Bureau of Environmental and Occupational Health

Division of Public Health F-02610A (03/2024)



## **RENTAL PROPERTY - PROGRAM APPLICATION**

Please complete this form, print, sign, retain a copy for your records, and return it to the **Lead-Safe Homes Program, PO Box 2659, Madison, WI 53701-2659** or to our confidential fax number, 608-223-7702. Complete one form per rental unit. Incomplete applications may result in significant delays in eligibility determination or prevent enrollment in the program. **Note:** If you choose to email your completed application, your personal information supplied may not be fully protected or confidential. Please only consider emailing your completed application if your email provider offers encrypted or secured email options.

If you need assistance completing this application, or have questions, please call 608-267-9191 or email DHSLeadSafe@wi.gov.

Part 1: RENTAL PROPERTY OWNER INFORMATION									
Name of Company or Individual (First, Middle, Last)			☐ Indi	☐ Individual ☐ LLC					
			☐ Par	rtnership					
	,		☐ Tru	st					
Owner Address	City		State		ZIP Code				
Owner Phone Number		Owner Email							
Name of Contact Person (If different than owner)		Best Time to Reach Co	ontact Person						
Contact Email		Contact Phone Numbe	r						
Oontaot Email		Contact Frione Number							
Part 2: RENTAL PROPERTY INFORMATION (Only fill-in information if different from the Owner Information above)									
Rental Property Street Address									
City		ZIP Code	County	/					
Duran anti- Time (also also all the storms)									
Property Type (check all that apply)									
☐ Single-Family ☐ Land Contract ☐ In-Home Childcare ☐ Property in Trust ☐ Multi-Family No. of Units:									
This property currently has (check all that apply):									
☐ Water ☐ Electricity ☐ Heat ☐ Current structural defects (e.g., roof leaks, foundation issues):									
Are the defects repaired?   Yes   No Repair Date:									
PART 3: TENANT INFORMATION (Complete a separate application for each unit)									
Name of Tenant (First, Middle, Last)	- 1 1	,		Apart	ment Number				
Phone Number		Email							
Alternate Phone Number		Total Number of People Living in the Unit:							

After receiving the completed form, the Lead-Safe Homes Program (LSHP) will send a different form to the tenants of each unit to check tenant eligibility.

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Answer ALL the following questions by checking "Yes", "No", or "Unknown". Failure to provide information will result in the application being marked as incomplete may result in denial.  Was the property built before 1978? Approximate Year the Property was Built:  Are the property taxes paid-up through the last billing cycle or in a payment plan?  Are the property taxes paid-up through the last billing cycle or in a payment plan?  Are the property showing payment or installment plan.  Is the property insured for total loss?  Attach receipt showing payment or installment plan.  Is the property owned by a federal, state, or local government agency?  Is this property currently participating in a housing rehab program, other than the LSHP?  If yes, which one?  Is this property ever been enrolled in a lead-hazard reduction program?  If yes, which one?  Is this home under any current orders by the local health department?  If yes, what type of orders?   Lead Hazards   Other Orders  Do you understand that occupants of the property may be relocated while work occurs?  Do you have a signed lease agreement with the current tenants?  How much do the current occupants pay in rent? s   per month  Start Date of Lease:   (mm/dd/yyyy) End Date of Lease:   (mm/dd/yyyy)  Is there space to place a storage pod/unit for the tenants' belongings during the lead hazard control            Is agree to allow the program, the local health department, or their designee to perform a lead investigation of the property and will cooperate fully with any lead hazard control work. The owner acknowledges this is not a home make-over; the goal is to remove lead hazard sand the materials installed after the lead hazard control work may not be of the same style/model and are a standard (not premium) builders' grade.  If acknowledge and agree my property is not the responsibility WI DHS and/or the LSHP, and WI DHS is not responsible for damage due to the for fire.  If acknowledge and agree I am responsible for 10% of the total lead hazard reduction pr	Part 4: PROPERTY CRITERIA								
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SIGNATURE – Property Owner  Date Signed	SIGNATURE – Property Owner			gned					
Print Property Owner Name	Print Property Owner Name								

Please provide completed application form and tax payment receipt, and send to the **Lead-Safe Homes Program**, **PO Box 2659**, **Madison**, **WI 53701-2659** or to our confidential fax number 608-223-7702.

**Clear/Reset Entire Form**