



# LEAD HAZARD CONTROL PROGRAM

## TENANT APPLICATION

### HOUSEHOLD MEMBER INFORMATION WORKSHEET



Provide the following information for each member of your household. Also include any children under 6 who regularly visit your residence each week. List additional members on the reverse side. If you include visiting children under the age of 6, please complete the **Non-Resident Child Certification** form on the next page.

**Property address:** \_\_\_\_\_ **#** \_\_\_\_\_ **Tenant Phone Number:** \_\_\_\_\_

All Household Members and Regularly Visiting Children							Children Under Six Only	
Name (List Head of Household first)	Relation to Head of Household	Date of Birth	Sex M/F	Race - see below	Hispanic or Latino? Y/N	Resident or Visitor R/V	Child on Medicaid Y/N	Child's Legal Guardian
	Myself					R	N/A	N/A
<b>RACE TABLE.</b> USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE:								
SINGLE RACE CATEGORIES				MULTI-RACE CATEGORIES				
1	White		6	American Indian or Alaskan Native <i>and</i> White				
2	Black or African American		7	Asian <i>and</i> White				
3	American Indian or Alaskan Native		8	Black or African American <i>and</i> White				
4	Asian		9	American Indian/Alaskan Native <i>and</i> Black/African American				
5	Native Hawaiian or Pacific Islander		0	Other multi-racial:				

**Marital Status:** Head of Household is (check one):  Married  Single  Widowed  Divorced  Separated

**Rent Certification:**

My rent is \$ \_\_\_\_\_ /Month. My unit has \_\_\_\_\_ bedrooms.

My unit has Air Conditioning:  Yes  No

In addition to my rent, I also pay the following utilities and/or provide these appliances:

Gas  Electricity  Trash  Water & Sewer  Stove  Refrigerator

**Non-Resident Child Certification:**

Please provide the following information for all children under the age of 6 that are listed as "Visitor" in your home.

Child's Name	Legal Guardian		
	Name	Address	Phone #
1.			
2.			

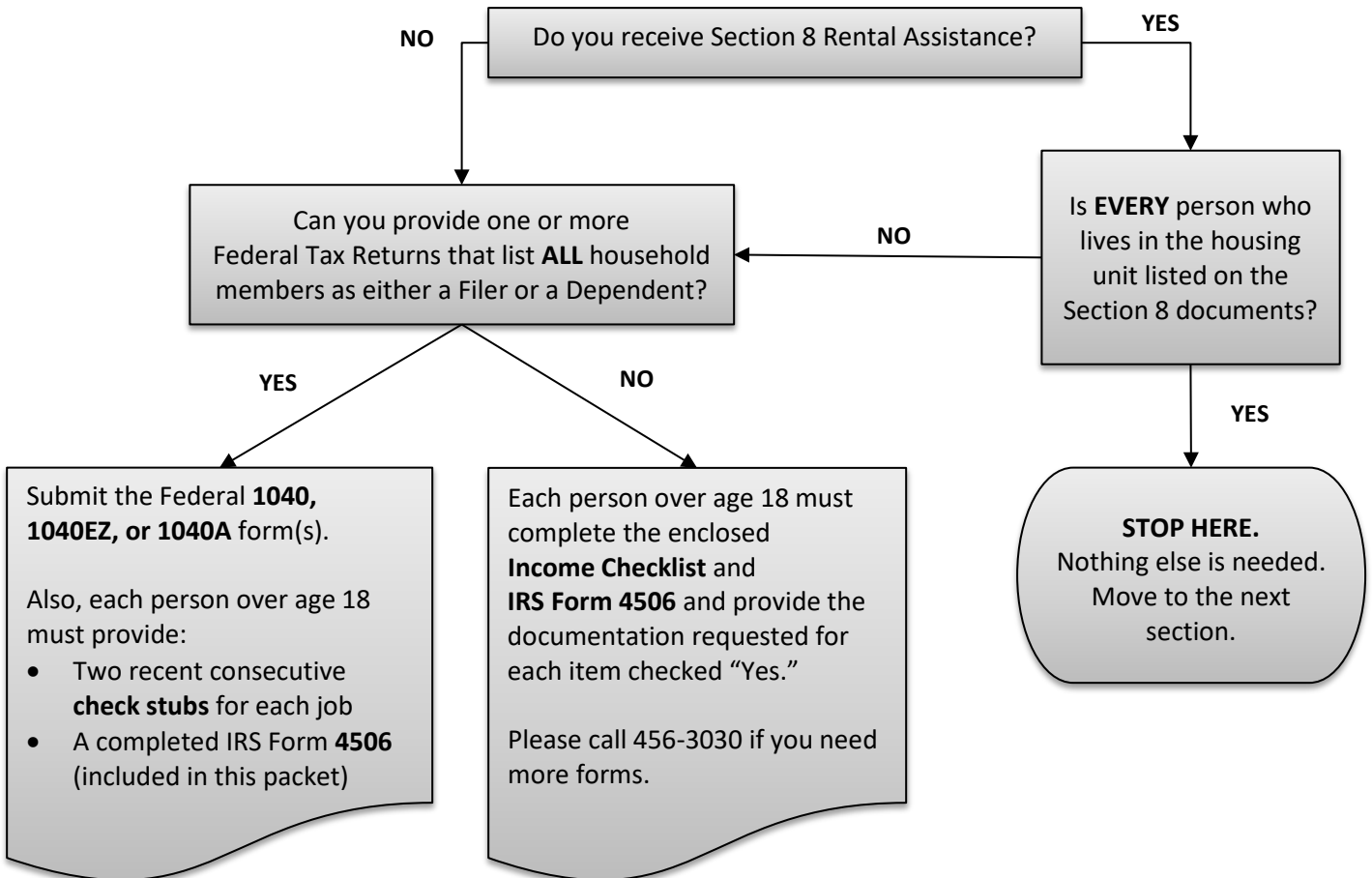
These children are regularly in my home during these **hours**:

