



Single-Family Home, Owner-Occupied

The **Kansas Department of Health and Environment** can help you address Lead-Based Paint Hazards in your home for **FREE** in order to prevent lead poisoning in young children. A state-certified risk assessor will inspect your home and determine the services needed to stabilize the lead-based paint in your home. State-certified lead abatement contractors will perform all work.

You may qualify if:

- You own and occupy a home in Sedgwick County that was built before 1978. Primary consideration will be given to the following zip codes: 67203, 67207, 67208, 67213, 67214, 67218, 67219, and 67221. *(Additional counties may qualify based on grant guidelines.)*
 - Your household income is less than or equal to 80% of the area’s median income **(Counties outside Sedgwick may have different income limits, please verify with program staff)**
 - You have a child **up to 6 years of age** who lives in your home or visits your home more than **10 hours every week**. *(All occupants are encourage to have a Blood Lead Test)*
 - For at least 5 years following lead hazard work on your property, you agree **NOT** to sell the property. **SHOULD YOU BREACH THIS AGREEMENT BY SELLING THE PROPERTY WITHIN 5 YEARS, YOU SHALL REIMBURSE A PERCENTAGE OF THE EXPENDED REMEDIATION FUNDS, BASED ON A SLIDING SCALE, TO KDHE.**

SLIDING SCALE

Within 1 st yr: 50%	Within 1-2 yrs: 40%	Within 2-3 yrs: 30%	Within 3-4 yrs: 20%	Within 4-5 yrs: 10%
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- If you answered, “YES” to all of the above, complete the following:
 - Attach copies of Proof of Income from all adults living in the household.
 - (Most recent income tax returns)
 - Attach a copy of Proof of Ownership of your home. (Deed or property tax statement)
 - Attach a copy of Proof of the Year the House was Built. (County Appraiser Office)
 - Attach a copy of the Birth Certificate for each child(ren) six (6) and under
 - All Children six (6) and under must have a recent blood test for lead before work can begin on the property. (Blood lead tests obtained within 6 months of the application date are acceptable.)
 - Mail or deliver the application form and all required documents to the Kansas Healthy Homes and Lead Hazard Prevention Program (KHHLHPP) at address listed above.
 - **Sign and date ALL portions of Part D on the application form.**

See the last page for helpful tips and phone numbers

How did you find out about Kansas Healthy Homes & Lead Hazard Prevention Program?
 (Please check all that apply)

Newspaper
 Radio
 Health Department
 Door Hanger
 Mail Insert
 Yard Signs
 Friends/Neighbors
 Newsletter Other: _____

Part A (please print)

Owner's Name: _____
Last First Middle Initial

Address _____
Street City Zip County

Phone# _____ **Alternate#** _____

Age _____ Sex _____ Ethnicity: (check only one) Hispanic or Latino Not Hispanic or Latino

Race: (check one or more) White Black or African American Asian
 American Indian or Alaska Native Hawaiian or Other Pacific Islander

Marital Status: Single Married Divorced Separated Widowed

Female head of household: Yes No

Spouse Name _____

Age _____ Sex _____ Ethnicity: (check only one) Hispanic or Latino Not Hispanic or Latino

Race: (check one or more) White Black or African American Asian
 American Indian or Alaska Native Hawaiian or Other Pacific Islander

Total number of persons living in household _____ **Year Home Built** _____

ATTACH Proof of Ownership: A copy of your deed or tax statement. All applicants must be the owner of record and occupy the home. (Rental Properties use a different application form.)

ATTACH Proof of When the Home was Built: Obtain this record from the Country Appraiser.

Part B

Please list all household members' income, list owner first. Use other lines for different sources of income. Examples of proof of income are as follows: ***Social Security benefit letter or disability printout, pension or retirement letter, unemployment benefits, income tax returns, or stocks & bonds statements.*** **If self-employed, provide 2 years of most recent Federal Income Tax Returns with all W2's, 1099's, etc.*

Full Name	Age	Gross Income (List as Weekly, Monthly, or Yearly)	Source of Income	Relationship to Owner
				Self
Total Income				

Attach copies of Proof of Income.
Verification papers are required for all forms of household income.

Part C

The following listed children, who are six (6) and under of age, live in or frequently visit the property located at _____ owned by _____ and are in this residence at least 10 hours every week.

