

# Lead Abatement Assistance Application: OWNER WORKSHEET (H-141)

For Office Use Only			
Rental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Owner-Occupied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<50% AMI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<80% AMI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Property Address:	
Number of Units:	Company Name: <i>(if applicable)</i>
Owner's First Name:	Owner's Last Name:
Owner's Address: <i>(write "same" if owner occupied)</i>	
Owner's Primary Phone:	Owner's Secondary Phone:
Best time to be reached? <i>(Between 7 am-4 pm M-F):</i>	Owner's Email:
Primary Contact <i>(if other than the owner):</i>	Primary Contact's Phone:

Property Information			
Zip Code location of the property: <input type="checkbox"/> 53204 <input type="checkbox"/> 53205 <input type="checkbox"/> 53206 <input type="checkbox"/> 53208 <input type="checkbox"/> 53209 <input type="checkbox"/> 53210 <input type="checkbox"/> 53212 <input type="checkbox"/> 53215 <input type="checkbox"/> 53216			
Was the house at the above address built on or before 1978?	Year built: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the house/apartment have at least one bedroom?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you have homeowner's insurance? If so, please attach a copy of certificate of insurance to this application.		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there outstanding Orders to Correct Lead-Paint Hazards on the property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Have you recorded ownership information with the City? <a href="http://city.milwaukee.gov">http://city.milwaukee.gov</a>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you live in the property or do you rent it out? <i>(If rental, please fill out questions below.)</i>		<input type="checkbox"/> Live in <input type="checkbox"/> Rental	
For Rental Units/Landlords:			
Are you willing to rent the unit to low income families with children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the unit currently rented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
What is the monthly rent for the unit? \$ _____			

## Owner Acknowledgment

**The City of Milwaukee Health Department ("Department") will award funds for the performance of lead abatement at your property should you be found to qualify as a participant in the Childhood Lead Poisoning Prevention Program. As a recipient of those funds ("Recipient"), you must agree to the following terms and conditions:**

*Please initial each statement to acknowledge that you have read it and agree to comply with it.*

- \_\_\_\_\_ The Recipient certifies that he/she is the owner of the property to be rehabilitated.
- \_\_\_\_\_ Neither the Recipient nor any member of his/her immediate family is currently employed by the City of Milwaukee Health Department as a person with decision making authority for the Childhood Lead Poisoning Prevention Program nor has he/she nor any immediate family member been so employed within the previous 12-month period.
- \_\_\_\_\_ The Recipient certifies that he/she has not been found in violation of federal, state, or local fair housing laws.
- \_\_\_\_\_ The Recipient desires that certain improvements related to asthma, lead and injury prevention be made to the Property.
- \_\_\_\_\_ The Recipient has chosen to have the lead abatement work performed at his/her own initiation and request and has not been otherwise forced to participate in the Program.
- \_\_\_\_\_ The owner understands that this grant can provide funding up to the amount of \$40,000.00 per unit, including the cost of occupant relocation during rehabilitation of the unit. The owner is responsible for all rehabilitation amounts over and above \$40,000.00 per unit.

