

**LEAD-SAFE HOMES PROGRAM APPLICATION**

Please call (608) 789-7513 or email housingrepair@cityoflacrosse.org if you need assistance in completing this application.

<b>Part 1: OCCUPANT / TENANT INFORMATION</b> (Vacant properties are not eligible for the program.)			
Name – First		Last	
Phone Number		Total Number Living in the Household:	
Email		Alternate Phone Number	
		Best time to reach head of household <input type="checkbox"/> Before 9am <input type="checkbox"/> Between 9am-5pm <input type="checkbox"/> After 5pm	
<b>Part 2: PROPERTY INFORMATION</b>			
Mailing Address			Apt#
City		Zip Code	County
<b>About the property</b>	<input type="checkbox"/> Part of a multi-unit building		# of apartments in the building _____
	<input type="checkbox"/> Owner-occupied	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Land Contract <input type="checkbox"/> In-Home Child Care
How did you hear about the program? <input type="checkbox"/> Local Health Department <input type="checkbox"/> Housing Agency <input type="checkbox"/> Other:			
Does the property currently have: <input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Previous/Current Roof Leaks			
<b>Part 3: PROPERTY OWNER / LANDLORD INFORMATION</b> (Complete only if different from Occupant Information)			
Name - First		Last	
Address		Phone Number	
City	State	Zip	Alternate Phone Number
Owner Email		Best time to reach property owner <input type="checkbox"/> Before 9am <input type="checkbox"/> Between 9am-5pm <input type="checkbox"/> After 5pm	
<b>Please sign all pages of this application. We cannot proceed without the signatures.</b>			

*By signing below, the PARENT/GUARDIAN authorizes the WI DHS, Lead-Safe Homes Program and their designee, City of La Crosse to obtain Medicaid or BadgerCare Plus benefit information and blood lead laboratory results through the Wisconsin Department of Health Services (WI DHS), on the children residing in the unit and share these results confidentially with authorized program representatives. By signing below, the OCCUPANT and PROPERTY OWNER authorize the WI DHS, Lead-Safe Homes Program or the City of La Crosse to perform a Lead Inspection and Risk Assessment on said property and will cooperate fully in the potential lead hazard abatement work. I verify that the answers provided in this application are accurate to the best of my knowledge. Penalty for false or fraudulent statements: U.S.C. Title 18, sec 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." By signing this application, I acknowledge and agree that uninsured property is not the responsibility of the City of La Crosse, WI DHS and/or the Lead-Safe Homes Program. City of La Crosse and/or WI DHS is not responsible for any damage to real or personal property, including damage due to theft or fire.*

\_\_\_\_\_  
Owner/Landlord Name (please print)      Owner/Landlord Signature      Date

\_\_\_\_\_  
Occupant /Tenant Name (if applicable)      Occupant / Tenant Signature (if applicable)      Date

<b>For Office Use Only:</b>		<b>Partnership:</b> _____	
Rec'd Date _____	<input type="checkbox"/> Pre-1978	<input type="checkbox"/> ≥ 5µg/dL	<input type="checkbox"/> RA paid by HSI?
RA Date _____	<input type="checkbox"/> MA/BPC	<input type="checkbox"/> 301% FPL	<input type="checkbox"/> Denial
Priority _____	<input type="checkbox"/> Taxes	<input type="checkbox"/> Insured	Reason for Denial/Disengagement:
Owner % _____			
App No. _____ Denial Date: _____			
If property located in locally serviced DOA CDBG or HUD grant area, date verified that property not enrolled locally:			

**Part 4: PRIORITY CRITERIA** (for completion by property owner)

<b>Property Owner / Landlord, please answer ALL of the following questions, by checking "Yes", "No", or "Unsure". Failure to provide information will be reason for denial. Please call (608) 785-7513 if you need assistance completing this form.</b>	Yes	No	Unsure	Program Use
1. Was this property built before 1978?  Approximate Year Built: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was this house/building built before 1950?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the property taxes paid up through the last billing cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(do not complete program use only) <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Date Ver: _____				
4. Is the property owned by a federal, state, or local government agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 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"/>	<input type="checkbox"/>
6. Has this property ever been enrolled in a lead program?  If yes, which one? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the property insured for total loss? (please attach proof of insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(do not complete program use only) <input type="checkbox"/> Yes <input type="checkbox"/> No Ver: _____				
8. Do you understand that the household may be asked to relocate for up to 10 days while work occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is this property being used as a child care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Questions for Owners of Rental Properties Only:</b>				
10. 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"/>	<input type="checkbox"/>
11. Do you understand that by participating in the Lead-Safe Homes Program, you 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, or else you are responsible for paying back all program-related costs, regardless of ownership of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. During the next three years and if the current tenants vacate the property, do you agree to make every reasonable effort to market and rent the property to low-income families with children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is this home under any current orders?  If yes, what type of orders? <input type="checkbox"/> for lead hazards <input type="checkbox"/> for other issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a signed lease agreement with the current occupants?  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"/>	<input type="checkbox"/>

\_\_\_\_\_  
Owner initials      Date

**Part 5: OCCUPANT / TENANT DETAIL** - Please complete the table below.

- All occupants and frequent visitors, both adults and children, must be listed and information complete. Attach an additional sheet or paper, if necessary.
- Homes with children under 6 years of age (ages birth to 5 years old) with an elevated blood lead level will be given higher priority.
- **Rental Property Owners:** Please give the two next pages to your tenants to complete, along with a stamped envelope so that they can mail the form directly to the LSHP at the address on page 4.

*The City of La Crosse and the Wisconsin Department of Health Services do not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.*

Name	Date of Birth (mm/dd/yyyy)	This person is currently pregnant	This person is enrolled in Medicaid or BadgerCare Plus	Internal Use Only MA/BCP #	This person been told by a doctor or nurse that they have asthma	This person visited the ER in the last year for asthma	Does this person live in the home or visit it regularly*? (Live or Visit)	Hispanic/Latino	Race: A – Asian B – Black W – White I – American Indian/Alaskan O - Other	For Internal Use Only
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

\*"Visit regularly" means visiting 2 or more times a week for at least 3 hours, or at least 60 hours per year

By signing below you state that the information you have provided above is complete to the best of your knowledge.

\_\_\_\_\_  
Occupant Name

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Date

Property Address: \_\_\_\_\_