

Is Your Home Lead-Safe For Your Child?

Do you live in an old home and have old windows or peeling paint? If so, we can help!

You qualify for help if you meet ALL of the following:

- You have a child under 6 years old or pregnant female LIVING IN the home
- You live in the counties of Genesee, Ingham, Jackson, Kalamazoo, Kent, Lenawee, Macomb, Oakland, Saginaw, or the city of Detroit **OR** elsewhere if your child has a lead level of 5 or above
- You are a low or moderate income family
- You live in a home built before 1978
- You own or rent the home



What help is provided?

- ❖ Free Lead Inspection/Risk Assessment (\$750 value) on your home.
- ❖ Lead Hazard Control work which **may** include new windows, doors and special cleaning and painting.

What is the cost?

- ❖ **Owner Occupied** – Up to \$10,000 per unit in **FREE** work is provided with a small fee required depending on income.
- ❖ **Landlords**- We provide from \$2,000-\$6,000 per unit; Landlords must come up with the rest.
- ❖ **Tenants**- There is no cost to you. We need your landlord's permission before starting work.

Contact Us with Questions:

Carin Speidel
Michigan Lead Safe Home Program
PO Box 30195, Lansing, MI 48909
Toll Free (866) 691-5323, Fax (517) 335-8800
www.michigan.gov/leadsafe

Getting Started is Easy!

Just fill out the attached application and income checklist, remembering to provide proof of income as instructed on the form. Then, send the application, checklist and proof of income to us at:

***MDHHS Lead Safe Home Program
PO Box 30195
Lansing, MI 48909***



PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

**MICHIGAN'S LEAD SAFE HOME PROGRAM
*IS YOUR HOME LEAD SAFE FOR CHILDREN?***

The Lead Safe Home Program at the Michigan Department of Health and Human Services offers assistance to low and moderate- income families, as well as Rental Property Owners, in making their homes lead-safe for children. The Program has made over 2,200 homes lead-safe since March, 1998. Hundreds of young children now live in housing made lead safe through our program.

- ★ Children are at risk of getting lead poisoning if they live in a house or visit a home/daycare built before 1978 that has paint that is chipping, peeling, cracking or chalking.
- ★ Lead in paint, house dust and soil hurts a child's health and can cause behavior problems such as learning disabilities, hyperactivity and poor hearing.
- ★ Most children do not show signs of being sick from lead. The only way to find out if your child has lead poisoning is through a blood test. Call your child's doctor or clinic to have the test done.

What is the Lead Safe Home Program?

If you are eligible for the Lead Safe Home Program, we will provide a FREE Lead Inspection and Risk Assessment on your property an average of \$2,000 to \$10,000 in work to make your home lead-safe, including items such as new windows, doors, painting and cleaning.

To qualify for the Lead Safe home Program, you must meet ALL of the following:

- There must be a child under 6 years of age **OR** a pregnant female LIVING IN the home;
- Your home is within a designated target area. These target areas include homes located in Genesee, Ingham, Jackson, Kalamazoo, Kent, Lenawee, Macomb, Oakland or Saginaw county or the city of Detroit, **OR** a child/children under 6 years of age with an Elevated Blood Lead (EBL) level of 5ug/dL or higher occupies the home the home and home is located outside of a target area.
- Residing occupant income (**gross**) must be low or moderate;
- Your home or apartment must be built prior to 1978;
- Your home must contain at least one bedroom;
- The property taxes on your home must be paid up-to-date. If applicable, rental properties must have valid rental certificate and no code violations;
- You must contribute on the project in some way, either money or labor. This contribution may also come from other local programs in your area (housing agency, church, etc);
- Eligibility is also based on condition of home and estimated cost of addressing lead hazards.

Please note that in some target areas, it may be necessary that you first apply to the local lead program covering your area.

In addition, **priority** will be given to families meeting the following criteria:

- Your child or a visiting child has an elevated blood lead level
- Your home is occupied by a pregnant woman.
- Your home was built prior to 1940.
- Your home is used as an in-home daycare.

The following commitments must be made by the household:

- Allow field staff into your home to inspect for lead before and after the project
- Children under 6 years old must have blood tests for lead before and 6 months after the project.
- Most likely, the family must move out of the home during project construction.
- Must be willing to contribute to the project in some way, either money or labor. This contribution may also come from other local programs in your area (housing agency, community action agency, church, etc).

In return, you'll receive an average of \$2,000 to \$10,000 in work on your home, including items such as new windows, doors, painting and cleaning. Since each home is different, this depends on the size and condition of your home, as well as the location where lead-based paint is found. At the end of the work, you'll have peace of mind, that your home is now safe for young children!

How does the Lead Safe Home Program work?

