



HEALTHY HOMES  
RESOURCE

# HEALTHY HOMES RESOURCE

## About the Program

- **FREE** radon, lead testing, and a healthy homes assessment to qualifying homes
- The program is available to qualified homeowners, rental occupants, and rental property owners
- Repair work may include radon mitigation, lead hazard control, electrical, structural, moisture intrusion, and other repairs
- There is **NO COST** whether you own or rent your home
- Property owners and occupants must agree to participate in the program before work can begin on your unit
- **MANUFACTURED OR MOBILE HOMES** are not eligible for this program

## Please check the qualifications and program priorities that apply:

- Family Income is <80% Area Median Income
- Your home/property is located in the State of Indiana
- Your home or rental property was built prior to 1978
- A child under the age of six (6) resides or frequently visits **OR** there is a currently pregnant resident
- Adult sixty-two (62) years and older resides in the home
- Person with a disability resides in the home
- A child 17 years of age or under resides in the home
- Property Taxes are current
- Property/Homeowners insurance is current
- Home has an exterior ramp that needs repair **OR** is in need of an exterior ramp for mobility access
- Been deferred from weatherization assistance (Reason for deferral: \_\_\_\_\_)

## If you meet the requirements in either option, it's easy to get started!

Complete this application and submit it to:

Email: [HealthyHomes@ihcda.in.gov](mailto:HealthyHomes@ihcda.in.gov)

Mail: 30 South Meridian Street- Suite 900  
Indianapolis, IN 46204

If you have any questions, please call 317-232-7777

For more information about the Lead Protection Program please visit the following:

<https://www.in.gov/ihcda/homeowners-and-renters/lead-protection-program/>



Division of  
Lead &  
Healthy Homes



Indiana Housing & Community Development Authority

# 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   
If yes, what was the result: \_\_\_\_\_  
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  
\_\_\_\_\_  
\_\_\_\_\_

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	Gender	Relation to Primary Resident	Physician diagnosed asthma/COPD? Yes / No	Frequently Visiting Child or Pregnant Resident? Yes / No	For child, has there been a Blood Lead Level Test? Yes / No	Full-Time Student? Yes / No	Special Needs or Disability? Yes / No	Race 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Prefer Not to Disclose	Ethnicity 1 - Hispanic/Latino 2 - Not Hispanic/Latino 3 – Prefer Not to Disclose
				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

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

*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.*

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