

OWNER-OCCUPIED PROPERTIES - LEAD-SAFE HOMES PROGRAM APPLICATION

Please complete this form, sign, retain a copy for your records, and return it to the **Lead-Safe Homes Program, PO Box 2659, Madison, WI 53701-2659** or to the confidential FAX number, **608-223-7702** to enroll your property. Only completely filled in forms will be considered. Failure to provide accurate information will be reason for denial. If you need assistance completing this application, or have questions, please call 608-267-9191 or email dhsLeadSafe@wi.gov.

Part 1: PROPERTY OWNER INFORMATION – Individual Company

Property Owner Name- First Name	Middle Initial	Last Name
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Company Name (if applicable) _____

Property Street Address	Apt No.
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City	Zip code	County
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Phone Number	Email
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Best time to reach property owner?
 Before 9 a.m. 9 a.m. to 5 p.m. After 5 p.m.

How did you hear about the program?
 Local health department Housing agency Other:

Part 2: PROPERTY INFORMATION

About the property (check all that apply)

Single family Multi-family, no. of units: _____ Land contract

Total number of people living in the household	Approximate square footage of the interior of the home
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The property currently has (check all that apply)
 Water Electricity Heat Previous or current roof leaks

	Yes	No	Do not know
Answer ALL of the following questions by checking "Yes," "No," or "Don't know."			
Was the property built before 1978? Approximate year built: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the property taxes paid-up through the last billing cycle? (attach receipt showing payment)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property insured for total loss? (attach proof of insurance)	<input type="checkbox"/>	<input type="checkbox"/>	
Is this property currently participating in a housing rehab program other than the LSHP? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has this property ever been enrolled in a lead-hazard reduction program? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this property being used as a child care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: OCCUPANTS AND REGULAR VISITORS

In the table below, list everyone who lives in the home or “visits regularly.*” Vacant properties are not eligible for the program. All occupants and frequent visitors, both adults and children, must be listed and information completed. Attach an additional sheet of paper, if necessary.

The Wisconsin Department of Health 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 – Occupant or Regular Visitor	Date of Birth (mm/dd/yyyy)	Currently Pregnant?	Enrolled in Medicaid or BadgerCare Plus?	Diagnosed with asthma?	Visited the ER in the last year for asthma?	Occupant or regular visitor?	Hispanic /Latino	Race: A – Asian B – Black W – White I – American Indian/Alaskan O - Other	For Internal Use Only	
									MA/BCP	BLL
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Occupant <input type="checkbox"/> Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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* “Visits regularly” means visiting two or more times a-week for at least 3-hours each time, or 60-hours per year.

Part 4: OCCUPANT INCOME

If this property is:	Then:
The primary residence of a foster child or a property where someone who “visits regularly*” is a child under age 19 or pregnant woman who is eligible for Medicaid or BadgerCare Plus.	FILL IN THIS PAGE. You need to complete this page and submit it with the rest of the application.
The primary residence of a child under 19 years of age or a pregnant woman AND is enrolled in Medicaid or BadgerCare Plus.	SKIP THIS SECTION. Proceed to the next page.

* “Visits regularly” means visiting two or more times per week for at least 3-hours each time, or 60-hours per year.

First, calculate your monthly household income. Use the table below to decide which income to count.

You should count:	You should not count:
<ul style="list-style-type: none"> - Income from jobs (before taxes) - Social Security Income - Self-employment income (this should be the income you report to IRS as your income after expenses for running your business) - Per capita tribal payments from gaming revenue - Unemployment compensation - Any other taxable income 	<ul style="list-style-type: none"> - Supplemental Security Income (SSI) - Adoption assistance or foster care payments - Cash assistance payments through Wisconsin Works (W-2) - Child support - Veterans benefits - Workers compensation - Money given to you by another person

Total Monthly Household Income (before taxes):

Number of people living in this household:

Second, compare the number of people in your household and your monthly household income with the chart below.

Number of people living in your home	Monthly income limit
1	\$3,184.94
2	\$4,312.06
3	\$5,429.15
4	\$6,566.24
5	\$7,693.36
6	\$8,820.45

Third, answer the following question.

Does your household have a total monthly income BELOW the amount listed here for your household size?

Yes No

Please include documentation with your application to support any income counted:

For payroll, please attach a copy of (1) the most recent year’s W2, (2) the most recent year’s tax return and (3) three current pay stubs.

For all other sources of income received, please attach a statement explaining the various type(s).

Failure to submit documentation of income may be cause for program denial.

Part 5: AGREEMENTS AND SIGNATURE

The Property Owner

- 1) Authorizes the Department of Health Services (DHS) Lead-Safe Homes Program (LSHP), and their designees to obtain Medicaid or BadgerCare Plus benefit information, and the most recent blood lead laboratory results for the children residing in the unit, and that DHS may share these results confidentially with authorized program representatives;
- 2) Authorizes DHS LSHP or their designee to perform a lead inspection and risk assessment of the owner's property, and will cooperate fully with any lead hazard abatement work;
- 3) Acknowledges and agrees that Occupants of the property may be required to relocate for up to 10 days while work occurs;
- 4) Verifies that the answers provided in this application are accurate to the best of their knowledge and understands that providing false information can be grounds for DHS LSHP or their designee to deny participation and/or pursue legal action to recuperate project costs; and
- 5) Acknowledges and agrees that uninsured real or personal property is not the responsibility of the DHS LSHP. DHS LSHP is not responsible for damage to real or personal property, including damage due to theft or fire.

By signing below, the property owner acknowledges that they have completed this application accurately, and to the best of their knowledge, and that they agree to all of the items listed above.

SIGNATURE – Owner	Date signed
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Print Name

Before sending. Did you?

- Sign and date your completely filled-in application form;
- Include your proof of homeowners insurance, receipt of property tax payment, and documentation of household income;
- Keep a copy of this form for your records; and
- Send all these materials to the **Lead-Safe Homes Program, PO Box 2659, Madison, WI 53701-2659** or to the **confidential FAX number, 608-223-7702.**

For Office Use Only:	Program Administrator:		<input type="checkbox"/> Grantee	<input type="checkbox"/> LSHP
Rec'd Date _____	<input type="checkbox"/> Pre-1978	<input type="checkbox"/> Pre-1950	<input type="checkbox"/> Denial	App No. _____
RA Date _____	<input type="checkbox"/> ≥ 5µg/dL	<input type="checkbox"/> RA paid by HSI?	Denial Date: _____	
Program _____	<input type="checkbox"/> MA/BCP	<input type="checkbox"/> 301% FPL	Reason for Denial/Disengagement: _____	
Priority _____	<input type="checkbox"/> Taxes	<input type="checkbox"/> Insured		
Owner % _____				
If property located in locally serviced DOA CDBG or HUD grant area, date verified that property not enrolled locally: _____				