

# Berrien County Health Department

## Lead Hazard Control Grant

### Property Owner Application

DATE: \_\_\_\_\_

APP. # \_\_\_\_\_ (internal)

**Part 1: Property Information**

Application for (check one): Single  \*Multi-family  Owner occupied  Rental unit

Property Address: \_\_\_\_\_ # of Dwelling Units: \_\_\_\_\_

Has the property ever been tested for lead-based paint? \_\_\_\_\_ When? \_\_\_\_\_ If yes, did it test positive? \_\_\_\_\_

Do you have a building code violation or lead order? YES \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

If yes please explain: \_\_\_\_\_

Were the property taxes from the previous year paid to date? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the owner currently have home owners insurance on this unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Approximate year of initial construction: \_\_\_\_\_

Head of household: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Are there any pregnant women residing in the unit? \_\_\_\_\_

Are there any young children with elevated blood lead levels (**EBL**) residing in the Unit? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to the above question, how many children with elevated levels reside in the unit? \_\_\_\_\_

Number of personnel living in unit: \_\_\_\_\_ Number of children under the age of 7: \_\_\_\_\_

List Names and Birth dates of all persons under 6:

| Name | Age | Birth Date | Unit No. | Name | Age | Birth Date | Unit No. |
|------|-----|------------|----------|------|-----|------------|----------|
|      |     |            |          |      |     |            |          |
|      |     |            |          |      |     |            |          |
|      |     |            |          |      |     |            |          |
|      |     |            |          |      |     |            |          |

**Part 2: Applicant Information**

NAME OF APPLICANT \_\_\_\_\_ AGE: \_\_\_\_\_

Individual, Partnership, Trust or Corp. (circle one)

APPLICANTS ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

No. and street

\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

City, State, Zip

**Attach additional pages if more than one owner**

**Part 3: Funding Information**

**Do you agree to pay a \$200 Co-payment (owner occupied) or \$1,000 Co-payment (Landlord)**

YES \_\_\_\_\_ NO \_\_\_\_\_ (If you answered no to the above question you may not eligible for this program)

**Are you willing to pay more than \$200/\$1000 Co-payment? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, what percentage are you willing to pay? \_\_\_\_\_**

**\* For a multi-family dwelling please fill out one form for each unit**

The undersigned hereby makes a preliminary application to the Berrien County Health Department. (the "Health Department") for aid in safe residential lead paint control. The undersigned acknowledges that this application is made pursuant to a program offered by the Health Department and that the methods for Controlling lead paint, cost of such control and other permitted costs will be determined by the Health Department. The undersigned further agrees to permit the control of lead paint in the property by a contractor approved by the Health Department through a bid process.

The undersigned certifies that the property to be improved will be continuously (if rental unit) rented to persons or families whose income does not exceed HUD's guidelines for very low/low and moderate income and rent that does not exceed the HUD Fair Market limits, for not less than three years following the completion of lead control activities.

Building owners agree to maintain the property in good physical condition and retain home insurance. Building owners agree to maintain tax payments and any public fees on the property and maintain mortgage payments.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

All Lead-Safe dwellings created under this program will be placed on a lead safe housing list. This list is located at [www.michigan.gov/leadsafe](http://www.michigan.gov/leadsafe). This list will be accessible to anyone online.

The undersigned understands that failure to comply with all requirements may result in recapture, by the Health Department, of the monies advanced.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

**Owner(s):**

\_\_\_\_\_  
*Printed Name and title*

\_\_\_\_\_  
*Printed Name and title*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

*Approved / Disapproved*

\_\_\_\_\_  
*Lead Hazard Control Program Manager*

*Please return Application form to:*

*Lead Program Manager  
Berrien County Health Department  
2106 M-139  
Benton Harbor, MI 49022*

