



Lead and Healthy Homes Program
Chester County Health Department
601 Westtown Road, Suite 290
West Chester, PA 19380

Lead Hazard Control Program Program Application Instructions

Enclosed is an application to participate in the Chester County Health Department's Lead Hazard Control program.

Participants must meet an income eligibility criteria for the program. This income eligibility is based on the income of all persons **living in the property**.

Homeowners: Please complete all sections of the application which pertain to ***your*** household, employment, and financial situation.

Landlords: Please complete all sections of the application, entering the required information on ***your tenants'*** household, employment and financial situation.

Copies of the following information must be submitted along with the application:

1. Income verification (Copy of pay stubs, Social Security Statement, child support and/or alimony payments, Pension statement, etc),
2. Homeowners Insurance Policy Declaration Page
3. Photo ID of Property Owners

In order to expedite the approval process, please submit this application and the requested documents as soon as possible.

Please feel free to contact Kevin Zeeger if you have any questions, at 610-344-6725 or kzeeger@chesco.org.



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Lead Hazard Control Program Program Application

Application Date _____

Property Address: _____

Township or Borough: _____

I. OWNERS/RESIDENTS OF PROPERTY

Owner (applicant):

Name _____ DOB ____/____/____

Phone (H) _____ (W) _____ (C) _____

Address _____

City _____ State _____ Zip _____

Co-Owner (co-applicant):

Name _____ DOB ____/____/____

Phone (H) _____ (W) _____ (C) _____

Address _____

City _____ State _____ Zip _____

Please list the names, age, sex and race of all persons/children residing at the property:

<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>RACE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. EMPLOYMENT

Please list the following information for each employer for each household member who is over the age of 18:

<u>EMPLOYER NAME</u>	<u>ADDRESS</u>	<u>APPROX ANNUAL INCOME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. SUPPLEMENTAL HOUSEHOLD INCOME

Non-employment income sources for all household members must be disclosed. This includes, but is not limited to, child support, alimony payments, SSI, disability, retirement pay, and interest income.

<u>INCOME SOURCE</u>	<u>RECIPIENT</u>	<u>MONTHLY AMOUNT</u>
Social Security	_____	_____
SSI / SSDI	_____	_____
Pension	_____	_____
TANF	_____	_____
Child Support	_____	_____
Additional:		
_____	_____	_____
_____	_____	_____

IV. HOMEOWNERS INSURANCE

Do you have Homeowners Insurance Coverage? ___ yes ___ no

Name/Address of Insurance Company _____

Policy Number: _____

I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge. I/We understand that approval into the program is subject to verification, of all information provided, by the Chester County Health Department.

Signature of Applicant: _____

Signature of Co-Applicant: _____

APPROVAL OF APPLICATION

The undersigned has examined the application for participation in the Lead Hazard Control Program, including supporting data, and finds that the application meets the requirements of the Chester County Health Department and satisfies the rules and regulations issued by the Department of Housing and Urban Development pertaining to the Lead Hazard Control Program. Accordingly, the undersigned approved this application:

Signature: _____ Date: _____

Name: _____

Title: _____ for the Chester County Health Department