

Lead Hazard Reduction Assistance Application: Owner Checklist

Date: _____ Owner 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.

FROM THE OWNERS:

- Lead Hazard Reduction Assistance Application: Owner Worksheet (H-3014 A)**
(Owner fills out checklist and pages 1 and 2.)
- 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.)
- Homeowner's Insurance Declaration Page**
(Owner provides copy for property address.)

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

- 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 your 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

Further Instructions

1) Please fill out the Owner Checklist and form H-3014 A.

2) Please deliver the application forms to the Occupant (Occupant checklist and forms H-3014 B, C, and D). The Occupant may submit documents directly to the City of Milwaukee Home Environmental Health Division.

****** If you are the Owner / Occupant please complete the entire packet (Owner checklist and forms H-3014 A-D).

3) Submit all required documents **within 30 days** to complete your application. It is your responsibility as the owner to confirm all documents for the application have been submitted to the Lead Enrollment Team.

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

Please contact the office at **414-286-2165** if you have any questions.

Lead Hazard Reducation Assistance Application: Owner Worksheet (H-3014 A)

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:		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:

Property Information			
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? http://city.milwaukee.gov		<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 Owner of Rental Unit:			
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? \$ _____			
Are you interested in qualifying your property for the City of Milwaukee Lead-Safe Registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Owner Acknowledgment

The City of Milwaukee Health Department ("Department") will award funds for the performance of lead hazard reduction at your property should you be found to qualify as a participant in the City of Milwaukee Lead Hazard Reduction 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 City of Milwaukee Lead Hazard Reduction 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 Recipient understands that funding up to a maximum of \$40,000.00 per unit, including the cost of occupant relocation during lead abatement, may be available upon approval of the completed application. The owner is responsible for all lead hazard reduction cost 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 by the 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.
- _____ The Recipient or their representative must be present for the inspection and provide access to the entire building.
- _____ The Recipient must provide 48 hour notice to the unit occupants and must allow the contractor access to the building for the duration of the project.
- _____ The Recipient is responsible for the 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 billing for contractor fees.
- _____ The Recipient is fully aware that the purposes of the City of Milwaukee Lead Hazard Reduction 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 HUD Lead Hazard Reduction Grant is a conditional grant program 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 Home Environmental Health Division 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 Home Environmental Health Division, as determined in the sole discretion of the City of Milwaukee Health Department.

Recipient's Signature _____
(property owner)

Date _____