

APPLICATION

Lead Safe Muskegon Program

PART I: PROPERTY INFORMATION

This property is:

- Owner Occupied
- Rental Property
- Land Contract
- Vacant

This property currently has:

- Water
- Electricity
- Heat
- Roof Leaks
- Previous Roof Leaks

The water service line has:

- Been replaced – Date:
- Is scheduled to be replaced
- Unsure

Property address:

Apt #:

City:

State:

Zip:

County:

Number of units in building:

All units must submit application

PART 2: APPLICANT INFORMATION

Name:

Total number living in household:

Telephone number:

Alternate telephone number:

Email address:

How did you hear about this program?

PART 3: OWNER INFORMATION (COMPLETE ONLY IF DIFFERENT FROM APPLICANT)

Type of ownership:

- Individual
- LLC
- Partnership
- Corporation

Name:

Email address:

Address:

City:

State:

Zip:

Telephone number:

Alternate telephone number:

For Office Use Only

Application Logged In: _____

Denial: _____

Reason: _____

App No: _____

PART 4: OCCUPANTS

Please complete the table below for all occupants (adults and children). Attach an extra sheet of paper, if necessary.

Occupant Name	Date of Birth	Medicaid Beneficiary Number	Is this person pregnant?	Optional		Has this person been told by a doctor / nurse that s/he has asthma? If yes, in the last year, what is the number of times they: 1) Visited the ER? 2) Were hospitalized?	Program Use	
				Ethnicity: Hispanic / Latino?	Race: A-Asian B-Black H-Hawaiian / Pacific Islander I-American Indian / Alaskan Native O-Other W-White		Venous BLL	Date of most recent test
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
	/ /		Y N	Y N	A B H I O W	1) 2)		
Visiting Child Name							How long does the child visit? Hours per day? Days per week? Weeks per year?	
	/ /		Y N	Y N	A B H I O W			
	/ /		Y N	Y N	A B H I O W			
	/ /		Y N	Y N	A B H I O W			
	/ /		Y N	Y N	A B H I O W			
	/ /		Y N	Y N	A B H I O W			

PART 6: SIGNATURE

By signing below, I (PARENT/GUARDIAN) permit Lead Safe Muskegon (LSM) to perform a lead investigation on this property. I agree to fully cooperate in potential lead hazard control work. I understand I must disclose results of lead-activities to potential lessees or buyers of this property. I understand LSM is not responsible for uninsured properties or for any damages to real or personal property. I authorize LSM to obtain blood lead laboratory results through the Michigan Care Improvement Registry and/or MI Blood Lead. I agree to let LSM share these results privately with authorized program representatives. I authorize the use of information from this application and lead investigation for a research study. I understand the study will not use my personal health information. I answered all questions truthfully and to the best of my knowledge. I understand there is a penalty for false or fake statements. This penalty is from U.S.C. Title 18, sec 1001. It states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." I understand signature(s) are required for processing.

_____ Print Parent / Guardian Name	_____ Parent / Guardian Signature	_____ Date
_____ Print Owner / Landlord / Land Contract Holder Name	_____ Owner / Landlord / Land Contract Holder Signature	_____ Date