



PUBLIC HEALTH DEPARTMENT

Dear Property owner:

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

- Application Checklist (owner & tenant)
- Eligibility Application
- Tenant Application
- Release of Information form (owner & tenant)
- Medical Release form (tenant)
- Confirmation of Receipt of Lead Pamphlet form (owner & tenant)

Please complete these forms at your earliest convenience. Please note the Rental Owner Application form is different than the Tenant Application form. Rental owners must work with the tenants to complete their applications and obtain necessary documents. 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 call 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 Rental Owner - 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**

Owner:

- All 3 pages of attached application – completed and signed
- Signed Release of Information form
- Signed Confirmation of Receipt of Lead Pamphlet form
- \$100.00 application fee (check payable to Ozaukee County Public Health Dept)
- 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
- Current tenant rental agreement
- Copy of most recent mortgage bill stating your current mortgage balance
- *Mortgage account must be current**



**Lead Hazard Control Grant
Rental Owner Application**

Property Owner Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Rental Unit To Be Rehabilitated:

Address: _____

City: _____ State: _____ Zip: _____

Rental Unit 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: _____

Rental Rates Of Units To Be Rehabilitated:

| | Rent Per Month | Total # of Rooms | Total Square Footage of Unit |
|---------------|----------------|------------------|------------------------------|
| Unit 1 | | | |
| Unit 2 | | | |
| Unit 3 | | | |
| Unit 4 | | | |

Owner's Monthly Obligations for Rental Unit:

| | Monthly Payment |
|---|-----------------|
| Mortgages | |
| Real Estate Taxes (if separate) | |
| Property Insurance | |
| Utility Payments (Total gas, electric, water) | |
| Maintenance Costs | |
| Other (please specify) | |
| Other (please specify) | |

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 |
|------|--------------|
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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 Release of Information – Rental Owner

Organization requesting release of information:

Ozaukee County Public Health Department
 121 W Main Street, PO Box 994
 Port Washington, WI 53074
 (262) 284-8170

Purpose: Your signature on this LHC program eligibility release form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

LHC Rental Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a LHC program and the amount of assistance necessary using LHC funds. This information will be used to establish level of benefit on the LHC program; to protect the government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The department is authorized to ask for this information by the national affordable housing act of 1990.

Information Covered: Please initial each item below. Inquiries may be made about items initialed by applicant.

| | Applicant Initials | Co-Applicant Initials |
|--|--------------------|-----------------------|
| Income (all sources) | | |
| Assets (all sources) | | |
| Child Care Expense | | |
| Medical Expense (if applicable) | | |
| Other (list) | | |
| Dependent Deduction <input type="checkbox"/> Full Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children | | |

Authorization: I authorize the above named LHC Administering Agency to obtain information about me and my household that is pertinent to eligibility for participation in the LHC Program.

I acknowledge that:

1. A photocopy of this form is valid as the original
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Applicant: _____
Signature Print Name Date

Co-Applicant: _____
Signature Print Name Date

Other: _____
Signature Print Name Date



**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



PUBLIC HEALTH DEPARTMENT

Lead Hazard Control Grant Rental Tenant - Application Checklist

Tenant(s) Name: _____

Address: _____

Landlord: _____

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**

Tenant(s):

- Tenant Application form (2 pages) – completed and signed
- Signed Release of Information form
- Signed Medical Release form
- Signed Confirmation of Receipt of Lead Pamphlet form
- 2 recent paycheck stubs in sequential order
- Copy of 2009 signed federal tax return with all schedules
- 2009 W-2's
- Current statement of interest bearing account(s) showing interest earned (if applicable)



Lead Hazard Control Grant Rental – Tenant Application

Tenant Name(s): _____ Home Phone: _____

Residence Address: _____ Cell Phone: _____

City/Zip: _____ Email Address: _____

Landlord Name: _____

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? |
|------|--------------|-----|-----|----------------------|
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PRESENT EMPLOYMENT

Tenant

Company Name _____

Employment From _____ to _____

Street Address _____

Supervisor _____

City/State/Zip _____

Co-Tenant

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 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 | Source of Income | Monthly Gross Income |
|------|------------------|----------------------|
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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 |
|------|--------------|
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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.

Tenant Signature _____ Date _____

Co-Tenant Signature _____ Date _____

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

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
 121 W. Main St. PO Box 994
 Port Washington, WI 53074



Lead Hazard Control Grant Release of Information - Tenant

Organization requesting release of information:

Ozaukee County Public Health Department
 121 W Main Street, PO Box 994
 Port Washington, WI 53074
 (262) 284-8170

Purpose: Your signature on this LHC program eligibility release form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

LHC Rental Rehabilitation Program

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Information Covered: Please initial each item below. Inquiries may be made about items initialed by tenant.

| | Tenant Initials | Co-Tenant Initials |
|--|-----------------|--------------------|
| Income (all sources) | | |
| Assets (all sources) | | |
| Child Care Expense | | |
| Medical Expense (if applicable) | | |
| Other (list) | | |
| Dependent Deduction | | |
| <input type="checkbox"/> Full Time Student | | |
| <input type="checkbox"/> Handicap/Disabled Family Member | | |
| <input type="checkbox"/> Minor Children | | |

Authorization: I authorize the above named LHC Administering Agency to obtain information about me and my household that is pertinent to eligibility for participation in the LHC Program.

I acknowledge that:

1. A photocopy of this form is valid as the original
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Tenant: _____
Signature Print Name Date

Co-Tenant: _____
Signature Print Name Date

Other: _____
Signature Print Name Date



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

Date: _____

Grantee Agency Staff Signature and Title

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