



Lead-Safe & Healthy Homes Program Homeowner Application for Services

PART 1: APPLICANT INFORMATION

To be eligible for this program, your household income, including all wage earners and all income sources, cannot exceed the following income limits (subject to change per annual HUD guidelines).

1-Person \$32,100	3-Person \$41,300	5-Person \$49,550	7-Person \$56,900
2-Person \$36,700	4-Person \$45,850	6-Person \$53,200	8-Person \$60,550

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

TOTAL HOUSEHOLD MEMBERS: _____

NUMBER OF CHILDREN UNDER SIX YEARS OF AGE WHO LIVE AT THE RESIDENCE: _____

ESTIMATED HOUSEHOLD ANNUAL INCOME: _____

OCCUPANT TELEPHONE: _____ ALTERNATE TELEPHONE: _____

PRIMARY EMAIL ADDRESS: _____

PART 2: PROPERTY INFORMATION

PROPERTY ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

APPROXIMATE YEAR BUILT: _____

DOG: Y N BREED: _____ AGE: _____

LOCATED IN A FLOOD PLAIN: Y N Unsure FLOOD INSURED: Y N



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PART 3: OCCUPANT INFORMATION

ALL OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach additional page if necessary. The Lead Safe & Healthy Homes Program requires that all children under 6 years of age be tested for blood lead poisoning up to 6 months prior to initial lead reduction work begins in the home. Please include children who visit regularly (more than 3 hours a day, 6 hours a week, 60 hours per year). Contact your doctor or local health department to arrange for a blood lead test for all children under the age of 6 years. All medical information is kept confidential. Blood lead test agreement, or a blood lead test waiver is required for this Program and must accompany this application. Homes with children under the age of 6 years with elevated blood lead levels will be given priority.

The City of Pocatello LSHH Program does not discriminate against any individual or group based on race, sex, religion, age, nation origin, color, marital status, disability or political belief.

Name of Occupants	Date of Birth	Individual Gross Annual Income	Relationship to Primary Resident	Receiving Medicaid	Blood Lead Level Testing and Date	BLL Confirmed (Program Use Only)
				Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		
Total Gross Occupant Annual Income (Add Lines Above)						



Lead-Safe & Healthy Homes Program

Homeowner Application for Services

PART 4: PROPERTY DISCLOSURE

Instructions to the Homeowner: a. Provide information about any problems your home may be experiencing. Enter information concerning each area of your home based upon your actual knowledge. b. Attach additional pages with your signature if additional space is required. c. Complete this form yourself. d. If some items do not apply to your property, write “NA” (Non-applicable). If you do not know the answer circle Unknown.

Homeowners may be eligible for loan assistance through the City of Pocatello Community Development Block Grant “Renewal” Program.

Roofing	Yes	No	Unknown
Plumbing	Yes	No	Unknown
Electrical	Yes	No	Unknown
Flooring	Yes	No	Unknown
Furnace	Yes	No	Unknown
Windows	Yes	No	Unknown



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PART 5: PROGRAM ELIGIBILITY

Please answer ALL of the following questions.		
Was this residence built prior to 1978? Approximate Year Built:	Yes	No
Does a child under the age of 6 years currently reside here?	Yes	No
Does occupant agree to test all children under 6 years of age for elevated blood lead levels or agree to submit a blood lead test waiver?	Yes	No
Does occupant agree to have all children under 6 years of age tested within 6 months of lead work completion or submit a blood lead test waiver?	Yes	No
Does a pregnant female currently reside here?	Yes	No
Can occupant provide proof of ownership?	Yes	No
Is occupant current on mortgage payments?	Yes	No
Is occupant current on property insurance?	Yes	No
Is property current on all Bannock County Taxes?	Yes	No
Does the property have any undisclosed or obvious structural deficiencies?	Yes	No
Is there a child under the age of 6 years of age who frequents the home but does not reside here?	Yes	No
Is this residence used as a child care facility of any type?	Yes	No



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Lead Safe & Healthy Homes

PART 6: PROVIDE PROOF OF THE FOLLOWING WITH APPLICATION:

- Photo ID

- Income (for previous 12 months) for all eligible members of household
 - Wages, Unemployment Compensation, Annual social security, disability, pension, annuities, insurance policy proceeds, retirement funds, Alimony and/or regular cash contributions from organizations or persons not residing in the home, etc.
 - 2 months of current pay stubs
 - 2 years of tax returns or non-filer information
 - Social Security Statement

- Mortgage Statement

- Proof of Flood Insurance (if applicable)

- Certified proof of birth for all children under the age of 6

- Juvenile blood lead level agreement/waiver

- Current property insurance

- Childcare license (if applicable)



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SECTION 7: CERTIFICATION OF AGREEMENT

I hereby certify that to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances, which could affect the outcome of this application, immediately to the City of Pocatello. I agree that the withholding of any pertinent information may result in denial of services by the City of Pocatello or reimbursement of grant funds by the homeowner to the City of Pocatello Lead Safe & Healthy Homes Program.

Homeowner Printed Name: _____ Signature: _____

Date: _____

Homeowner Printed Name: _____ Signature: _____

Date: _____

City of Pocatello-LSHH Representative Name: _____

Signature: _____

Date: _____