1. Complete an application, **making sure to include proof of income (Includes, but is not limited to 3 most recent pay stubs or last year's W2s, federal or state tax returns, alimony, disability, and/or Department of Human Services statements).**

2. **Funding is provided as follows:**

Owner Occupied: Grant funds will be provided towards lead hazard control. The homeowner is expected to contribute up to \$350 depending on income. The Program can typically provide up to \$10,000 in grant funds towards your project. However, other sources of funding will be explored to match to our funds (ie, funds from city or community, MSHDA loan funds, housing agency, churches).

Rental Properties: Grant funds will be provided from \$2,000 to \$6,000 PER UNIT, dependent upon certain criteria of your property. The remaining costs must be paid by the rental property owner. If the total project cost does not exceed the grant amount that we are providing, rental property owners are asked to contribute a \$500 copay per unit.

2. Program field staff will contact you to visit the home to conduct an initial site visit and to determine if the home meets basic housing code standards.
3. If approved for the Lead Safe Home Program, a field staff will come back to your home and do a full lead inspection/risk assessment at **no cost** to find areas that are hazardous to young children.
4. Based on this inspection, the field staff will write a list detailing what needs to be fixed to make the home lead-safe.
5. The field staff will bid and contract with a state-certified lead abatement contractor to perform the work.
6. The hazard reduction work typically takes 3-10 days to complete. You will be required to relocate from the house, at your own expense, during interior construction.

Call toll-free (866) 691-LEAD (5323) for an application and additional information.

**Lead Safe Home Program- Healthy Homes Section
Michigan Department of Health and Human Services**

PO Box 30195

Lansing, MI 48909

www.michigan.gov/leadsafe

LEAD SAFE HOME PROGRAM APPLICATION

A separate application must be completed for EACH address or apartment
Please call (866) 691-5323 if you need assistance in completing this application.

PART 1: PROPERTY INFORMATION

PROPERTY ADDRESS: _____		APT # _____
CITY: _____	ZIP: _____	COUNTY: _____
NUMBER OF UNITS/APARTMENTS WITHIN BUILDING (If home has more than 1 unit): _____		
APPLICATION FOR <input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL PROPERTY <input type="checkbox"/> IS THIS A LAND CONTRACT? _____		
HOW DID YOU HEAR ABOUT OUR PROGRAM? _____		
HAS THIS PROPERTY EVERY BEEN ENROLLED IN A LEAD PROGRAM? IF YES, WHICH ONE? _____		
HAS THIS PROPERTY EVER BEEN INSPECTED FOR LEAD? IF SO, BY WHO? _____		
DOES THE PROPERTY CURRENTLY HAVE: <input type="checkbox"/> RUNNING WATER <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> HEAT/WORKING HEAT SOURCE		
DOES THE PROPERTY HAVE CURRENT OR PREVIOUS ROOF LEAKS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART 2: OCCUPANT INFORMATION (If Property is currently vacant, please write "VACANT".)

OCCUPANT NAME: _____	TOTAL NUMBER LIVING IN HOUSEHOLD: _____
OCCUPANT TELEPHONE NUMBER: _____	ALTERNATE TELEPHONE NUMBER: _____
OCCUPANT EMAIL ADDRESS: _____	WHEN IS THE BEST TIME TO REACH YOU: _____

PART 3: OWNER INFORMATION (Complete only if different from Occupant)

NAME: _____	
OWNERSHIP: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
ADDRESS: _____	TELEPHONE NUMBER: _____
CITY: _____ STATE: ____ ZIP: _____	ALTERNATE TELEPHONE NUMBER: _____
OWNER EMAIL ADDRESS: _____	WHEN IS THE BEST TIME TO REACH YOU: _____
If you are the <u>LANDLORD</u> :	
1. Have you been cited by the local prosecutors office for a child's lead poisoning?	YES NO
2. Have you been cited by any party for non-compliance of the lead disclosure law?	YES NO
3. Detroit landlords only: is your unit currently registered with city as a rental unit?	YES NO
If yes, please attach copy of certificate. If no, are you willing to get it registered?	YES NO
Property owner, please remember to sign page 3 of this application. We cannot proceed without your signature.	

⇒Please continue to page 2 of this form.

Program Use Only:	Application Logged In _____	App No: _____	Denial: _____
	BLL: _____	Partnership: _____	Denial Reason: _____
	Income: _____	Target Area: _____	
	Part V: _____	Total Application: _____	
APPROVED FOR LSHP ENROLLMENT: _____			

PART 4: OCCUPANT DETAIL: Please complete the table below.

