Michigan Department of Community Health

MDCH

Lead Hazard Remediation Program
P.O. Box 30195
Lansing, Michigan 48909
(517) 335-9390

LEAD HAZARD REDUCTION APPLICATION

Please complete a separate application for each address or unit

Primary Resident: _____ Owner: _____

Address: _____ Apt.#_____ Address: _____

City: _____ Zip: _____ City: _____ State:_____ Zip:_____

County:_____ Phone: _____ Alt. Phone:_____

Phone: _____ Alt. Phone: _____ ***Owner must agree to lead reduction activities prior to work being performed***

If your home or rental property was built before 1978 and a child in the home has been diagnosed with lead poisoning, or you are planning to remodel this property and there are young children present, you may be eligible for lead hazard reduction assistance.

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 6 hours per day, 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.**

Name of all Occupants	Receiving Medicaid yes or no	Date of Birth	Relationship to Primary Resident	Blood Lead Level with Date of testing (children under age 6)

PART I. ***Please answer ALL of the following questions by checking Yes or No. Consult your landlord if necessary.***	Yes	No
1. Was the house at the above address built before 1978? **Approximate Year Built** _____		
2. Are property taxes for this home paid up to 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. If you have children under the age of 6, are you willing to have them tested for lead poisoning six months following hazards being removed from the home		

Please complete the reverse side of this form

The following information MUST be provided.

FAILURE TO PROVIDE INFORMATION WILL BE REASON FOR DENIAL

Part II. *Please answer the following questions by checking **Yes, No**, or **Don't Know***	Yes	No	Don't Know	***LHRP use only***
1. Is there a child under the age of 6 living in the house full time?				
2. Is there a child under the age of 6 who is a regular visitor to this address (for at least six hours per week, ten weeks per year)?				
3. Is there more than one child under the age of 6 living in or a regular visitor to this home? **If yes, how many total children?** _____				
4. Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 9ug/dL or higher?				
5. If you are the owner, would you be willing to contribute cash or labor towards removing lead hazards from the home?				
6. Is there a pregnant woman living at this address?				
7. Is there a woman living at this address between the ages of 16 and 45?				
8. Are there residents or regular visitors at this address between the ages of 7 and 18?				
9. Would members of the household have some place to go for up to five days while the lead hazards are being removed from the home? If this property is vacant, mark 'YES."				
10. What is the total yearly net income of the household for which application is being made? **(Please attach copies of W2 or pay stubs)**	$			
11. How many adults and children live in this house?	Total # of persons =			
12. A. If this is a **vacant** rental unit, what is the monthly rent? B. How many bedrooms are in this unit?	Rent: $ Bedrooms:			
13. Approximately how long have you resided at this house? _____				

Is this property or tenant currently participating in a HUD program? _____ **Yes** _____ **No**
If yes, which one?
I verify that the answers provided above are accurate to the best of my knowledge.

_____ _____ _____
Owner/Landlord Name (Please print) Owner/Landlord Signature Date

_____ _____ _____
Tenant Name (Please print)-If Applicable Tenant Signature-If Applicable Date

Mail completed application to:

Michigan Department of Community Health
Lead Hazard Remediation Program
3423 N. MLK Boulevard, P.O. Box 30195
Lansing, MI 48909

LHRP Program Use Only

DATE APPLICATION RECEIVED: _____

APPROVED FOR FIELD INVESTIGATION ☐yes ☐no **Date** _____

DATE APPLICATION ENTERED INTO DATA BASE: _____

APPROVED FOR ABATEMENT ☐yes ☐no **Date** _____

APPROVED FOR FIELD INVESTIGATION PENDING VERIFICATION OF THE FOLLOWING:
☐ **TAX STATUS** ☐ **INCOME** ☐ **INCOMPLETE OR MISSING INFORMATION (REFER TO FORM)**

RECOMMENDED FOR ABATEMENT BY LOCAL HEALTH DEPARTMENT REPRESENTATIVE ☐ **YES** ☐ **NO**

Funding Source ☐ **HUD** ☐ **HUD/PIP Combo.** ☐ **HMF**

(rev. 2/05)