



# **LEADS SAFE WAYNE COUNTY**

33030 Van Born  
WAYNE, MI 48184

## Lead Hazard Control Program

Dear Homeowner/Renter:

Lead poisoning is the No. 1 environmental threat facing Michigan children and their families.

**What is Lead Poisoning?** Lead poisoning is a disease caused by swallowing or breathing lead, especially lead dust. Lead poisoning affects millions of children in the United States. Any child can be at risk regardless of where they live, their family's financial status, race or ethnic background. Young children are at the greatest risk of being lead poisoned because their bodies absorb lead easier and their bodies are still growing and developing. Lead damages children's developing brains and nervous systems. The effects are irreversible. The most prominent health effects of lead poisoning in children include:

- **Reduced IQ and cognitive functioning. Learning disabilities including speech and language delays, difficulty with math and reading skills, and short-term memory loss;**
- **Anemia;**
- **Hearing loss; and**
- **Behavioral problems including attention deficit, hyperactivity and aggression.**

In an attempt to help the citizens of Wayne County provide lead-safe housing, the **LEADS SAFE** Wayne County program has obtained grant funding from the Department of Housing and Urban Development (HUD) to assist Wayne County homeowners/tenants (excluding those living within the City of Detroit), in making their homes "lead safe". The goal of this program is to provide lead-safe housing for children six years and under, and to significantly reduce childhood lead poisoning.

Qualified applicants may receive a free in home Lead Inspection and Risk Assessment performed by certified inspectors; and Lead Hazard Control Repairs (painting, siding, windows, doors, etc.).

You may be eligible to participate in this Lead Hazard Control Assistance program if:

- Your home or rental property was built before 1978;**
- The home or rental property is in Wayne County (excluding Detroit);**
- Income meets Program Eligibility Requirements;**
- There are young children under six (6) years of age or pregnant women living in the home; or**
- There are visiting young children in the home at least 60 hours per year;**

If you are interested, please carefully read and complete the enclosed application, sign the application where indicated, include all required documentation, and return to the address listed on the application.

If you have any questions or need assistance in filling out the application, please call the Wayne County Health Department's **LEADS SAFE** program at 734-727-7400.



# LEADSAFE WAYNE COUNTY

Wayne County Health Department  
Enforcement Section

## LEAD HAZARD CONTROL PROGRAM APPLICATION

33030 Van Born  
Wayne, Michigan 48184  
734-727-7400

- Instructions:**
1. Please complete a separate application for each address or unit.
  2. Please complete application and provide requested supporting documentation.
  3. Return completed application to address listed above; contact (734) 727-7400 with questions.

How did you hear about the LeadSafe program? \_\_\_\_\_

Primary Resident Name:	Landlord/Owner (if applicable):
Address/Apt #:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone No.:	Phone No.:
Alt. Phone No.:	Alt. Phone No.:

What is your primary language? English  Spanish  Other  (\_\_\_\_\_)

Marital Status, Primary Resident is (check one):  Married  Single  Widowed  Divorced  Separated

Do you own or rent the dwelling?  Own  Rent **Land Contract: Yes / No**

### Household Composition

Please list all people living in the household on a full time basis (at least 50% of the time). If you need additional room, please attach separate page.

Name (Last, First, M.I.) Please designate if pregnant	Relationship to Primary Resident	Sex (M/F)	Date of Birth	Annual Income of each occupant, 18 years and older	*Race Category	*Hispanic or Latino
	Self			\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
<b>Total Annual Income:</b>				\$		
<b>Name of Visiting Child (under 6)</b>						

**ANNUAL INCOME OF EACH OCCUPANT:** Report only for occupants 18 years and older, include all income sources (social security benefits, ADC assistance, pension/annuity payments, unemployment, child support, alimony, rental income, income from royalties/partnerships/corporations/trusts, workers compensation, insurance payments, etc.).

**TOTAL ANNUAL INCOME:** Total Annual Income of all occupants combined (18 years and older).

**RACE CATEGORIES:** Use the number in front of the appropriate category to complete the chart above: 1) Alaskan Native or American Indian; 2) Asian; 3) Black/African American; 4) Native Hawaiian or Pacific Islander; 5) White; 6) Alaskan Native or American Indian and White; 7) Asian and White; 8) Black/African American and White; 9) American Indian/Alaskan Native and Black/African American; and 0) Other Multi-Racial: \_\_\_\_\_

**HISPANIC or LATINO:** Respond "Yes" if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, otherwise respond "No".

**VISITING CHILDREN (UNDER 6):** In the following above, please list all children that visit but are not in your household: (i.e. grandchildren, nieces, etc.) that visit for a minimum of 2 different days per week, 3 hours per visit, 6 hours per week, with combined visits totaling at least 60 hours per year. If you need additional room please attach separate page.

\*The Department of Housing and Urban Development (HUD), who is funding this program, acknowledges the growing diversity of the U.S. population and requests the race and ethnicity information to identify the demographics of the individuals and/or communities they serve, or are proposing to serve. The County of Wayne does not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political belief.



