

Lead Hazard Reduction Assistance Application: Occupant Checklist

Date: _____ Occupant Name: _____ Phone: _____
_____ Address: _____ Unit #: _____ City: _____
_____ State: _____ Zip Code: _____ Email: _____

All of the documents listed below must be returned with this checklist **WITHIN 30 DAYS** to complete your application.

THE FOLLOWING DOCUMENTS ARE REQUIRED FROM ALL OCCUPANTS 18 YEARS OR OLDER THAT LIVE IN THE UNIT:

- Lead Hazard Reduction Assistance Application: Occupant Worksheet (H-3014 B)**
(Occupant fills out checklist and pages 1, 2 and 3. If owner-occupied, owner fills out pages 1, 2 and 3.)
- Consent and Authorization to Release Confidential Information (H-3014 C)**
(Occupant: Consent and authorization form to disclose and use confidential information.)
- Employment Verification Sheet (H-3014 D)**
(Occupant: Please have your employer complete and sign this form, then submit with completed application.)
- Income Verification Forms**
(Occupant or Owner, if Owner-Occupied.)
 - Bank account statement (3 months) (Chime, Cashapp, etc.)
 - Benefits / Food Share or Assistance
 - Pay stubs (3 months)
 - Previous year's Federal Tax Return
 - Notarized statement of unemployment and other unavailable documents

**PLEASE BE SURE THAT DOCUMENTS FOR ALL OCCUPANTS 18 AND OLDER ARE SUBMITTED.
APPLICATIONS CANNOT BE PROCESSED UNTIL ALL DOCUMENTS ARE RECEIVED.**

Documents can be submitted by:

Email:
leadenrollment@milwaukee.gov

Fax:
414-286-0715

Mail or drop off:
Home Environmental Health
841 North Broadway, First Floor, Suite 118
Milwaukee, WI 53202

Lead Hazard Reduction Assistance Application: Occupant Worksheet (H-3014 B)

Property Address		Unit #		
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
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 person living in the house full time?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is there a pregnant person 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 person 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
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.				

A. Number of occupants who live in household:	B. Number of children under 6 and/or number of pregnant people who live or spend significant time in the home:
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Answer the following for the Head of Household

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	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"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Other Multi-Race	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
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List everyone who lives at the property (number should equal number listed in box A). Attach additional sheets if necessary.

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		Head of household	<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.

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 people 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 people 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 48 hours in advance of any work being done on this project.

Head of Household's Signature _____

Date _____

Lead Hazard Reduction Assistance Application: Occupant Worksheet (H-3014 B Supplement)

Relocation Needs Assessment

Property Address:		Unit #
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:

Occupant Name:	Phone:	Email:
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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?

**Consent and Authorization for the City of Milwaukee Lead Hazard Reduction Program
to Disclose and Use Confidential Information (H-3014 C)**

Date: _____

To:
Lead Hazard Reduction Program
841 North Broadway, First Floor
Milwaukee, WI 53202

Re:
Client's Name: _____
Client's Address: _____ Unit #: _____
City: _____ State: _____ ZIP: _____

I/We the undersigned client, or in the case of a minor, the parent or guardian, hereby voluntarily consent and grant permission to:

- a. The above-named person or entity to **fully disclose, discuss, and release** to a representative of the City of Milwaukee Lead Poisoning Prevention Program any and all private, confidential and other information and provide all documents necessary to be useful in completing my/our application for service through the City of Milwaukee Lead Hazard Reduction Program.
- b. The City of Milwaukee Lead Hazard Reduction Program to **fully disclose, discuss, and release** to the above-named person or entity any and all information and documents necessary to be useful to complete all applications for providing said services.

I/We understand that the City of Milwaukee Lead Hazard Reduction Program will treat this information in a confidential manner, and I/we voluntarily consent and grant permission to the City of Milwaukee Lead Hazard Reduction Program and its representatives to use and fully disclose, discuss, and release all such information to doctors, therapists, other professionals, and persons who have a need to know such information in order to complete my/our application, evaluation, or for the providing of said services by the City of Milwaukee Lead Hazard Reduction Program.

