



PUBLIC HEALTH DEPARTMENT

Dear Property owner:

Thank you for your interest in our Lead Hazard Control Program. Enclosed are the following:

- Application Checklist
- Eligibility Application
- Release of Information form
- Medical Release form
- Confirmation of Receipt of Lead Pamphlet form

Please complete these forms at your earliest convenience. Once we have received your completed application and all required items, we will begin to process your request. In addition, payment for the \$100 application fee must be included.

If you have any questions regarding the application please contact Julie Sauer at (262) 284-8170. The contact person for all other questions regarding this grant activity is Dan Ziegler. Dan will also schedule a time to meet with you at the property to generally assess the property condition and answer specific questions you may have.

Health Department staff will determine if you are income eligible for grant assistance. You will be informed of that decision in writing. After eligibility determination, Dan Ziegler will contact you a second time to schedule a formal lead risk assessment of the property. The required lead risk assessment is for the purpose of writing a scope of work. The work scope will be written into a work contract. Only state certified lead contractors will be able to bid on the contract for your property. The Health Department and the property owner decide jointly which contractor is awarded your contract.



PUBLIC HEALTH DEPARTMENT

Lead Hazard Control Grant Homeowner Application Checklist

Applicant: _____

Address: _____

PLEASE FORWARD COPIES OF ALL ITEMS LISTED BELOW TO:

**Ozaukee County Public Health Dept
121 W. Main Street; PO Box 994
Port Washington, WI 53074**

- All 3 pages of attached application – completed and signed
- Signed Release of Information form
- Signed Medical Release form
- Signed Confirmation of Receipt of Lead Pamphlet form
- \$100.00 application fee (check payable to Ozaukee County Public Health Dept)
- 3 recent paycheck stubs in sequential order
- Copy of 2009 signed federal tax return with all schedules
- 2009 W-2's
- SSI, SSDI income verification **(Must be for Current Year)**
- Pension/Retirement income verification **(Must be for Current Year)**
- Child support income verification **(Must be for Current Year)**
- Current statement of interest bearing account(s) showing interest earned (if applicable)
- Copy of Homeowners Insurance Policy (Declaration page)
- Property tax bill/assessment showing assessed property value **(All property taxes must be current)**
- Copy of Deed or other ownership document
- Copy of most recent mortgage bill stating your current mortgage balance
***Mortgage account must be current**



Lead Hazard Control Grant Homeowner Application

Applicant Name(s): _____ Home Phone: _____

Residence Address: _____ Cell Phone: _____

City/Zip: _____ Email Address: _____

Home is located in: City Town Village of _____

Please list names of all property owners as shown on deed or land contract:

Year house built: _____ Date home was purchased: _____

Number of Rooms: _____ Total Square Footage: _____

Are there any pregnant women living in the home? Yes No If yes, Name: _____

Household members: (List all individuals living in the home, including self):

Name	Relationship	Age	SS#	Covered by Medicaid?

PRESENT EMPLOYMENT

APPLICANT

Company Name _____

Employment From _____ to _____

Street Address _____

Supervisor _____

City/State/Zip _____

CO-APPLICANT

Company Name _____

Employment From _____ to _____

Street Address _____

Supervisor _____

City/State/Zip _____

OTHER EMPLOYMENT

Name: _____

Company Name _____

Employment From _____ to _____

Street Address _____

Supervisor _____

City/State/Zip _____

INCOME DATA

Please list below the names and incomes of all persons 18 years and older that live in the target unit. Income includes but is not limited to: gross wages, salaries, commissions, net income from self employment, net income from the operation of real property, interest and dividend income, social security, SSI, pensions, AFDC, alimony, child support and other benefit income. If unsure, please list below and we will contact you.

Name	Relationship to Applicant	Source of Income	Monthly Gross Income

EXISTING DEBT OF PROPERTY TO BE REHABILITATED

Original Amount of 1st Mortgage \$_____ Current Balance \$_____
Name of Lender _____
Street Address _____
City/State/Zip _____

List other mortgages or liens, including equity loans or lines of credit

Original Amount \$_____ Current Balance \$_____
Name of Lender _____
Street Address _____
City/State/Zip _____

Original Amount \$_____ Current Balance \$_____
Name of Lender _____
Street Address _____
City/State/Zip _____

Are property taxes paid up to date? Yes No If no, Delinquent Amount \$_____

Do you own other real estate property? Yes No

If Yes, Street Address_____City_____State_____Zip_____

Briefly describe the repairs or improvements you wish to complete:

Conflict of Interest

Do you have family or business ties to any employee of the Ozaukee County Public Health Department?
If yes, disclose the nature of the relationship.

Name	Relationship

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

I certify that the information in this application is correct and accurate to the best of my knowledge.

Signature _____ Date _____

Signature _____ Date _____

You are not required to answer the questions below. If you choose not to answer them, please check this box:

Age of Applicant: _____

Racial/Ethnic Background (check one):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Balance/Other |

Hispanic: Yes No

Return completed Application and all applicable items on the Application Checklist to:

Ozaukee County Public Health Department
Attn: Julie Sauer
121 W. Main Street, Room 246
Port Washington, WI 53074



Lead Hazard Control Grant Medical Records Release Form

I, _____ (parent name), give permission to the Ozaukee County Public Health Department LHC staff and Commerce Lead Hazard Control Program Manager, to review information in my child's medical records concerning blood lead testing. All records and information received by the Ozaukee County Public Health Department will be kept confidential.

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Address: _____

This release form can be revoked at any time, orally or in writing.

For Agency Use Only

Send to WI Dept of Health Services, Attention Pam Campbell, Rm. 145, 1 W. Wilson St. Madison, WI 53702
Fax (608) 267-0402 or send by email to: Pamela.Campbell@wi.gov

Ozaukee County Public Health Dept requests information on the most recent dates of blood lead testing and the blood lead test values for the above child/children. Please send the above information to me at:

Fax Number: (262) 238-8105

Email: jasauer@co.ozaukee.wi.us

dziegler@co.ozaukee.wi.us

Please send an email copy of the information to the Commerce Lead Hazard Control Program Manager:

Email: betty.kalscheur@wi.gov

Grantee Agency Staff Signature and Title

Date: _____

Child Name	DOB	Date of Most Recent Blood Lead Test	Result of Test (micrograms per deciliter)



**Lead Hazard Control Grant
CONFIRMATION OF RECEIPT OF LEAD PAMPHLET**

I have received a copy of the pamphlet, ***Lead Paint Safety, A Field Guide***, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient