



ROCK COUNTY HEALTHY HOMES – HEALTHY KIDS LEAD HAZARD CONTROL PROGRAM

APPLICATION FORM

<u>Grantor: City of Beloit:</u> HOUSING SERVICES 100 STATE STREET, 3 RD FLOOR BELOIT, WISCONSIN 53511 (608) 364-6713	<u>Grantor: City of Janesville:</u> NEIGHBORHOOD SERVICES 18 N. JACKSON STREET JANESVILLE, WISCONSIN 53545 (608) 755-3078	<u>Grantor: Greater Rock County:</u> ROCK CO. PLANNING AGENCY ROCK CO. HEALTH DEPT. 51 S. MAIN ST. 3328 N. U.S. HWY. 51 JANESVILLE, WI 53545 JANESVILLE, WI 53545 PHONE (608) 757-5597 or 5594 PHONE: (608) 757-5441
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Instructions:

Application: Attached is the application for the Rock County Healthy Homes – Healthy Kids Lead Hazard Control Program. It requests information about you (the applicant), the property, and the residents of the property. Please complete the application and return to the Rock County Health Department.

This application will be used to conduct an initial determination as to whether the property and / or the applicant may be eligible for this program. The application requests information on the following:

- Applicant Information: Name, address, contact information,
- Property Information: Its location, owner-or renter occupied, single- or multi-family, mortgages, insurance,
- Property Resident Information (If different than the applicant): Household Size, Age & Income of Residents.

Verification: Income, household, and property information will be verified by the City of Beloit, City of Janesville, and Rock County Planning Agency for all applications.

Eligibility: In general, to be eligible for this Program, the property requires at least one of the following:

- A housing unit occupied by an income-qualifying family with a child under 6 with an elevated blood lead level,
- A housing unit occupied by an income-qualifying family with a child under 6,
- Be available to be occupied by an income-qualifying family with a child under 6.

Initial Eligibility Determination: If the Health Department find that the applicant may be eligible for the program, the application will be forwarded to either the City of Beloit, Janesville, or Rock County Planning Agency.

The City of Beloit, Janesville, or Rock County Planning Agency may require an additional application be completed. They will also provide forms to verify the property, applicant, and resident information.

Inspection / Risk Assessment: If the application is approved for processing, an inspection and / or lead risk assessment will be conducted on the property. This will determine the property structures to be included in the lead hazard control project, and the type of work to be conducted on them.

More Information: Please contact the City of Beloit, the City of Janesville, or Rock County at the above numbers.

APPLICANT'S STATEMENT AND RELEASE

By my signature I certify that I have read and understand all statements in this application

- All information I have given is true and correct to the best of my knowledge
- I am the legal owner of the property described on this application

I certify that the information on this application is complete, correct and accurate to the best of my knowledge. I understand that submitting incorrect, incomplete or false information on the application and verification forms may result in the cancellation of this application and any loan between the applicant and the local unit of government therefrom: and

I authorize the local unit of government to verify all information given by me about my property ownership, income, employment, assistance income, property insurance, and dependents in order to determine my eligibility for assistance: and

I authorize and direct all custodians of records of my insurance company, employer, and public or private agency, bank, and financial institution or credit data service to release information to the local unit of government upon request.

I have read, or had read to me, the above information, and I understand it.

Signature of Applicant

Date

Signature of Co-Applicant

Date

You are not required to answer the question below. If you choose not to answer, please check this box.

Ethnicity: (check one) Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Check all that apply) 1-White _____ 2-Black/African American _____ 3-Asian _____
4-American Indian/Alaskan Native _____ 5-Hawaiian/Other Pacific Islander _____ 6-Other _____

***** FOR OFFICE USE ONLY *****

Date Received / Received By: _____ Applicants I.D. No.: _____

Income of Applicant: _____ No. of persons living in dwelling unit: _____

Eligible for: _____ Grant: _____ Loan: Eligibility: _____

**This publication and/or activities described herein were funded by
the United States Department of Housing & Urban Development.**