MDHHS-Healthy Homes Section
PO Box 30037, Suite 410
Lansing, MI 48909
Michigan.gov/LeadSafe
Ph: 517-335-9390
Fx: 517-284-9956

APPLICATION

Lead Safe Home Program

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 service line has:
- ☐ Been replaced – Date:
- ☐ Is scheduled to be replaced
- ☐ Unsure

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)

Type of ownership:
- ☐ 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.

				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	
All Occupant's (living in the home) **First & Last Name**	Date of Birth	Medicaid Beneficiary Number	Is this person pregnant?	Identified Gender	**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
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		
	/ /		Y N		Y N	A B H I O W	1)	2)		

							How long does the child visit?		
Visiting Children First & Last Name (only list children under age 6)							Hours per day?	Days per week?	Weeks per year?
	/ /		Y N		Y N	A B H I O W			
	/ /		Y N		Y N	A B H I O W			
	/ /		Y N		Y N	A B H I O W			
	/ /		Y N		Y N	A B H I O W			
	/ /		Y N		Y N	A B H I O W			
	/ /		Y N		Y N	A B H I O W			

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.)	○	○			
For the applicant:						
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. *Do any of these children have a blood lead level of 5 or higher?*	 a.) b.)	○	○	○	○	
14. Is there a child under the age of 6 who is a regular visitor? a. If yes, how many children? b. *Do any of these children have a blood lead level of 5 or higher?*	 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 while some or all work occurs?		○	○			
For Landlords:						
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?		○	○	○	○	

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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 (3-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. Documents sent will not be returned. Please submit copies only.**

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