



APPLICATION  
**Lead Safe Home Program**

**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> Individual LLC Partnership Corporation	Name: _____	Email address: _____
	Address: _____	
	City: _____	State: _____ 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.

Occupant Name	Date of Birth	Medicaid Beneficiary Number	Is this person pregnant?	Optional		Has this person been told by a doctor / nurse that s/he has asthma?  If yes, in the last year, what is the number of times they: 1) Visited the ER? 2) Were hospitalized?	Program Use		
				Ethnicity: Hispanic / Latino?	Race: A-Asian B-Black H-Hawaiian / Pacific Islander I-American Indian / Alaskan Native O-Other W-White		Venous BLL	Date of most recent test	
	/ /		<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> H <input type="radio"/> I <input type="radio"/> O <input type="radio"/> W	1) <input type="text"/>	2) <input type="text"/>		
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Visiting Child Name						How long does the child visit?			
	/ /		<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> H <input type="radio"/> I <input type="radio"/> O <input type="radio"/> W	Hours per day?	Days per week?	Weeks per year?	
	/ /		<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> H <input type="radio"/> I <input type="radio"/> O <input type="radio"/> W				
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## PART 5: HOUSING

Please answer **all** the following questions by selecting: Yes, No, Unsure, or N/A if not applicable. Failure to provide information will be reason for denial.

For the home/property listed in this application:	Yes	No	Unsure	N/A	Pgm Use
1. Was it built before 1978?					
2. Was it built before 1940?					
3. What is the approximate year the home was built?					
4. How long have you lived at this address?					
5. Does it have at least one bedroom?					
6. Are the property taxes paid up through the last billing cycle?					
7. If you live in a rental home, what is the monthly amount you pay for rent?					
8. Is this property owned by a federal, state, or local government agency?					
9. Is this property or tenant currently participating in a HUD program? a. If yes, which one?					
10. Do you or the property owner have homeowner's and/or renter's insurance that covers theft and fire?					
11. Is this home being used as a day care? a. If so, how many children attend?	a.)				
<b>For the applicant:</b>					
12. Do you agree to have your children under 6 years old tested for lead poisoning 6 months following lead work?					
13. Is there a child under the age of 6 living in the home full time? a. If yes, how many children? b. <i>Do any of these children have a blood lead level of 5 or higher?</i>	a.) b.)				
14. Is there a child under the age of 6 who is a regular visitor (for at least six hours per week, ten weeks per year)? a. If yes, how many children? b. <i>Do any of these children have a blood lead level of 5 or higher?</i>	a.) b.)				
15. If you are the owner, would you be willing to contribute cash or labor towards this project?					
16. Is there a pregnant woman living at this address?					
17. Is there a woman living at this address between the ages of 16 and 45?					
18. Are there any animals living in the home? (e.g., dogs or cats)					
19. Do you understand that your household (and animals) may be asked to relocate for up to 10 days while work occurs?					
<b>For Landlords:</b>					
20. Have you been cited by the local prosecutor's office for a child's lead poisoning?					
21. Have you been cited by any party for non-compliance of the lead disclosure law?					
22. Detroit landlords only: Is this rental unit currently registered with the City of Detroit?					



**PART 6: INCOME**

Please check the appropriate boxes if anyone age 18 and older receives any of the following income. Please include documentation to support any income checked for OCCUPANTS only. For payroll, please attach two of the following: W2 (most recent), tax return (most recent), pay stubs (3 current), or bank statement (12-month period). For all other sources of income received, please attach a payment statement.

INCOME*	INDIVIDUAL RECEIVING	GROSS MONTHLY AMOUNT
Payroll	:	\$
Payroll	:	\$
Unemployment Compensation	:	\$
Disability Compensation	:	\$
Worker's Compensation	:	\$
Child Support	:	\$
Alimony	:	\$
Severance Pay	:	\$
DHS Cash Assistance	:	\$
Supplemental Security Income (SSI)	:	\$
Annuity or retirement	:	\$
Pension	:	\$
Other	:	\$

**\*If you checked any of the above, please provide documentation.**

**PART 7: SIGNATURE**

*By signing below, 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	Property Owner Signature	Date
_____	_____	_____
Print Tenant Name (if applicable)	Tenant Signature (if applicable)	Date