

Muskegon County Lead Hazard Reduction Program
 209 E. Apple Avenue, Muskegon, MI 49442
 Phone: (231) 724-1259 Fax: (231) 724-3366
www.muskegonhealth.net



Instructions:

- (1) A separate application is required for each address or unit.
- (2) Answer all questions - the application cannot be processed without all information.
- (3) Return Application to: MCLHRP, 209 E. Apple Avenue, Muskegon, MI 49442; or, Fax: (231) 724-3366; or via email to publichealth@co.muskegon.mi.us

PART 1: PROPERTY INFORMATION									
APPLICATION FOR (circle one): Rental Property Owner Occupied Is this a land contract? Yes/No									
PROPERTY ADDRESS:							APT #		
CITY OR TOWNSHIP							ZIP CODE		
NUMBER OF UNITS/APARTMENTS WITHIN BUILDING (If home is rental property with more than one unit)									
OCCUPANT NAME					TOTAL LIVING IN HOUSEHOLD				
OCCUPANT PHONE NUMBER					ALTERNATE PHONE #				
PART 2: OWNER INFORMATION (If different from Occupant)									
Owner must approve lead reduction activities prior to work occurring.									
NAME									
OWNERSHIP (circle one): Individual LLC Partnership Corporation Other									
MAILING ADDRESS							CITY		
State		Zip		Phone ()		Alternate Phone ()			
HOW DID YOU HEAR ABOUT THIS PROGRAM?									
IF YOU ARE THE LANDLORD:								Yes	No
1) HAVE YOU BEEN CITED BY THE LOCAL PROSECUTORS OFFICE FOR A CHILD'S LEAD POISONING?									
2) HAVE YOU BEEN CITED BY ANY PARTY FOR NON-COMPLIANCE OF THE LEAD DISCLOSURE LAW (1018)?									
PART 3: OCCUPANT INFORMATION									
ALL OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach an additional sheet of paper, if necessary. This program requires all children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on the property. Contact your doctor to arrange for blood tests. This information will be treated as confidential.									
Name	Receiving Medicaid (Yes or No)	Gross Income (See Below)	Date of Birth	Relationship to Primary Resident	Blood Lead Level (age 6 and under)	Date of Test	Hispanic or Latino (Yes or No)	Race (See Below)	
				SELF	NA	-			
						-			
						-			
						-			
						-			
Total Annual Income		\$							
Gross Income: Report only for occupants 18 years and older. Gross Income = before taxes and deductions. Proof of income required. Total Annual Income for all adults residing in the home.									
Race - identify with number(s): (1) American Indian/Alaska Native (2) Asian (3) Black/African American (4) Native Hawaiian/Pacific Islander (5) White OTHER: Indicate with any combination of identification numbers, example: Black and White = 3, 5.									
PART 4: ELIGIBILITY								Yes	No
1. Was the house at the Property Address in Part 1 built before 1978? Approximate Year Built _____									
2. Are property taxes paid up to date?									
3. Is the house/apartment owned by a federal, state or local governmental agency?									
4. Does the house/apartment have at least one bedroom?									
5. Are you willing to have your children under 6 tested for lead poisoning 6 months following lead reduction activities?									
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____									

PART 5: Priority Ranking		Yes	No	Don't Know
1.	Is the property the PRIMARY residence of a child under the age of 6? If yes, how many children under the age of 6 reside there? _____			
2.	Is there a child under the age of 6 who is a regular visitor but does not live at this address? (Regular visitor means at least 6 hours per week for 10 weeks per year.) If yes, how many children under the age of 6 are regular visitors? _____			
3.	Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 10 ug/dL or higher?			
4.	Is there a pregnant woman living at this address?			
5.	Is there a woman living at this address between the ages of 16 and 45?			
6.	Would members of the household have some place to go for up to ten days while the lead reduction work is going on? (<i>Note: If this property is vacant, mark YES</i>)			
7.	If you are the owner, would you be willing to contribute cash for lead reduction/renovation?			
8.	Was this home built prior to 1940?			
9.	Is this property being used as a day care? If so, how many children attend: _____			
10.	Approximately how long have the current occupants resided at this address? _____ Years _____ Months			
11.	Are you participating in any other home-repair program such as CAAP, DHS, etc? If yes, list programs _____			

I verify this information is accurate to the best of my knowledge.		
Owner Name (please print)	Owner's Signature	Date
Tenant Name (if applicable, please print)	Tenant Signature (if applicable)	Date

Muskegon County does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

LEAD HAZARD REDUCTION PROGRAM USE ONLY		Tracking #	
Date Rec.	Rec. By	MSHDA Eligible	
BLL	Denial Date:	Reason:	
Income	Missing Information: Tax Status <input type="checkbox"/>	Income <input type="checkbox"/>	Incomplete Section # _____
Part 5	Property Taxes Paid <input type="checkbox"/> Not Paid <input type="checkbox"/>	Date:	Source
Target Area	BLL Confirmed By:	Date:	Source
Total Application Score	Income Confirmed By:	Date:	Source
Notes:			