and/or Department of Human Services statements).**
2. **Funding is provided as follows:**  
**Owner Occupied:** Grant funds will be provided towards lead hazard control. The homeowner is expected to contribute up to \$350 depending on income. The Program can typically provide up to \$8,000 in grant funds towards your project. However, other sources of funding will be explored to match to our funds (ie, funds from city or community, MSHDA loan funds, housing agency, churches).  
**Rental Properties:** Grant funds will be provided to from \$2,000 to \$8,000 PER UNIT, dependent upon certain criteria of your property. The remaining costs must be paid by the rental property owner. If the total project cost does not exceed the grant amount that we are providing, rental property owners are asked to contribute a \$500 copay per unit.
2. Program field staff will contact you to visit the home to conduct an initial site visit and to determine if the home meets basic housing code standards.
3. If approved for the Lead Safe Home Program, a field staff will come back to your home and do a full lead inspection/risk assessment at **no cost** to find areas that are hazardous to young children.
4. Based on this inspection, the field staff will write a list detailing what needs to be fixed to make the home lead-safe.
5. The field staff will bid and contract with a state-certified lead abatement contractor to perform the work.
6. The hazard reduction work typically takes 3-10 days to complete. You will be required to relocate from the house, at your own expense, during interior construction.

**Call toll-free (866) 691-LEAD (5323) for an application and additional information.**

**Lead Safe Home Program- Healthy Homes Section**

**Michigan Department of Community Health**

**PO Box 30195**

**Lansing, MI 48909**

**[www.michigan.gov/leadsafe](http://www.michigan.gov/leadsafe)**



**LEAD SAFE HOME PROGRAM APPLICATION**

*A separate application must be completed for EACH address or apartment*

**PART 1: PROPERTY INFORMATION**

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

HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

HAVE YOU OR ARE YOU PARTICIPATING IN A LOCAL LEAD PROGRAM? IF YES, WHICH ONE? \_\_\_\_\_

**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:** \_\_\_\_\_ TOTAL NUMBER LIVING IN HOUSEHOLD \_\_\_\_\_

**OCCUPANT TELEPHONE NUMBER:** \_\_\_\_\_ ALTERNATE TELEPHONE NUMBER: \_\_\_\_\_

**PART 2: OWNER INFORMATION (If different from Occupant)**- 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
- HAVE YOU BEEN CITED BY ANY PARTY FOR NON-COMPLIANCE OF THE LEAD DISCLOSURE LAW (1018)?    YES    NO
- DETROIT LANDLORDS ONLY: IS YOUR UNIT CURRENTLY REGISTERED WITH CITY AS A RENTAL UNIT?    YES    NO

**IF YES, PLEASE ATTACH COPY OF CERTIFICATE. IF NO, ARE YOU WILLING TO GET IT REGISTERED?**    YES    NO

**PART 3: OCCUPANT INFORMATION:** ALL OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED AND INFORMATION COMPLETE. 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. Contact your doctor or county health department to arrange for blood tests. This information will be treated as confidential. *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 <i>Yes or No</i>	Gross Monthly Income (see below)	Date of Birth	Relationship to Primary Resident	Blood Lead Level with Date of Test	Hispanic/Latino <i>Yes or No</i>	Race <i>I- American Indian/ Alaskan A- Asian B- Black W- White H- Hawaiian/ Pacific Islander</i>
				PRIMARY			
Total Monthly Income for Household (add lines above)		\$					

**(Gross Income=before taxes/deductions):** Proof of income should be listed for all those who are 18 years of age and older within the household.

**PROOF OF ALL INCOME AND INCOME CHECKLIST MUST BE ATTACHED**

*Please complete the reverse side of this form.*

<b>HHS Program Use Only:</b> Application Logged In _____ App No: _____	Denial: _____
Scoring:    BLL: _____    Partnership: _____	Denial Reason: _____
Income: _____    Target Area: _____	Approved for Field Investigation: _____
Part V: _____ <b>Total Application:</b> _____	Assigned to Grant Program Year: _____

<b>PART 4: ELIGIBILITY</b> - 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? <b>Approximate Year Built</b> _____				
2. Were property taxes for this home for the previous year paid to date?	<b>RFC Use Only</b> Paid Not Paid Verified by: _____ Date: _____			
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? _____				
7. Do you or the property owner have homeowner's and/or renter's insurance that covers theft and fire?				
<b>PART 5:</b> Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know". <i>Failure to provide information will be reason for denial.</i>	Yes	No	Don't Know	Program Use Only
1. Is there a child under the age of 6 <b>living</b> in the house full time? If yes, how many? _____				
2. Is there a child under the age of 6 who is a <b>regular visitor but does not live</b> 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. Approximately how long have you resided at this unit?	___ Years ___ Months			
11. 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 COMPLETE THE ATTACHED INCOME CHECKLIST AND PROVIDE PROOF OF INCOME FOR ALL HOUSEHOLD INCOME RECEIVED.**

By signing below, the PARENT/GUARDIAN authorizes the MDCH, Healthy Homes Section to obtain blood lead laboratory results through the Michigan Care Improvement Registry, on the children under six years of age residing in the unit and share these results confidentially with authorized program representatives. 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

**Did you remember to attach the income checklist and proof of income?**

Mail completed application and income information to:

Michigan Department of Community Health, Healthy Homes Section

PO Box 30195

Lansing, MI 48909

OR

Fax application to (517) 335-8800



## LEAD SAFE HOME PROGRAM INCOME CHECKLIST

*This form must be filled out by the OCCUPANT of the property and income documentation must be attached.*

PROPERTY ADDRESS: \_\_\_\_\_ APT # \_\_\_\_ CITY: \_\_\_\_\_

OCCUPANT NAME: \_\_\_\_\_

TOTAL NUMBER LIVING IN HOUSEHOLD \_\_\_\_\_

**PLEASE INCLUDE DOCUMENTATION TO SUPPORT ANY INCOME CHECKED BELOW.**

Please check the appropriate box(es) if anyone age 18 and older receives any of the following income. **Documentation must be included for ALL ITEMS CHECKED and any other income received that is not listed below:**

- IRS tax forms from most recent year available – Form 1040
- Copies of 3 most current payroll stubs
- Unemployment Statement
- Disability Compensation
- Worker’s Compensation
- Child Support
- Alimony
- Severance Pay
- Aid from Department of Human Services (DHS) (Food stamps is not income)
- Supplemental Security Income (SSI)
- Copies of Social Security earnings statements
- Other annuity or retirement income statements
- Any other documented income

***Questions? Please call us at 1-866-691-5323 or 517-335-9833. Failure to submit checklist and necessary documentation may be cause for program denial.***

**By signing below, the occupant acknowledges that this form has been completed truthfully and to the best of his/her 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. “**

\_\_\_\_\_  
Occupant Name (if applicable, please print)

\_\_\_\_\_  
Occupant Signature (if applicable)

\_\_\_\_\_  
Date

**Please return this form, along with your supporting income documentation, with the program application.**