### Owner Acknowledgment, cont.

- \_\_\_\_\_ The Recipient agrees to comply with the appropriate United States Department of Housing and Urban Development (HUD) Regulations pertaining to lead-based paint poisoning prevention, 24 CFR Part 35.
- \_\_\_\_\_ In accordance with 42 U.S.C. Sec. 4852, if the property being rehabilitated is not owner-occupied, Recipient will ensure (or require that any successor in interest in the property ensure) that at least 50% of the units in the property being rehabilitated must be occupied by or made available to families with incomes at or below 50% of the area median income level and the remaining units shall be occupied or made available to families with incomes at or below 80% of the area median income level, and in all cases the landlord shall give priority in renting units in the property being rehabilitated, for not less than 3 years following the completion of lead abatement activities, to families with a child under the age of 6 years, except that buildings with five or more units may have 20% of the units occupied by families with incomes above 80% of area median income level.
- \_\_\_\_\_ The Recipient acknowledges that the City shall pay the contractor who performed the remediation work ("Contractor") only after acceptance of the work by the Recipient. In the event that the Recipient has an objection to payment to the Contractor due to concerns relating to the quality of the remediation work, the Recipient shall submit a written objection to the City of Milwaukee Health Department within five (5) business days after the request for sign-off by the Recipient. The City of Milwaukee Health Department will then retain an independent inspector to determine the adequacy of the remediation work. The findings of the independent inspector shall be final, and will determine whether the Contractor will be paid by the City or if corrective actions are necessary.
- \_\_\_\_\_ The Recipient understands and agrees that any scope of work prepared by the Contractor does not in any way warrant the condition of the property to be remediated. It is expressly understood that the scope of work is not an inspection report.
- \_\_\_\_\_ If enrolled in the Program, the Recipient's property shall be subject to a planning review City of Milwaukee Historic Preservation Commission to determine if the property is a historic property. If the property has a proposed designation for historic preservation, vinyl replacement windows may not be an option; in those cases the Department will pay the Contractor to remove the lead and restore the original windows.
- \_\_\_\_\_ The Recipient certifies that no real estate taxes are delinquent on any property he/she owns in the City of Milwaukee. If real estate taxes are currently overdue, the Recipient certifies that Recipient is currently under an approved repayment plan.
- \_\_\_\_\_ Property owners must be present for the inspection and provide access to the entire building.
- \_\_\_\_\_ For rental properties, I must provide 48 hour notice to my tenants. I must open the building each day or provide the contractor a key for the duration of the project.
- \_\_\_\_\_ Owner responsible for unit being ready per the pre-construction agreement.
- \_\_\_\_\_ Occupants may need to relocate for one or more days. The length of relocation depends on the extent of unit work necessary. Depending on the scope of the work being done, the City of Milwaukee may be able to provide assistance with relocation expenses for all or portions of the time the work is being done. A separate review and approval process is required for payment of relocation expenses. Talk to your unit coordinator to make arrangement prior to work being started.
- \_\_\_\_\_ Failure to follow the above policies may result in property disqualification and or contractor fees.
- \_\_\_\_\_ The Recipient is fully aware that the purposes of the Childhood Lead Poisoning Prevention Program are to ensure that the remediation work is completed in a safe and workmanlike manner and to ensure that various terms of funding sources are met.

The Childhood Lead Poisoning Prevention Program is a conditional grant program to property owners for remediation work that the owners have chosen to make. The City has not induced the property owner to participate in the program, and has made no representation concerning the condition of the property, the quality of work performed or to be performed, or the capability of the Contractor. The Childhood Lead Poisoning Prevention Program is not intended, nor does it, in any manner, confer rights to third persons or entities not parties to this terms and conditions agreement and disclosure statement.

Under the pains and penalties of perjury, the Recipient certifies that all information and representations furnished by the Recipient are true and complete.

The Recipient acknowledges that any misrepresentation of any fact may result in suspension or termination from the Childhood Lead Poisoning Prevention Program, as determined in the sole discretion of the City of Milwaukee Health Department.

**Recipient's Signature** \_\_\_\_\_  
(property owner)

**Date** \_\_\_\_\_

<b>Occupant Information</b>			
Rental		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Owner-Occupied		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<80% AMI		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a child under the age of 6 living in the house full time?	If yes, how many? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a child under the age of 6 who is a regular visitor (for at least 6 hours per week, 10 weeks per year)?	If yes, how many? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a child under 6 living in or a regular visitor to this home with a blood lead level of 5 or higher?	If yes, how many? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
I understand that children under 6 years old who live in my house or regularly visit my house must be tested for lead in order for the property to be eligible for lead abatement assistance. <i>(If not tested within 90 days before the project is started, city will provide free testing.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Does not apply
Is this home being used as an in-home child care?	If so, how many children attend? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a pregnant woman living in the house full time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a pregnant woman who is a regular visitor (for at least six hours per week, 10 weeks per year)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
I understand that any pregnant woman living in the house, or who is a regular visitor to the house, must be tested for lead in order for the property to be eligible for lead abatement assistance. <i>(If not tested within 90 days before the project is started, city will provide free testing.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Does not apply
<b>Note: In order to qualify for lead abatement assistance, there must be a child under the age of 6 living in or regularly visiting the home, or a pregnant woman living in or regularly visiting the home.</b>			

