

Lead Safe North Central Kentucky (KY-LBPHC)
 Community Action
 P.O. Box 11610
 Lexington, KY 40576
 Phone: 859-244-2209 Fax: 859-244-2219



TENANT OR OCCUPANT APPLICATION

This form must be completed by the home occupant.

Property To Be Abated Information:

Date:

Address:
 Street Address Apt# City State Zip

	YES	NO
Do you currently live in the home/unit to be abated?		
Do you have a signed Lead Paint Hazard Mitigation with your local health department?		
Is there a child currently living in the home with an Elevated Blood Lead Level under the age of 6?		
Has a child lived in the home in the past with an Elevated Blood Lead Level under the age of 6?		

Occupant Information:

Head of Household: Phone#1: Phone #2:

Mailing address (if different than above)

Name (List ALL individuals in the home including yourself and all owner partners)	Sex	Age	Ethnic Group	Social Security #	Relationship to Applicant	Monthly Income Source	Verified By	Amount
19: LLC or Corp contact info, if applicable							Annual Income Total	
20: LLC or Corp Name							% AMI	

I understand that legal action can be taken in case of false statements, including repayment for any services received under the Lead Safe North Central Kentucky Program. I certify that to the best of my knowledge, the information provided here is correct, and accurately reflects my family size sources and amount of monthly income for the preceding twelve (12) months. I also agree to immediately notify the agency of any changes in the above information prior to my receiving assistance.

Signature of Applicant _____

Date _____

For Office Use Only: HSU Manager: _____ Eligible: ___ Yes ___ No Date: _____

HOW TO FILL OUT THIS FORM.

Removal of lead-based paint related hazards by a Kentucky certified company is called “abatement” and the property for which you are applying for assistance will be “abated”.

A “Risk Assessment” is an investigation of lead hazards performed by a Kentucky certified risk assessor, consisting of interviewing residents, dust sampling, paint sampling, soil sampling, photos and written documentation, lab analysis of samples and a report detailing the location and severity of the lead hazard sent to tenants, owners, and the KY Department for Public Health.

Property To Be Abated Information:

1. Address: This is the property for which you are applying for financial assistance to have lead hazards abated.

2. Home Ownership Verification Document: Please include a copy of the full deed to the property to be abated.

3. Do you live in the home/unit to be abated? If you live in the home in the unit where a Risk Assessment was performed and this is the property for which you are applying for assistance, the answer is “Yes”

If you do not live in the unit the answer is: No. If you live in unit 1, and your tenants live in unit 2 which will be abated, then the answer is: “No” you don’t live in the home/unit to be abated.

If no, is the house currently occupied? By anyone, whether or not they were the residents when the Risk Assessment was performed or not.

4. Do you own the home? This refers to the person or entity filling out this application.

Is this property owned by a Corporation or Limited Liability Corporation also known as a Corp or LLC?

Multi-owners: Are more than one person’s name listed on the deed as owner of property to be abated?

5. What is the value of your home? Can be a recent appraisal or the tax assessed value. Tax assessed values can be found in the Property Valuation Office or website in the county where the property is located.

6. Was the house to be abated built prior to 1978?

7. Number of apartments in building: Separate units with separate bedrooms, bathroom and kitchen.

8. Is there a child living in the home with an Elevated Blood Lead Level under the age of 6? Yes or No

9. Has a child lived in the home in the past with an Elevated blood Lead level under the age of 6? Yes or No

Property Owner Information:

10. Head of Household:

Phone #1 & #2: Please list preferred number first, and write H for home, C for cell or W for work next to the number.

11. Mailing address (*if different than above*): Address of person or entity applying for assistance for the property to be abated.

12: Provide information requested for all individuals in owners household. Provide information requested for all partial owners also. Eligibility is determined in part using this information. You must provide proof of all income. If you have wages, include one month’s worth of most recent pay stubs. Other examples include: social security award letters, child support verification, pension or retirement award letters.

13. LLC or Corp Contact Information. Please list the primary contact person for the LLC or Corp if an LLC or Corp owns this property.

14. LLC or Corp name: Please write the full legal name of the LLC or Corp here if applicable.