<u>Name of Child</u> (Last, First)	<u>Birth Date</u> (mm/dd/yy)	<u>Your Relationship to Child</u> (Father, Mother, Grandparent, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____ do attest to the fact that the above statement is true and that the children listed above do live in or frequently visit the property listed above at least 10 hours every week. I understand that the **children listed above must have their blood tested for lead before lead work can begin on that property.** I agree to have those children tested through their health care provider or by the Sedgwick County Health Department, and provide the results of those blood tests to the Kansas Healthy Homes and Lead Hazard Prevention Program (KHHLHPP) staff before work can begin on the property. I also agree to provide copies of birth certificates for each of the above listed children as proof of their age.

Attach copies of Birth Certificates for all children six (6) and under.
(For children born in Kansas, contact the KDHE Office of Vital Statistics, Curtis State Office Bldg., Suite 120, Topeka, KS 66612.) in Kansas, contact the KDHE Office of Vital Statistics, Curtis State Office Bldg., Suite 120,

Part D

I hereby submit application to KHHLHPP for work on the above-listed property. I certify that I am the owner and occupant of the property, and that the income I stated in PART B represents my total income for the past year preceding this application, including the income of all other persons in the home. The income information provided in PART B is subject to verification by the State of Kansas. Upon request, I agree to submit copies of federal income tax returns, and am aware that employers may be contacted to verify income received as a result of employment.

I hereby grant permission to KHHLHPP supervisors, inspectors, employees, and contractors to enter the premises listed in PART A to perform work under KHHLHPP. I hold the State of Kansas harmless from any legal or financial claim arising from the performance of such work.

I, the undersigned, do hereby swear that all information contained on the application is true and correct to the best of my knowledge and belief.

Applicant's Signature _____ **Date** _____

***Applications will not be considered if not signed by applicant!**

*Disclaimer: KDHE reserves the right to withdraw from this project at any time if the applicant does NOT meet any of the following: 1) Did not supply the required information for a complete application; 2) it is determined that construction costs will exceed 50% of the County appraisal; 3) the overall condition of the property is deemed "unsafe" for lead hazard control work to be completed; or 4) the applicant has not complied with Kansas Healthy Homes and Lead Hazard Prevention Program Policy and Procedures.

Common Questions

How do I determine when my home was built?

If you need proof of when your home was built, please contact the Sedgwick County Appraiser's Office. The phone number is (316) 660-9110. Just ask for a printout showing the year the house was built. There is no cost to obtain this printout, which may also serve as proof of ownership. *(Additional counties that qualify, contact your County Appraiser's Office)*

Where do I go for proof of home ownership?

If you want to obtain a copy of your most recent property tax statement to submit as proof of ownership, please contact the Sedgwick County Treasurer at (316) 660-9110. There is no charge to obtain this record. *(Additional counties that qualify, contact your County Treasurer Office)*

What do I do to get my child tested for lead?

Call your doctor or a clinic for testing. If you do not have a doctor, call the Sedgwick County Health Department at (316) 660-7300. They are located at 2716 W. Central, Wichita, KS 67203. Blood Lead Testing is FREE on a walk-in basis. *(Additional counties that qualify, contact your local health department for testing)*

How do I get a copy of my child's birth certificate?

If you need a birth certificate for a child under age 6, please contact the state where the child was born. If the child was born in Kansas, you can get an application form at the Kansas Healthy Homes and Lead Hazard Prevention Program. Application forms must be sent to the KDHE Office of Vital Statistics, 1000 SW Jackson, Suite 120, Topeka, KS, 66612-2221. The cost is \$15 for one copy and \$15 for each additional copy of the certificate: **PHONE (785) 296-1400 / www.kdheks.gov/vital**

If you have any other questions:

If you need help or have any other questions about this application form, please call the Kansas Healthy Homes and Lead Hazard Prevention Program at 1-866-865-3233

INCOME GUIDELINES 2012

Please use the following table to fill out the application form in Part B above. Determine your total household income and the total number of residents. Then determine where that income level falls in the table below. *(Other counties income levels may be different, program will verify.)*

Sedgwick County, Kansas

Household Size	Low Income (Income less than 50% of Area Median Income)	Moderate Income (Income less than 80% of Area Median Income)
1 Person	\$22,750	\$36,400
2 Person	\$26,000	\$41,600
3 Person	\$29,250	\$46,800
4 Person	\$32,500	\$52,000
5 Person	\$35,100	\$56,200
6 Person	\$37,700	\$60,350
7 Person	\$40,300	\$64,500
8 Person	\$42,900	\$68,650
8+ Persons	*\$2,600	*\$4,100

*For families in excess of 8 persons, add the amount indicated for each additional family member.