

TENANT WORKSHEET - LEAD-SAFE HOMES PROGRAM APPLICATION

Rental Property Address:	Application No:
Property Owner/Landlord	Phone No.

Your landlord submitted an application to make repairs to the rental property where you live to make it lead safe. The information you provide on this form will **only** be used to enroll the rental property at the address given above in the Lead-Safe Homes Program and will **not** be shared with the property owner/landlord. If you need assistance completing this application, or have questions, please call 608-267-9191 or email dhsLeadSafe@wi.gov.

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

Part 1: TENANTS AND REGULAR VISITORS – Include names and birthdates of all tenants or “regular visitors*” and complete the answers for each. Add an additional form if there are more than six tenants.

Name – Tenant and/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?	Tenant 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"/> Tenant <input type="checkbox"/> Visitor	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tenant <input type="checkbox"/> Visitor	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tenant <input type="checkbox"/> Visitor	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tenant <input type="checkbox"/> Visitor	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tenant <input type="checkbox"/> Visitor	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tenant <input type="checkbox"/> Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*A “regular visitor” is someone who visits two or more times a week for at least 3-hours each time, or at least 60-hours per year.

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 PART 2. You need to complete both Part 2: TENANT INCOME and Part 3: AGREEMENTS AND SIGNATURE.
The primary residence of a child under 19 years of age OR a pregnant woman who is enrolled in Medicaid or BadgerCare Plus.	SKIP Part 2. Proceed to Part 3: AGREEMENTS AND SIGNATURE.

Part 2: TENANT INCOME

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:

Compare the number of people living in your home 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

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

Yes No

Please include documentation to support any income counted. For payroll, please attach a copy of the most recent year W2, tax return or three current pay stubs. For all other sources of income, please attach a statement explaining the various type(s).

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

Part 3: AGREEMENTS AND SIGNATURE

By signing below, I

- 1) Authorize the Wisconsin Department of Health Services (WI DHS) Lead-Safe Homes Program (LSHP), and its designees to obtain Medicaid or BadgerCare Plus benefit information and blood lead laboratory results from the WI DHS for the children residing in the unit, and share these results confidentially with authorized program representatives.
- 2) Agree to cooperate fully with any lead hazard assessment and abatement work that is conducted at the property as part of LSHP.
- 3) Verify that the answers provided in this application are accurate to the best of my knowledge and understand that providing false information can be grounds for WI DHS and/or the LSHP to deny participation and/or pursue legal action to recuperate project costs.
- 4) Acknowledge and agree that my uninsured property is not the responsibility of WI DHS and/or the LSHP. WI DHS is not responsible for damage to real or personal property, including damage due to theft or fire.

Print Name of Tenant	SIGNATURE - Tenant	Date Signed
----------------------	---------------------------	-------------

Include this completed form and proof of household income, if needed, **and mail to the Lead-Safe Homes Program, 1 W Wilson St, Room 145, P.O. Box 2659, Madison, WI 53701-2659** or FAX to 608-223-7702.