



507 1st Ave N
Escanaba, MI 49829
906-786-7080 xt 151

**LEAD ABATEMENT PROGRAM
APPLICATION**

OCCUPANT INFORMATION

Occupant Name _____ Total number living in Household _____
Occupant Telephone Number _____ Alternate Telephone _____

PROPERTY INFORMATION

Address _____ Apt # _____
City _____ ZIP _____ County _____
How many apartments in building _____
 Owner Occupied Rental Property Land Contract
Does the property currently have
 Water Electricity Heat Previous/Current Roof Leaks
Has water service line been replaced or scheduled to be replaced?
 YES NO Don't know

OWNER INFORMATION (Complete only if different from occupant)

Name: _____
Address: _____ Telephone _____ Alt Phone _____
City _____ State _____ ZIP _____
 Individual LLC Partnership Corporation
Has this property ever been enrolled in a Lead Abatement Program? If yes, which one? _____
Have you been cited by local prosecutors office for a child's lead poisoning? _____
Have you been cited by any party for non-compliance of the lead disclosure law? _____

PROPERTY OWNER: PLEASE SIGN THE SECOND PAGE OF THIS FORM TO PROCEED WITH THIS PROJECT

OCCUPANT NAME	DATE OF BIRTH	MEDICAID BENEFICIARY NUMBER	IS THIS PERSON PREGNANT	HISPANIC / LATINO (Y OR N) (OPTIONAL)	A-Asian, B-Black, W-White, H-Hawaiian/Pacific Islander-I-American Indian/Alaskan (OPTIONAL)

By signing below, the PARENT/GUARDIAN authorizes the MDHHS Healthy Homes Section, local Public Health Department and MDSCAA/HRA, Inc to obtain blood lead laboratory results through the Michigan Care Improvement Registry, on the children under six years of age residing in the unit and share these results confidentially with authorized program representatives. By signing below, the occupant and property owner authorizes the agencies listed above to perform a Lead Inspection and Risk Assessment on said property and will cooperate fully in the potential lead hazard abatement work. I verify that the answers provided above are accurate to the best of my knowledge. Penalty for false or fraudulent statements: USC Title 18, sec 1001, provides: "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." By signing this application, I acknowledge and agree that uninsured property is not the responsibility of the agencies listed above. The agencies listed above are not responsible for any damage to real or personal property, including damage due to theft or fire.

PRINT: Owner/Landlord Name SIGNATURE: Owner/Landlord Name DATE:

Tenant Name (if applicable) Tenant Signature (if applicable) DATE

Application logged in:	DATE	BY	Application Number	Denial	
BLL:			County	Reason	
Approved for Enrollment					