



MDHHS-Lead Services Section  
 PO Box 30195, 3rd floor, Lansing, MI 48909  
 Michigan.gov/MiLeadSafe  
 MDHHS-LeadApps@michigan.gov  
 Ph: 517-335-9390  
 Fx: 517-284-9956

## APPLICATION FOR Lead Services

### PART I: PROPERTY INFORMATION

<b>This property is:</b>	<b>This property currently has:</b>	<b>The water service line has:</b>
Owner Occupied	Water	Been replaced – Date:
Rental Property	Electricity	Is scheduled to be replaced
Land Contract	Heat	Unsure
Vacant	Roof Leaks	
	Previous Roof Leaks	

Property address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Number of units in building: \_\_\_\_\_

*All units must submit application*

### PART 2: APPLICANT INFORMATION

Name: \_\_\_\_\_ Total number living in household: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Alternate telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about this program?

### PART 3: OWNER INFORMATION (COMPLETE ONLY IF DIFFERENT FROM APPLICANT)

<b>Type of ownership:</b>	Name: _____	Email address: _____
Individual	Address: _____	
LLC		
Partnership	City: _____	State: _____
Corporation	Zip: _____	
	Telephone number: _____	Alternate telephone number: _____

For Office Use Only			
Application Logged In: _____	App No: _____	Denial: _____	Reason: _____
BLL: _____	Partnership: _____	Fund Source: _____	_____
Income: _____	Target Area: _____	Funding Maximum: _____	_____
Part V: _____	Total Application: _____	APPROVED FOR LSHP ENROLLMENT:	

**PART 4: OCCUPANTS**

Please complete the table below for all occupants (adults and children). Attach an extra sheet of paper, if necessary.

All Occupant's (living in the home) First & Last Name	Date of Birth		Is this person pregnant?	Optional		
				Identified Gender	Ethnicity: Hispanic / Latino?	Race: A-Asian B-Black H-Hawaiian / Pacific Islander I-American Indian / Alaskan Native O-Other W-White
	/ /	X				
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
Visiting Children First & Last Name (only list children under 6 years of age)		How long does the child visit? Hours/day? Days/week? Weeks/year?				
	/ /		X			
	/ /					
	/ /					

**PART 5: SIGNATURE**

By signing I (occupant and property owner) permit MDHHS to perform a lead investigation on this property. I agree to fully cooperate in potential lead hazard control work. I understand I must disclose results of lead-activities to potential lessees or buyers of this property. I understand MDHHS is not responsible for uninsured properties or for any damages to real or personal property. I authorize MDHHS to obtain blood lead laboratory results through the Michigan Care Improvement Registry. I agree to let MDHHS share these results privately with authorized program representatives. I authorize the use of information from this application and lead investigation for a research study. I understand the study will not use my personal health information. I answered all questions truthfully and to the best of my knowledge. I understand there is a penalty for false or fake statements. This penalty is from U.S.C. Title 18, sec 1001. It states: "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." **I understand signature(s) are required for processing.**

_____	_____
Print Property Owner Name	Print Tenant Name (if applicable)
_____	_____
Property Owner Signature	Tenant Signature (if applicable)
_____	_____
Date	Date



The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need the above services, contact the MDHHS Section 1557 Coordinator.

If you believe that MDHHS has failed to provide the above services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MDHHS Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the MDHHS Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator  
 Compliance Office, 4<sup>th</sup> Floor  
 P.O. Box 30195  
 Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),  
[MDHHS-ComplianceOffice@michigan.gov](mailto:MDHHS-ComplianceOffice@michigan.gov)

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at <a href="https://bit.ly/2pBS4YG">https://bit.ly/2pBS4YG</a>, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services          200 Independence Avenue, SW          Room 509F, HHH Building          Washington, D.C. 20201          800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at <a href="https://bit.ly/2IKsHMS">https://bit.ly/2IKsHMS</a>.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: <a href="https://bit.ly/2g9zzpU">https://bit.ly/2g9zzpU</a> or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail:          U.S. Department of Agriculture          Office of the Assistant Secretary for Civil Rights          1400 Independence Avenue, SW          Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></p>
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MDHHS is an equal opportunity provider.