



APPLICATION

Lead-Based Paint Hazard Control

PART I: PROPERTY INFORMATION

This property is:

- Owner Occupied
- Rental Property
- Land Contract
- Vacant

This property currently has:

- Water
- Electricity
- Heat
- Roof Leaks
- Previous Roof Leaks

The water serviceline:

- Been replaced – Date:
- Is scheduled to be replaced
- Unsure

Property address:

Apt #:

City:

State:

Zip:

County:

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)

Type of ownership:

- Individual
- LLC
- Partnership
- Corporation

Name:

Email address:

Address:

City:

State:

ZIP Code:

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 LBPHC ENROLLMENT:	

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:

1. Was it built before 1978? **YES NO UNSURE**
2. Was it built before 1940? **YES NO UNSURE**
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? **YES NO**
6. Are the property taxes paid up through the last billing cycle? **YES NO UNSURE N/A**
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? **YES NO UNSURE**
9. Is this property or tenant currently participating in a HUD program? **YES NO UNSURE**
 - a. If yes, which program? _____ or **UNSURE**
10. Do you or the property owner have homeowner's and/or renter's insurance that covers theft and fire? **YES NO UNSURE**
11. Is this home being used as a day care? **YES NO**
 - a. If so, how many children attend? _____

For the applicant:

12. Do you agree to have your children under the age of 6 tested for lead poisoning 6 months following lead abatement work? **YES NO UNSURE N/A**
13. Is there a child under the age of 6 living in the home full time? **YES NO UNSURE**
 - a. If yes, how many children? _____
 - b. Do any of these children have a blood lead level of 5 or higher? **YES NO UNSURE N/A**
14. Is there a child or children under the age of 6 who regularly visit the home (at least six hours per week, ten weeks per year)? **YES NO UNSURE**
 - a. If yes, how many children? _____
 - b. Do any of these children have a blood lead level of 5 or higher? **YES NO UNSURE N/A**
15. If you are the owner, would you be willing to contribute cash or labor towards this project?
YES NO UNSURE
16. Is there a pregnant woman living at this address? **YES NO UNSURE**
17. Is there a woman living at this address between the ages of 16 and 45? **YES NO**
18. Are there any animals living in the home? **YES NO**
19. Do you understand that your household including residents and any animals may be asked to relocate for up to 10 days while work occurs? **YES NO**

For landlords:

20. Have you been cited by the local prosecutor's office for a child's lead poisoning? **YES NO UNSURE N/A**
21. Have you been cited by any party for non-compliance of the lead disclosure law? **YES NO UNSURE N/A**



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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
<input type="checkbox"/>	Payroll		\$
<input type="checkbox"/>	Payroll		\$
<input type="checkbox"/>	Unemployment Compensation		\$
<input type="checkbox"/>	Disability Compensation		\$
<input type="checkbox"/>	Worker's Compensation		\$
<input type="checkbox"/>	Child Support		\$
<input type="checkbox"/>	Alimony		\$
<input type="checkbox"/>	Severance Pay		\$
<input type="checkbox"/>	DHS Cash Assistance		\$
<input type="checkbox"/>	Supplemental Security Income (SSI)		\$
<input type="checkbox"/>	Annuity or retirement		\$
<input type="checkbox"/>	Pension		\$
<input type="checkbox"/>	Other		\$

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

PART 7: SIGNATURE

By signing below, I (occupant and property owner) permit City of Flint 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 COF 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 COF share these results privately with authorized program representatives. I authorize the use of information from this application. 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