- All occupants, adult and children, must be listed and information complete. Attach an additional sheet of paper, if necessary.
- This Program requires that all children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on your home. Contact your doctor or county health department to arrange for blood tests. This information will be treated as confidential.
- Homes with children under 6 years of age (Age birth to 5) with an Elevated Blood Lead (EBL) level will be given higher priority.
- Proof of income should be listed for all those who are 18 years of age and older within the household.

The Department of Health and Human Services does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

NAME	MEDICAID (YES OR NO)	GROSS INCOME PER MONTH (BEFORE TAXES)	DATE OF BIRTH	RELATION TO PRIMARY RESIDENT	LEAD TEST RESULT (For ages birth to 5 years old)	Has this person been told by a doctor/ nurse that he/she has asthma?	Number of times this person visited ER in last year for asthma:	Number of times this person was hospitalized in last year for asthma:	HISPANIC / LATINO (YES OR NO)	RACE A-ASIAN B-BLACK W-WHITE H-HAWAIIAN/ PACIFIC ISLANDER I-AMERICAN INDIAN/ ALASKAN
				PRIMARY						
TOTAL HOUSEHOLD INCOME (Add Lines Above)										

PLEASE COMPLETE THE ATTACHED INCOME CHECKLIST AND PROVIDE PROOF OF INCOME FOR ALL HOUSEHOLD INCOME RECEIVED
 ⇒ Please continue to page 3 of this form.

PART 5: ELIGIBILITY

Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know". Failure to provide information will be reason for denial. Please call (866) 691-5323 if you need assistance.		Yes	No	Don't Know	Program Use Only
1. Was the house at the above address built before 1978? Approximate Year Built _____					
2. Are property taxes paid up through the last billing cycle? Program use: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Date Verified __					
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. Do you agree to have your children under 6 years old tested for lead poisoning 6 months following lead work?					
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____					
7. Do you or the property owner have homeowner's and/or renter's insurance that covers theft and fire?					
8. Is there a child under the age of 6 living in the house full time? If yes, how many? _____					
9. Is there a child under the age of 6 who is a regular visitor (for at least six hours per week, ten weeks per year)? <i>Please note, a child resident or pregnant female living in the property is required for enrollment in this program.</i>					
10. Is there a child under 6 living in or a regular visitor to this home with a blood lead level of 5 or higher?					
11. If you are the owner, would you be willing to contribute cash or labor towards this project?					
12. Is there a pregnant woman living at this address?					
13. Is there a woman living at this address between the ages of 16 and 45?					
14. Do you understand that your household may be asked to relocate for up to 10 days while work occurs?					
15. Is this home being used as a day care? If so, how many children attend? _____					
16. Was this home built prior to 1940?					
17. How long have you lived at this address?		___ Years ___ Months			
18. If you are a tenant and currently renting, please list the monthly amount you pay for rent.		\$ /month			

By signing below, the PARENT/GUARDIAN authorizes the MDHHS, Healthy Homes Section 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 MDHHS, Healthy Homes Section 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: U.S.C. 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."

Owner/Landlord Name (please print)

Owner/Landlord Signature

Date

Tenant Name (if applicable, please print)

Tenant Signature (if applicable)

Date

**Mail completed application and income information to:
MDHHS- Lead Safe Home Program
PO Box 30195, Lansing, MI 48909
OR Fax application to (517) 335-8800 ⇨ Please continue Income Checklist.**

LEAD SAFE HOME PROGRAM INCOME CHECKLIST

Please call (866) 691-5323 if you need assistance.

This form must be filled out by the OCCUPANT of the property and income documentation must be attached for the OCCUPANT only.

PROPERTY ADDRESS: _____ APT # ____ CITY: _____

OCCUPANT NAME: _____

TOTAL NUMBER LIVING IN HOUSEHOLD _____

PLEASE INCLUDE DOCUMENTATION TO SUPPORT ANY INCOME CHECKED BELOW.

Please check the appropriate boxes if anyone age 18 and older receives any of the following income. Documentation must be included for ALL ITEMS CHECKED and any other income received that is not listed below:

- IRS tax forms from **most recent year** available – Form 1040
- Copies of 3 most current payroll stubs
- Unemployment Statement
- Disability Compensation
- Worker's Compensation
- Child Support
- Alimony
- Severance Pay
- Aid from Department of Human Services (Cash Assistance Only)
- Supplemental Security Income (SSI)
- Copies of Social Security earnings statements
- Other annuity or retirement income statements
- Any other documented income (Including Seasonal Income)

Questions? Please call us at (866) 691-5323. Failure to submit checklist and necessary documentation may be cause for program denial.

By signing below, the occupant acknowledges that this form has been completed truthfully and to the best of his/her knowledge. Penalty for false or fraudulent statements: U.S.C. 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."

Occupant Name

Occupant Signature

Date

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