Child 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							
Child 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

\_\_\_\_\_  
Signature of Visiting child(ren)'s Parent or Legal Guardian

**INCOME CERTIFICATION**

Household income limits apply to this Program. Please answer the questions below to determine what documentation you will need to provide:



**LEAD HAZARD INFORMATION PAMPHLET**

I have read and understand the pamphlet, "Protect Your Family from Lead in Your Home."    
Please initial here

If you have any questions you may call the Kent County Health Department's Childhood Lead Poisoning Prevention Program at 632-7058. You may also contact the Lead Hazard Control Program at 456-3030 or the Healthy Homes Coalition at 241-3300.

**AUTHORIZATION AND CERTIFICATION**

I/We certify that the above statements are true, accurate and complete to the best of my/our knowledge and belief. Providing false information on this application and required application attachments will be grounds for denial of assistance and/or termination from the program.

I hereby authorize the release to the City of Grand Rapids Community Development Department of any and all information concerning my household and income necessary to establish my eligibility to occupy an assisted unit, including information provided to any agency in order to secure Section 8 rental assistance. I further authorize the City of Grand Rapids Community Development Department to obtain a credit report in my name.

I understand information obtained will remain confidential and will be used solely for the purpose of determining Program eligibility.

**I understand that during lead hazard remediation in my unit I may be required to temporarily relocate. I understand that if I am eligible for relocation assistance, I and my family will be placed in a local hotel chosen and paid for by the Program. I understand that if I am eligible for relocation assistance, I will receive a food allowance of \$30 a day (\$50 for families of 5 or more) and will be reimbursed for all reasonable, documented out-of-pocket expenses resulting from my temporary relocation. I understand that if I am eligible for relocation assistance, I may choose to accept a daily stipend of \$15 per person, per day, in place of the food allowance and documented actual expenses.**

Printed Name	Signature	Social Security #	___/___/___ Date
Printed Name	Signature	Social Security #	___/___/___ Date
Printed Name	Signature	Social Security #	___/___/___ Date
Printed Name	Signature	Social Security #	___/___/___ Date

Mail completed application to:  
 Lead Hazard Control Program  
 City of Grand Rapids  
 300 Monroe Avenue NW, Suite 440  
 Grand Rapids, MI 49503

**For assistance completing this application, please call 456-3030**