

## RENTAL PROPERTY – LEAD-SAFE HOMES 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 the **confidential FAX number, 608-223-7702** to enroll your property. **Complete one form per rental unit to be enrolled.** Only completely filled-in forms will be considered. If you need assistance completing this application, or have questions, please call 608-267-9191 or email [dhsLeadSafe@wi.gov](mailto:dhsLeadSafe@wi.gov).

### Part 1: RENTAL PROPERTY OWNER INFORMATION

Name of Company or Individual (First, Middle, Last)		<input type="checkbox"/> Individual	<input type="checkbox"/> LLC
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Owner Address	City	State	Zip
Owner Phone Number	Owner Email		
Name of Contact Person (if different than owner)	Best time to reach Contact Person <input type="checkbox"/> Before 9 a.m. <input type="checkbox"/> Between 9 a.m. and 5 p.m. <input type="checkbox"/> After 5 p.m.		
Contact Email	Contact Phone Number		
How did you hear about this program? <input type="checkbox"/> Local Health Department <input type="checkbox"/> Housing Agency <input type="checkbox"/> Other:			

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

Rental Property Street Address	Apt No.	
City	Zip Code	County

Is this property a:

- Single family home    Owner-occupied    Part of multi-unit building (one application per unit)  
 Land contract    In-Home child care   If a multi-unit, how many units in this building?

What is the approximate square footage of the interior of the individual unit?

The property currently has (check all that apply):

- Water    Electricity    Heat    Previous/Current Roof Leaks

### PART 3: TENANT INFORMATION (Complete a separate application for each unit)

Name of Tenant (First, Middle, Last)	Total number of people living in this household: _____
Phone Number	Email
Alternate Phone Number	Best time to reach the tenant <input type="checkbox"/> Before 9am <input type="checkbox"/> Between 9am-5pm <input type="checkbox"/> After 5pm

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.

**Part 4: PROPERTY CRITERIA**

Answer ALL of the following questions by checking "Yes", "No", or "Don't Know".  
Failure to provide information will be reason for denial.

	Yes	No	Do not 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)	(Do not complete: program use only) <input type="checkbox"/> Paid <input type="checkbox"/> Not paid Date verified: _____		
Is the property insured for total loss? (attach proof of insurance)	(Do not complete: program use only) <input type="checkbox"/> Paid <input type="checkbox"/> Not paid Date verified: _____		
Is the property owned by a federal, state, or local government agency?	<input type="checkbox"/>	<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 home under any current orders by the local health department? If yes, what type of orders? <input type="checkbox"/> Lead hazards <input type="checkbox"/> Other issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that occupants of the property <b>may be relocated for up to 10-days</b> while work occurs?	<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"/>
Do you have a signed lease agreement with the current tenants? How much do the current occupants pay in rent? \$ _____ per month Start date of lease: _____ (mm/dd/yyyy) End Date of Lease: _____ (mm/dd/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand, as the owner, that you may be required to pay for 15% of the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please check the box to the left of each statement to indicate your agreement:**

- I agree to allow the program or their designee to perform a lead inspection and risk assessment of the property, and will cooperate fully with any lead hazard abatement work.
- I agree to keep the rent within HUD Fair Market Rate rent guidelines for at least 3 years following completion of lead abatement work under the program. If I do not, I agree to pay back all program-related costs, regardless of ownership of the property.
- I agree to make every reasonable effort to market and rent the property to low-income families with children during the next three years if the property becomes vacant during that time. If I do not, I agree to pay back all program-related costs.
- If I sell the property within three years of completion of the lead abatement work under the program, I agree to pay back all program-related costs.
- I acknowledge and agree that uninsured real or personal property is not the program's responsibility. The Wisconsin Department of Health Services is not responsible for damage to real or personal property, including damage due to theft or fire.

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

<b>SIGNATURE</b> - Property Owner	Print Property Owner Name	Date Signed
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Include completed form with proof of property insurance 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.**

<b>For Office Use Only:</b>		<b>Program Administrator:</b>		<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:					