



LEAD HAZARD CONTROL APPLICATION

PART I. Please complete a separate application for each address or unit.

Project I.D.

Primary Resident: _____	Owner: _____
Address: _____ Apt.# _____	Address: _____
City: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____	Phone: _____ Alt. Phone: _____
Owner must agree to lead reduction activities prior to work being performed	

If your home or rental property was built before 1978 and a child in the home has been diagnosed with lead poisoning, or you are planning to remodel this property and there are young children present, you may be eligible for lead hazard reduction assistance.

This program requires that all children under 6 years old have a blood lead test before and after lead reduction work is done on your home. It is highly recommended that the blood test is a venous blood draw. Please include children who are regular visitors (at least 6 hours per day, ten weeks per year). Contact your doctor or the WIC Program at (989) 758-3733 to arrange for blood tests. This information will be kept confidential. **Blood lead test results MUST accompany this application.**

Name of All Occupants	Receiving Medicaid	Date of Birth	Relationship to Primary Resident	Blood Lead Level (children under 6)	Date of Blood Lead Testing	Type of Blood Test
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
	<input type="checkbox"/> Yes <input type="checkbox"/> No			µg/dL		<input type="checkbox"/> Venous <input type="checkbox"/> Capillary

PART II. Please answer **ALL** of the following questions by checking **Yes** or **No**.
Consult your landlord if necessary.

	Yes	No
1. Was the house at the above address built before 1978? Approximate Year Built _____		
2. Are property taxes for this home paid up to date?		
3. Is the house/apartment owned by a federal, state, or local government agency?		
4. Does the house/apartment have at least one bedroom?		
5. If you have children under 6 years of age, are you willing to have them tested for lead poisoning six months following the lead hazards being removed from the home?		
6. To your knowledge, has a lead inspection, risk assessment or lead abatement activity been completed at the house/apartment prior to now?		

Please complete the reverse side of this form

Part III. Please answer the following questions by checking **Yes**, **No**, or **Don't Know**

	Yes	No	Don't Know
1. Is there a child under 6 years of age living in the house full time?			
2. Is there a child under 6 years of age who is a regular visitor to this address (for at least six hours per week, ten weeks per year)?			
3. Is there more than one child under 6 years old living in or a regular visitor to this home? If yes, how many total children under 6 years old? _____			
4. Have any of these children had a blood lead level of 10 µg/dL or higher?			
5. If you are the owner, would you be willing to contribute cash or labor towards the cost of removing lead hazards from the home?			
6. Is there a pregnant woman living at this address?			
7. Is there a woman living at this address between the ages of 16 and 45?			
8. Are there residents or regular visitors at this address between the ages of 7 and 18?			
9. Would members of the household have some place to go for up to five days while the lead hazards are being removed from the home? If this property is vacant, mark YES.			

Part IV. The following information **MUST** be provided.

10. What is the total yearly net income of the household for which application is being made? (Please attach copies of W2 or pay stubs)	\$
11. How many adults and children live in this house?	Total # of persons =
12. A. If this is a vacant rental unit, what is the monthly rent? B. How many bedrooms are in this unit?	Rent: \$ Bedrooms:
13. Approximately how long have you resided at this house?	

Is this property or tenant currently enrolled in a HUD program? Yes No

If yes, which one? _____

I verify that the answers provided above are accurate to the best of my knowledge.

Owner/Landlord Name (Please print) ~~_____~~ Owner/Landlord Signature _____ Date of Signature

Tenant Name (Please print)-If Applicable ~~_____~~ Tenant Signature-If Applicable _____ Date of Signature

Mail completed application to:

**Saginaw County Department of Public Health
Lead Hazard Control Program
1600 N. Michigan Avenue
Saginaw, MI 48602**

<u>OFFICE USE ONLY</u>	
Stamp Date Received	Date Entered Into Database: _____
	Initials: _____



LEAD HAZARD CONTROL APPLICATION CHECKLIST

Please provide as much of the following information as possible to the Lead Hazard Control Program office when applying for lead hazard control funds. Eligibility to receive lead hazard control funds cannot be determined until all of the following documentation has been provided, even if a Lead Inspection/Risk Assessment has already been completed by a representative of this department or other individual. Feel free to contact the Lead Hazard Control Program office with questions.

- A completed Lead Hazard Control Application
 - Indicate the number of units for multi-family rental properties
- A copy of the RECORDED property warranty deed
- Copy of Homeowner's Insurance Policy (billing page only)
- Copy of the most recent receipt showing property taxes paid
- Proof of income for all individuals over the age of 18 who reside in the home
 - Provide all applicable copies of the following:
 - Most recent one month's pay stubs
 - Proof of social security payments
 - Other proof of income assistance
 - Most recent year's federal and state income tax returns, including W-2's.
- Copies of blood lead test results for children under age 6 residing in the home (if recent blood lead results are not available, blood tests must be completed for children under 6 residing in the home prior to lead hazard control work)