

--

--

--	--

HEALTHY HOMES RESOURCE PROGRAM

Part 1: Applicant Information

Name _____

Homeowner Renter Land Contract Purchase

Street Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Email _____

Part 2: Rental Property Owner Information (if applicable)

Name _____

Street Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Email _____

Is the unit vacant? Yes No

Part 3: Property Information

Pre-1978 construction? Yes No Date of Construction _____

If multi-family, how many units are in the building? _____

Total number of rooms in your unit _____ Number of bedrooms _____ Square ft. _____

Previous lead inspection/risk assessment? Yes No

Is the property or occupant currently in another HUD program? Yes No

Are there any electrical, plumbing, heating, or cooling issues? Yes No

Does the property have any roof leaks? Yes No

Does the property have any structural, water, or pest issues? Yes No

Please list any other health or safety issues in your home or property

Have you applied for weatherization assistance and have been deferred? Yes No

How did you hear about the program?

Occupant Detail: Please complete the table below.

All occupants, adults, and children living, in the home or frequently visiting must be listed and the requested information provided. If necessary, attach an additional sheet of paper.

Name	Date of Birth (mm/dd/yy)	Age	Relation to Primary Resident	Pregnant Female? Yes or No	Frequently visiting child or pregnant female? Yes or No	Enrolled In Medicaid Or CHIP? Yes or No	Have any children in the home had a blood lead level test? Yes or No	Special Needs Yes or No	RACE 1-Asian 2-Black 3-White 4-Hispanic/Latino 5- American Indian 6- Native Hawaiian 7- Other
			Primary						

By signing below, the applicant authorizes the Healthy Homes Resource program (HRR) to request lead testing information from the Indiana State Department of Health. It further authorizes the HHR to share this information, as well as information gathered on this application, with authorized program representatives for the purposes of qualifying me for this program. By signing below, the applicant and property owner authorizes the HHR or an authorized program administrator to contact you to request additional financial or other pertinent information as needed for program qualification. The information provided will remain confidential for satisfaction of the stated purpose only. The applicant and property owner understands that completion of this application does not guarantee assistance, but only starts the process of applying for this program. We also verify that the answers provided above are accurate. Intentionally providing false information may disqualify you from further participation in this program.

Applicant Name (please print)

Applicant Signature (if applicable)

Date

Rental Property Owner Name (please print)

Rental Property Owner Signature

Date

The HHR does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, political belief, status as a veteran or any other characteristic protected by the federal, state, or local law.

If mailing this application, please send to:
IHCDA
ATTN: Dave Pugh
30 South Meridian Street- Suite 900
Indianapolis, IN 46204

Program use only:	App Received Date: _____	App No: _____
	Household Verified: _____	Verification Date: _____