



**Public Health
Delta & Menominee
Counties**

Submit applications to
Erin Kiraly
2920 College Ave
Escanaba, MI 49829
906-789-8102
ekiraly@phdm.org

APPLICATION
Lead Safe Home Program

PART 1: PROPERTY INFORMATION

Owner Occupied	Property currently has:	The Water Service line has:
Rental Property	Water	Been Replaced-Dates:
Land Contract	Electricity	Is scheduled to be replaced
Vacant	Heat	Unsure
	Roof Leaks	
	Previous Roof Leaks	

PART 2: APPLICANT INFORMATION

NAME: _____ TOTAL NUMBER LIVING IN HOUSEHOLD: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

How did you hear about this program? _____

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

TYPE OF OWNERSHIP:

<input type="radio"/> Individual	NAME _____
<input type="radio"/> LLC	ADDRESS _____
<input type="radio"/> Partnership	CITY _____ STATE _____ ZIP CODE _____
<input type="radio"/> Corporation	PHONE NUMBER _____
	ALTERNATE PHONE _____
	EMAIL ADDRESS _____

OFFICE USE ONLY			
Application logged in	App #	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 if necessary..

PLEASE PRINT ALL INFORMATION

All Occupants (living in the home) First and Last Name	DATE OF BIRTH	MEDICAID BENEFICIARY NUMBER	IS THIS PERSON PREGNANT? PLEASE ANSWER YES OR NO	OPTIONAL			HAS THIS PERSON BEEN TOLD BY A DOCTOR/NURSE THAT S/HE HAS ASHTMA? IF YES, IN THE LAST YEAR, WHAT IS THE NUMBER OF TIMES THEY: 1) VISITED THE ER 2) WERE HOSPITALIZED?	OFFICE USE		
				GENDER	ETHNICITY: HISPANIC/LATINO?	RACE: SEE CHART BELOW CIRCLE WHICH APPLIES		VENOUS BLL	DATE OF MOST RECENT TEST	
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		
	/ /					ABH IOW	1)	2)		

A-Asian B-Black
H-Hawaiian/Pacific Islander
I-Native American/Alaskan Native
O-Other W-White

VISITING CHILDREN: FIRST AND LAST NAME (ONLY THOSE UNDER AGE 6)	DATE OF BIRTH	MEDICAID BENEFICIARY NUMBER	IS THIS PERSON PREGNANT? PLEASE ANSWER YES OR NO	GENDER	ETHNICITY: HISPANIC/LATINO?	RACE: SEE CHART BELOW CIRCLE WHICH APPLIES	HOW LONG DOES THIS CHILD VISIT?	HOURS PER DAY	DAYS PER WEEK	WEEKS PER YEAR
	/ /					ABH IOW				
	/ /					ABH IOW				
	/ /					ABH IOW				
	/ /					ABH IOW				
	/ /					ABH IOW				

PART 5: HOUSING

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

		YES	NO	UNSURE	N/A	PGM USE
For the home/property listed in this application:						
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 rent you pay?	\$ _____				
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?					
	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?					
	If yes, how many children attend?	_____				

For the applicant:

12	Do you agree to have your children under 6 years of age 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?				
	if yes, how many children under age ? Do any of these children have a blood lead level of 5 or higher?				
14	Is there a child under the age of 6 who is a regular visitor?				
	if yes, how many children under age ? Do any of these children have a blood lead level of 5 or higher?				
15	If you are the owner, would you be willing to contribute cash or labor toward this project?				
16	Is there a pregnant woman living in this house?				
17	Is there a woman living at this address between the ages of 15 and 45?				
18	Are there any animals living in the home (cats, dogs, etc.)				
19	Do you understand that your household including animals may be asked to re-locate while some or all work occurs?				

For the Landlord

20	Have you been cited by the local procecutor's office for a child's lead poisoning?				
21	Have you been cited by any part for non-compliance of lead disclosure law?				
22	This question does not apply to homes in the Upper Peninsula.				

PART 6: INCOME

Please check the appropriate boxes if anyone age 18 or 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 (3 month period). For all other sources of income received, please attach a pay statement



INCOME SOURCE	INDIVIDUAL RECEIVING	GROSS MONTHLY AMOUNT
Payroll	:	\$
Payroll	:	\$
Unemployment	:	\$
Disability	:	\$
Worker's Compensation	:	\$
Child Support	:	\$
Alimony	:	\$
Severance Pay	:	\$
DHHS Cash Assistance	:	\$
Supplemental Security Income (SS	:	\$
Annuity/Retirement	:	\$
Pension	:	\$
Other	:	\$
Other	:	\$

By signing below, the PARENT/GUARDIAN authorizes the MDHHS Healthy Homes Section and Public Health, Delta & Menominee Counties 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. By signing below, the occupant and property owner authorizes the agencies listed above to perform a Lead Inspection and Risk Assessment on said property and will cooperate fully in the potential lead hazard abatement work. I verify that the answers provided above are accurate to the best of my knowledge. Penalty for false or fraudulent statements: USC 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." By signing this application, I acknowledge and agree that uninsured property is not the responsibility of the agencies listed above. The agencies listed above are not responsible for any damage to real or personal property, including damage due to theft or fire

PRINT PROPERTY OWNER NAME: PROPERTY OWNER SIGNATURE: DATE

PRINT TENANT NAME (IF APPLICABLE) TENANT SIGNATURE (IF APPLICABLE) DATE