



OWNER-OCCUPIED PROPERTIES – 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 our confidential fax number **608-223-7702**. Incomplete applications may result in significant delays in eligibility determination or prevent enrollment in the program. Please note that 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 dhsLeadSafe@wi.gov.

Part 1: PROPERTY OWNER INFORMATION

Property Owner Name - First Name		Middle Initial	Last Name		
Owner Address			City	State	ZIP Code
Owner Phone Number			Owner Email		
Name of Contact Person (If different than owner)			Best Time to Reach Contact Owner		
Contact Email			Contact Phone Number		
Property Type (check all that apply) <input type="checkbox"/> Single-Family <input type="checkbox"/> Land Contract <input type="checkbox"/> In-Home Childcare <input type="checkbox"/> Property in Trust <input type="checkbox"/> Multi-Family No. of Units:					
This property currently has (check all that apply): <input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Current structural defects (e.g., roof leaks, foundation issues):					
Are the defects repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No Repair Date:					
Total Number of People Living in the Household:					
Approximate Square Footage of the Interior of the Home:					
Does this property have out buildings (e.g., barns, garages, sheds, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?					
Are there pets at the property?* <input type="checkbox"/> Yes <input type="checkbox"/> No					
*The program will not cover costs related to moving or relocating pets during the work. Homeowner must make arrangements to care for pets offsite during any work on the property.					

Part 2: PROPERTY CRITERIA

Answer ALL the following questions by checking “Yes,” “No,” or “Unknown”. Failure to provide information will result in the application being marked incomplete and may result in denial.		Yes	No	Unknown
Was the property built before 1978? Approximate year the property was built:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the property taxes paid-up through the last billing cycle or in a payment plan? Attach receipt showing payment or installment plan.	(Do not complete: program use only) <input type="checkbox"/> Paid <input type="checkbox"/> Not paid Date Verified:	<input type="checkbox"/>	<input type="checkbox"/>	
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:	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property owned by a federal, state, or local government agency? If yes, which one?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this property currently participating in a housing rehab program other than the Lead-Safe Homes Program (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 Orders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand you and your family may be relocated while work occurs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there space in your driveway/yard to place a storage pod/unit for your belongings during the lead hazard control work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: AGREEMENTS AND SIGNATURE

Check the box for 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. I acknowledge that this is not a home make-over; the goal is to remove lead hazards and that 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 that my property is not the responsibility of WI DHS and/or the LSHP, and that WI DHS 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.

SIGNATURE – Property Owner	Date Signed
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Print Property Owner Name

Provide the completed application form and tax payment receipt by mailing 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