

RENTAL PROPERTY – PROGRAM APPLICATION

Please complete this form, print, 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 our confidential fax number, 608-223-7702. Complete one form per rental unit. Incomplete applications may result in significant delays in eligibility determination or prevent enrollment in the program. **Note:** If you choose to email your completed application, your personal information supplied may not be fully protected or confidential. Please only consider emailing your completed application if your email provider offers encrypted or secured email options.

If you need assistance completing this application, or have questions, please call 608-267-9191 or email <u>DHSLeadSafe@wi.gov</u>.

Part 1: RENTAL PROPERTY OWNER INFORMATION

Name of Company or Individual (First, Middle, Last)		🗌 Individual 🛛 🗌 LLC				
			Partnersh	ip	Corporation	
			🗌 Trust			
Owner Address	City	у	State	ZIP C	P Code	
Owner Phone Number		Owner Email				
Name of Contact Person (If different than owner)		Best Time to Reach Contact Person				
Contact Email		Contact Phone Numbe	r			

Part 2: RENTAL PROPERTY INFORMATION (Only fill-in information if different from the Owner Information above)

Rental Property Street Address

City	ZIP Code	County			
,		5			
Property Type (check all that apply)					
🗌 Single-Family 🔄 Land Contract 📄 In-Home Childcare 📄 Property in Trust 📄 Multi-Family No. of Units:					
This property currently has (check all that apply):					
☐ Water ☐ Electricity ☐ Heat ☐ Current structural defects (e.g., roof leaks, foundation issues):					
Are the defects repaired? Yes No Repair Date:					
PART 3: TENANT INFORMATION (Complete a separate application for each unit)					
Name of Tenant (First, Middle, Last)		Apartment Number			
Phone Number	Email				
Alternate Phone Number	Total Number of People Living in the Unit:				

After receiving the completed form, the Lead-Safe Homes Program (LSHP) will send a different form to the tenants of each unit to check tenant eligibility.

Answer ALL the following questions by checking "Yes", "No", or "Unknown". Image: Sector S	Part 4: PROPERTY CRITERIA				
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work?	Is there space to place a storage pod/unit for the tenants' belongings during the lead hazard control				
	work?				

Part 5: AGREEMENTS AND SIGNATURE

Check the box to the left of each statement to indicate your agreement:

 I agree to allow the program, the local health department, or their designee to perform a lead investigation of the property and will cooperate fully with any lead hazard control work. The owner acknowledges this is not a home make-over; the goal is to remove lead hazards and the materials installed after the lead hazard control work may not be of the same style/model and are a standard (not premium) builders' grade.

□ I acknowledge and agree my property is not the responsibility WI DHS and/or the LSHP, and WI DHS is not responsible for damage to real or personal property, including damage due to theft or fire.

 I acknowledge and agree I am responsible for 10% of the total lead hazard reduction project cost that will be paid directly to the lead hazard reduction company selected to perform the work before the work begins, and will supply proof of payment to the program administrator I am working with.

By signing below, I agree the information I have provided on this form is complete to the best of my knowledge.

JRE – Property Owner	Date Signed

Print Property Owner Name

Please provide completed application form and tax payment receipt, and send to the Lead-Safe Homes Program, PO Box 2659, Madison, WI 53701-2659 or to our confidential fax number 608-223-7702.

Clear/Reset Entire Form