Unless revoked in writing and delivered to the City of Milwaukee Lead Hazard Reduction Program, this Consent and Authorization will expire on the date that the client is no longer involved or enrolled in the program. No revocation shall affect any action that been taken in reliance upon this Consent and Authorization. The recipient can rely on the presentation of this Authorization as proof that it has not expired or been revoked.

I/We understand that in order to enroll or receive services through the program, I/we must sign this Consent and Authorization.

I/We certify that prior to signing this consent and Authorization, I/we read it and understand all items and terms herein, and that this Consent and Authorization is signed and given freely, voluntarily, and knowingly. A copy or facsimile of this Consent and Authorization shall be as valid as the original. I/We have received a copy of this form.

Client, Parent, or Guardian's Signature: _____ Date: _____

Client, Parent, or Guardian's Signature: _____ Date: _____

Employment Verification Sheet (H-3014 D)

Date: _____

To:
Company Name: _____
Address _____ Unit # _____
City: _____ State _____ ZIP _____

Re:
Employee: _____
Address: _____ Unit # _____
City: _____ State: _____ ZIP: _____

Dear Employer:

The employee listed above has applied for services through the City of Milwaukee Home Environmental Health Division. Please complete the form below.

Thank you for your assistance and your prompt attention to this matter.

If you have any questions please contact the Lead Enrollment Team at **414-286-2165** Monday - Friday between 8am and 4:30pm.

SECTION 1: EMPLOYMENT STATUS

Is the employee listed above currently employed by your company? Yes No If "yes," complete Section 2.

If "no," employment end date: _____

Reason employment ended: Never employed Laid off Quit Strike Fired Other: _____

Date of final paycheck: _____ Gross pay for final month: \$ _____

SECTION 2: EMPLOYMENT INFORMATION

Start date of employment: _____

Date first paycheck received: _____

Employment type: Temporary Permanent

Title: Manager Other: _____

Please provide an estimate of the following wage information for the next 30 days:

Type of Pay	Best Estimate of Weekly Hours	Rate of Pay per Hour	Regular Scheduled Weekly Hours
Regular:	_____	\$ _____	_____
Overtime:	_____	\$ _____	

Salary if not paid hourly: \$ _____

Frequency of pay: Weekly Bi-weekly Semi-Monthly Monthly Irregular

EMPLOYER

Supervisor signature: _____ Print Name: _____ Date: _____ Phone: _____



Hoja de verificación de empleo (H-3014 D - Spanish)

Fecha: _____

A:
Nombre de empresa: _____
Dirección _____ # _____
Ciudad _____ Estado _____ ZIP: _____

Re:
Empleado: _____
Dirección: _____ # _____
Ciudad _____ Estado _____ ZIP _____

Estimada Empleador,

El empleado que aparece en la lista anterior ha solicitado servicios a través del Programa de Prevención de Envenenamiento por Plomo de la Niñez de la Ciudad de Milwaukee. Por favor complete el formulario

Muchas gracias por su ayuda y su pronta atención a este asunto. Si tiene cualquier pregunta, por favor no dude en hacernos cualquier pregunta al **414-286-2165** lunes-viernes entre las 8 am y 4:30 pm.

SECCIÓN 1: ESTATUS DEL EMPLEO

¿Está el empleado que aparece en la lista arriba actualmente empleado por su compañía? Sí No Si contesta "Sí," complete la Sección 2.

Si contesta "no," fecha final del empleo: _____

Razón por la que terminó el empleo: Nunca estuvo empleado Despedido Renunció Huelga Echado Otro: _____

Fecha del último cheque de pago: _____ Pago bruto para el último mes: \$ _____

SECCIÓN 2: INFORMACIÓN DEL EMPLEADO

Fecha de inicio del empleo: _____

Fecha en que recibió el primer cheque de pago: _____

Tipo de empleo: Temporal Permanente

Título: Jefe Otro: _____

Por favor denos un estimado de la siguiente información del salario para los siguientes 30 días:

Tipo de pago	El mejor estimado de horas semanales	Tarifa de pago por hora	Programado regularmente horas semanales
Regular:	_____	\$ _____	_____
Horas extras:	_____	\$ _____	

Salario si no es pagado por horas: \$ _____

Frecuencia del pago: Semanalmente Cada dos semanas Quincenal Mensualmente Irregular

EMPLEADOR

Firma de Supervisor: _____ nombre: _____ fecha: _____ telefono: _____