



## 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](mailto:DHSLeadSafe@wi.gov).

### Part 1: RENTAL PROPERTY OWNER INFORMATION

Name of Company or Individual (First, Middle, Last)		<input type="checkbox"/> Individual	<input type="checkbox"/> LLC
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Trust	
Owner Address	City	State	ZIP Code
Owner Phone Number		Owner Email	
Name of Contact Person (If different than owner)		Best Time to Reach Contact Person	
Contact Email		Contact Phone 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
Property Type (check all that apply)		
<input type="checkbox"/> Single-Family <input type="checkbox"/> Land Contract <input type="checkbox"/> In-Home Childcare <input type="checkbox"/> Property in Trust <input type="checkbox"/> Multi-Family   No. of Units:		
This property currently has (check all that apply):		
<input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Current structural defects (e.g., roof leaks, foundation issues):		
Are the defects repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No   Repair Date:		

### PART 3: TENANT INFORMATION (Complete a separate application for each unit)

Name of Tenant (First, Middle, Last)	Apartment 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.

**Part 4: PROPERTY CRITERIA****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.**

		Yes	No	Unknown
Was the property built before 1978? Approximate Year the Property was Built:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the property taxes paid-up through the last billing cycle or in a payment plan? <b>Attach receipt showing payment or installment plan.</b>	<b>Do not complete: program use only</b> <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Date Verified:	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property insured for total loss? <b>Attach proof of insurance.</b>	<b>Do not complete: program use only</b> <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Date Verified:	<input type="checkbox"/>	<input type="checkbox"/>	
Is the property owned by a federal, state, or local government agency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this property currently participating in a housing rehab program, other than the LSHP? If yes, which one?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has this property ever been enrolled in a lead-hazard reduction program? If yes, which one?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this home under any current orders by the local health department? If yes, what type of orders? <input type="checkbox"/> Lead Hazards <input type="checkbox"/> Other Orders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that occupants of the property <b>may be relocated</b> while work occurs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a signed lease agreement with the current tenants? How much do the current occupants pay in rent? \$ _____ per month Start Date of Lease: _____ (mm/dd/yyyy) End Date of Lease: _____ (mm/dd/yyyy)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there space to place a storage pod/unit for the tenants' belongings during the lead hazard control work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5: AGREEMENTS AND SIGNATURE****Check the box to the left of each statement to indicate your agreement:**

- ☐ I 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 hazards and 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.
- ☐ I acknowledge and agree my property is not the responsibility WI DHS and/or the LSHP, and WI DHS is not responsible for damage to real or personal property, including damage due to theft or fire.
- ☐ I acknowledge and agree I am responsible for 10% of the total lead hazard reduction project cost that will be paid directly to the lead hazard reduction company selected to perform the work before the work begins, and will supply proof of payment to the program administrator I am working with.

By signing below, I agree the information I have provided on this form is complete to the best of my knowledge.

**SIGNATURE** – Property Owner

Date Signed

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**