<b>Occupant Worksheet</b>			
Property Address:			
A. Number who live in household:		B. Number of children under 6 and/or number of pregnant women who live or spend significant time in the home:	
<b>Answer the following for the Head of Household</b>			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Race	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic

<b>List everyone who lives at the property (number should equal number listed in box A). Attach additional sheets if necessary.</b>						
Name	Has a disability?	Receiving Public Assistance?	Date of Birth	Relationship to Head of Household	Employed?	Yearly Income (if employed)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Occupant Worksheet, cont.

<b>Based on the number of people living in your household, circle the total yearly income from all sources.</b>				
Household #	Extremely Low	Low	Moderate	Non-Low Moderate
1	< \$16,250	\$16,251-27,100	\$27,101-43,300	Over \$43,300
2	< \$18,600	\$18,601-30,950	\$30,951-49,500	Over \$49,500
3	< \$20,900	\$20,901-34,800	\$34,801-55,700	Over \$55,700
4	< \$23,200	\$23,201-38,650	\$38,651-61,850	Over \$61,850
5	< \$25,100	\$25,101-41,750	\$41,751-66,800	Over \$66,800
6	< \$26,950	\$26,951-44,850	\$44,851-71,750	Over \$71,750
7	< \$28,800	\$28,801-47,950	\$47,951-76,700	Over \$76,700
8	< \$30,650	\$30,651-51,050	\$51,051-81,650	Over \$81,650

**All occupants, adult and children, must be listed and information complete.**

- This program **highly recommends** that all children under 6 years old or pregnant women who live or spend a significant amount of time in the home be tested for blood lead poisoning in the 90 days **before** work is done on your home. Contact your doctor or the health department to arrange for blood tests. This information will be treated as confidential. Documentation of lead testing is needed in order to associate a child with a household. The City will provide the testing free of cost to you.
- Homes with children under 6 years of age (birth to 5) with an Elevated Blood Lead (EBL) level will be given higher priority.
- Proof of income should be listed for all those who are 18 years of age and older within the household Current pay stub (within one month), bank statements, prior year tax returns – if self-employed, will need tax returns for prior two years. Zero income individuals require a notarized statement.

**I acknowledge that I have been given brief instruction regarding my responsibilities during this work process.**

**They are as follows:**

- All children and pregnant women must be out of the house/apartment each day and night while interior work is being done. Occupants can be in their home during exterior work.
- The house/apartment must be clean and orderly before work begins. An inspection will be allowed prior to work, if this is requested by the City of Milwaukee Health Department.
- If window replacement is being done,
  - All furniture will be moved away from the windows before the contractor arrives.
  - All window curtains/shades or mini-blinds and hardware will be removed before the contractor arrives on the job, and will be replaced by the occupant when work is complete.
- Children and pregnant women may not be present while any interior work is being done by the contractor this is to protect them from being exposed to lead.
- If significant work is being completed, there may be the option of temporary relocation assistance. Such requests must be reviewed and approved by a health department manager prior to work commencing.

**I accept the responsibilities and obligations listed above and certify that the information below is accurate. I understand that I shall be notified at least 24 hours in advance of any work being done on this project.**

**Head of Household's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

City of Milwaukee Health Department  
**Lead Abatement Assistance Application (H-141) Supplement**  
**Relocation Needs Assessment**

Property Address:	
Number of Units:	Company Name: <i>(if applicable)</i>
Owner's First Name:	Owner's Last Name:
Owner's Address: <i>(write "same" if owner occupied)</i>	
Owner's Primary Phone:	Owner's Secondary Phone:
Best time to be reached? <i>(Between 7 am–4 pm M-F):</i>	Owner's Email:
Primary Contact <i>(if other than the owner):</i>	Primary Contact's Phone:

**Relocation is often necessary for Lead Hazard Reduction Activities. Please answer the following questions about relocation.**

Do you have a place to stay while this work is being performed in your home?
If so, how long could you stay there?
Is the residence lead safe?
How many people would need to be relocated?
Would any pets need to be relocated?