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### The following are minimum requirements for program participation:

- |   |   |
|---|---|
| • Child must be less than six years of age or pregnant women present  | • Home was built before 1978, is structurally sound and has at least one bedroom.                                       |
| • Child must reside at dwelling for minimum of sixty hours annually (at least 6 hours per week/10 weeks per year) | • Must be at, or below the minimum income guidelines  |
|   | • Each child under six (6) years old must have a current blood lead test to be considered for inclusion in the Program. |
| • Must live or own property in Wayne County (excluding the City of Detroit).                                      |   |
| • We agree to voluntarily maintain our house as a smoke-free environment during LeadSafe work activities.         |   |

### HOUSEHOLD SIZE

1	2	3	4	5	6	7	8
\$37,950	\$43,350	\$48,750	\$54,150	\$58,500	\$62,850	\$67,150	\$71,500

Is your total household income less than the amount listed for your household size?  Yes  No

Has your child/children ever been tested for lead poisoning?  Yes  No (If yes, include test results).

If your child/children have been not been tested for lead, are you willing to have your child tested  Yes  No (If no, please state reason \_\_\_\_\_).

### Property Information

Is the Property Tax Current?  Yes  No

Do you have insurance on the dwelling?  Yes  No

Is the property involved in a foreclosure or bankruptcy?  Yes  No

Are you purchasing your home under a land installment contract?  Yes  No

Is this property owned by a State, local or federal agency?  Yes  No

Is the Property or Tenant currently enrolled in a HUD Program?  Yes  No

If yes, list the program(s) \_\_\_\_\_

Is the property a Duplex or a Multi-Family dwelling?  Yes  No

(If yes, and you are the property owner, please complete a separate application for each unit).

If you are the property owner would you be willing to share costs for lead reduction activities?  Yes  No

### Temporary Relocation

Are you able to find a place to temporarily relocate your family?  Yes  No

If yes, where would you relocate?  Family  Friend  Other (please describe) \_\_\_\_\_

Temporary Relocation Address: \_\_\_\_\_

Temporary Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

If no, LeadSafe Wayne County may provide temporary relocation, would that be acceptable?  Yes  No

Number of family members to be relocated: \_\_\_\_\_

Do you have transportation?  Yes  No

Will you need transportation assistance during your relocation period?  Yes  No

How much notice would you require prior to being relocated?  3 days  1 week  2 weeks  1 month

Do you require a handicap accessible facility?  Yes  No



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### Lead Hazard Control Checklist

Please provide the information requested below to the LeadSafe Wayne County Program. Eligibility to receive lead hazard control funds cannot be determined until all of the following documentation has been provided.

**Failure to submit requested information may be reason for denial.**

- A completed Lead Hazard Control Application.
- A copy of a driver's license / state identification card for **all adults** in the home.
- A copy of social security cards for all adults in the home/or last 4 digits of card(s).
- A copy of **complete signed Federal** Income Tax Return with W-2 stubs **AND** copies of **ALL** income sources for all adults (at least 2 current paystubs, social security benefits, ADC assistance (food stamps), pension/annuity payments, unemployment, child support, alimony, rental income, income from royalties/partnerships/corporations/trusts, workers compensation, insurance payments, etc).
- A copy of your Proof of Ownership (Deed for home), Rental Agreement (if applicable) / Lease.
- A copy of your current homeowner's, renter's, personal property, or flood insurance certificates.
- A copy of current property tax payment receipts.
- A copy of blood lead test results for child/children under the age of 6.

### Authorization

**I/We authorize LEADS SAFE Wayne County to obtain any information for verification necessary to process this application. Verification may be obtained from any source necessary. I/We give LEADS SAFE Wayne County permission to secure credit reports and to obtain all information or documents for the LEADS SAFE Wayne County Program.**

I/We have read and understand the above paragraphs and authorize disclosure of information or documents for the reasons given in those paragraphs. A photographic or fax copy of this Authorization is the same as an original and may be used as a duplicate original. LEADS SAFE Wayne County will keep the information confidential and use it to determine my/our credit worthiness for a grant/installment loan or to confirm information that I/we have supplied. LEADS SAFE Wayne County may re-verify the documents after I/we receive the grant/loan.

No one has forced me to sign this Authorization. I release and hold harmless Cardno ATC, LEADS SAFE Wayne County, the County of Wayne, its departments or divisions, now existing or to be created, including the Department of Public Health, their employees, physicians, officers, or agents, from any compensation and all consequential or incidental damages, whether known or unknown, on account or arising out of this Authorization, and from any responsibility for carrying out this Authorization.

"I/We certify, under penalty of law, that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Owner/Landlord's Name (please print)

Signature

Date

Tenants' name (If applicable, please print)

Signature

Date

\*If your application is approved and you are placed into the LEADS SAFE Wayne County program, you will be required to comply with the Participation Agreement. This Agreement is available for your review upon request.