

# **LEADSAFE WAYNE COUNTY**

## **Lead Hazard Reduction Application**

Dear Homeowner/Renter:

The **LEADSAFE WAYNE COUNTY** program has obtained HUD Grant Funding to help eligible homeowners or renters to make their homes Lead Safe. **We will provide FREE information, FREE home testing for lead-based paint, and FREE hazard repair to homeowners or tenants that qualify**

You may be eligible to participate in this Lead Hazard Reduction Assistance program if:

- Your home or rental property was built before 1978
- The home or rental property is in Dearborn, Ecorse, the Grosse Pointes, Hamtramck, Highland Park, Lincoln Park, Melvindale, River Rouge, Wayne and Wyandotte.
- A child in the home has been diagnosed with Lead Poisoning ( $\geq 10$  ug/dl.)
- There are young children\* or pregnant women present.

If you are interested, please complete the enclosed application and return to the address listed on the application.

Also, if you have any questions or need assistance in filling out the application, please call the Wayne County Health Department's **LEADSAFE** program at 734-727-7206.

\*This program requires that all children under 6 years old be tested for blood Lead Poisoning before repair work is done on your home.



# LEADS SAFE WAYNE COUNTY

## PROGRAM APPLICATION

5454 S. Venoy  
Wayne, Michigan 48184  
734-727-7206

Applicant's First Name                      Last Name                      Middle Initial                      Date of Birth

Address    City                      State                      Zip Code

Applicant Social Security Number                      Home Number                      Work Number

### Please list all people living in the household on a full time basis:

If you need additional room please attach separate page

Name (Last, First, M.I.)	Date of Birth	Relationship

**\*\*Please list all children that are not in your household but visit for at least 60 hours per year: (i.e. grandchildren, nieces, etc.)**


Do you own or rent the dwelling?                       Own                       Rent

If you rent, please provide:

Landlord's Name                      Landlord's Address                      Landlord's Phone Number

Landlord's Signature (if applicable)

### The following are minimum requirements for program participation:

<ul style="list-style-type: none"> <li>• Child must be less than six years of age</li> <li>• Child must reside at dwelling for minimum of sixty hours annually (at least 6 hours per week/10 weeks per year)</li> </ul>	<ul style="list-style-type: none"> <li>• Home was built before 1978 and is structurally sound</li> <li>• Must be at or below the minimum income guidelines</li> </ul>
<ul style="list-style-type: none"> <li>• Must live or own property in Dearborn, Ecorse, the Grosse Pointes, Hamtramck, Highland Park, Lincoln Park, Melvindale, River Rouge, Wayne and Wyandotte.</li> </ul>	

HOUSEHOLD SIZE							
1	2	3	4	5	6	7	8
\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800

Is your household income less than the amount listed for your household size?                       Yes                       No



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- Has your child/children ever been tested for lead poisoning?  Yes  No
- Did the tests indicate lead poisoning?  Yes  No (If yes, include test results)
- If not, are you willing to have your child tested?  Yes  No

### Property Information

- Do you have insurance on the dwelling?  Yes  No
- Is the property involved in a foreclosure or bankruptcy?  Yes  No
- Are you purchasing your home under a land installment contract?  Yes  No
- Is this property owned by a State, local or federal agency?  Yes  No
- If yes, list the program(s) \_\_\_\_\_
- Is the property a Duplex or a Multi Family dwelling?  Yes  No

**If yes, please complete a separate application for each unit**

### Household Income Source(s)

(includes social security benefits, ADC assistance, pension payments, etc.)

	<u>Name of Income Provider</u>	<u>Source of Income</u>	<u>\$Amount per Month</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In order to process your application we must have proof of income for the entire household. For example, if there are 3 adults in the household and 2 are employed and receive public assistance, list the total income for all 3 individuals. Below you will find a list of items that are required to process your application. Please submit all of the following that apply to you and your household:

- A copy of a driver's license/state identification card for all adults in the home
- A copy of a social security card for all adults in the home/or last 4 digits of card
- A copy of all income sources for all adults (pay stubs, SSI check/letter, ADC check/letter, pension check/letter, etc.) OR a copy of your most recent Federal Income Tax Return
- A copy of your rental agreement/lease (if applicable)
- A copy of your homeowner's, renter's, personal property, or flood insurance certificates
- A copy of current property tax payment

**Failure to submit the requested information may be reason for denial.**



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### Temporary Relocation

1. Are you able to find a place to relocate your family?  Yes  No
2. If yes, where would you relocate?  Family  Friend  Other (please describe) \_\_\_\_\_
3. Number of family members to be relocated? \_\_\_\_\_

Temporary Relocation Address: \_\_\_\_\_

Temporary Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

4. Do you have transportation?  Yes  No  
Will you need transportation assistance during your relocation period?  Yes  No
5. How much notice would you require prior to being relocated?  3days  1week  2weeks  1month
6. Do you require a handicap accessible facility?  Yes  No

### Authorization

I/We certify that all information on this application and all information furnished in support of this application is true and complete to the best of my/our knowledge and belief. I/We authorize LEADSAFE Wayne County to obtain any information for verification necessary to process this application. Verification may be obtained from any source necessary.

I/We give LEADSAFE Wayne County permission to secure credit reports and to obtain all information or documents for the LEADSAFE Wayne County Program.

I/We have read and understand the above paragraphs and authorize disclosure of information or documents for the reasons given in those paragraphs. A photographic or fax copy of this Authorization is the same as an original and may be used as a duplicate original. LEADSAFE Wayne County will keep the information confidential and use it to determine my/our credit worthiness for a grant/installment loan or to confirm information that I/We have supplied. LEADSAFE Wayne County may re-verify the documents after I/we receive the grant/loan.

No one has forced me to sign this Authorization. I release and hold harmless the Traverse Group, LEADSAFE Wayne County, the County of Wayne, its departments or divisions, now existing or to be created, including the Division of Environmental Health, their employees, physicians, officers, or agents, from any compensation and all consequential or incidental damages, whether known or unknown, on account or arising out of this Authorization, and from any responsibility for carrying out this Authorization.

\_\_\_\_\_  
Owner/Landlord's Name (please print) Signature Date

\_\_\_\_\_  
Tenants' name (If applicable, please print) Signature Date

\* If your application is approved and you are placed into the LEADSAFE Wayne County, you will be required to comply with the Participation Agreement. This Agreement is available for your review.



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### OFFICE USE ONLY

Date application was received \_\_\_/\_\_\_/\_\_\_

Referring Agency: CLEARCorps/LEAP Detroit

Inspector's Name \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Begin Date \_\_\_/\_\_\_/\_\_\_                      Completion Date \_\_\_/\_\_\_/\_\_\_

Relocation Date \_\_\_/\_\_\_/\_\_\_

Name/Address of Relocation \_\_\_\_\_

Relocation Cost \$ \_\_\_\_\_

Number of Days Relocated \_\_\_ Grant/Loan Amount Approved \$ \_\_\_\_\_

Final Cost \$ \_\_\_\_\_

REVIEW COMMITTEE Grant/Loan

Approved

Denied

### ACTION:

1. Send Approval/Denial Letter
2. Approved; determine relocation needs
3. Other recommendations/programs