



HEALTH DEPARTMENT

Lead Safe Kansas City
2400 Troost, Suite 3100
Kansas City, MO 64108

(816) 513-6250
(816) 513-6284

OFFICE USE ONLY	
Case Number:	
Date Received:	
Priority:	
Distributed By:	



Public Health

OWNER-OCCUPIED PROPERTY APPLICATION



The Kansas City, Missouri Health Department would like to help make your home lead safe for you and especially for your children. This **FREE** service may include cleaning, painting, or replacement of surfaces contaminated with lead-based paint.

You may qualify if:

- You own and live in a home in Kansas City, Missouri that was built before 1978.
- Your household income is less than or equal to 80% of the area’s median income.
- You have a child under the age of 6 who lives in or visits your home more than 6 hours every week or an occupant of the property is pregnant.

Documents required for application: THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

- Proof of Ownership** – a copy of your Missouri **Warranty Deed** or **Quit Claim Deed**
- Proof of Income** – copies of your most recent **1040 income tax form** or **three (3) most recent wage statements**. Also, attach award letters documenting any other income sources such as unemployment, social security, disability, worker compensation, pension, AFDC, TANF, etc. Include income from all members of the household age 18 and older.
- Proof of Child Occupancy or Pregnancy** – copies of **birth certificates** for all children **less than 6 years old** that live in or visit the residence at least six (6) hours per week, or a doctor’s note verifying the pregnancy of the occupant.

If changes to your income or the age of the child have occurred which put you outside the guidelines at the time lead hazard control work has been scheduled, then you will no longer be eligible for lead hazard control work. The guidelines require us to verify income no later than 6 months before the lead hazard control work begins and that a child 6 years or younger lives or visits the residence at least 10 hours per week. The certification process must be completed before lead hazard control work can begin.

PART A

NAME:

Last First M.I.

ADDRESS:

Street Address Apt/Unit#

City State ZIP Code

PHONE:

ALTERNATE PHONE:

Email Address

Are you a United States citizen?

Yes No

If no, Alien or Admission #: _____

Age: _____ **Sex:** _____ **Female Head of Household:** Yes No

Race: White Black or African American Asian American Indian or Alaska Native
Native Hawaiian or Pacific Islander Other

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Marital Status: Single Married Divorced Separated Widowed

SPOUSE'S NAME:

Last First M.I.

Number of children under age 6 living in household: _____

Number of children receiving Medicaid: _____

Total number of persons living in household: _____

Number of pregnant women in the home: _____

Are you a federally recognized refugee? Yes No

Is this home used as a daycare? Yes No

Proof of Ownership Attached?

A copy of your Deed (Warranty or Quit Claim) is required. All applicants MUST be the owner of record and MUST occupy the home.

PART B

List all members in the household who are 18 years of age or older, then record their income on the application. Be sure to include income from wages and other sources such as unemployment, social security, disability, worker compensation, pension, AFDC, TANF, etc. Please list the owner's income first.

NAME:	AGE:	RELATIONSHIP TO OWNER:	SOURCE OF INCOME:	TOTAL GROSS INCOME (YEARLY):

Total Household Gross Income (YEARLY):

PART C

Please list below any children under 6 years of age that live in or frequently visit the property (6 or more hours per week).

CHILD'S NAME:	AGE:	BIRTH DATE:	RELATIONSHIP TO OWNER:

I, _____, do hereby attest to the fact that the above statement is true and that the children listed above do live in or frequently visit the property described above six (6) hours or more per week. I understand that the children listed above must have their blood tested for lead poisoning before lead remediation work can begin and I agree to have those children tested for lead through their health care provider or by the Kansas City Health Department and provide the results of those blood tests to the Health Department 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.

Birth Certificates attached? (for children less than 6 years of age)

PART D

I hereby make application to the City of Kansas City, Missouri Lead Safe Kansas City for work on the aforementioned property. I further certify that I am the owner and occupant of said property and that the income stated in PART B represents my total income for the past year including the income of all other persons in the home.

The income information provided in PART B is subject to verification by the City of Kansas City, Missouri. I agree to submit to the City, upon request, copies of federal income tax returns, and am aware that all employers may be contacted to verify income received as a result of employment. I hereby grant permission to the City of Kansas City, Missouri Lead Safe Kansas City supervisor, inspectors, employees and contractors it may use to enter the premises listed in PART A to perform work under Lead Safe Kansas City. I hold the City of Kansas City, Missouri harmless from any legal or financial claim arising from the performance of such work.

I understand that any lead bearing surfaces that are determined to be intact or fair condition at the time of assessment are not categorized as a hazard and will not be addressed by this program. Any ongoing monitoring and corrective action necessary after Lead Safe Kansas City work is complete will be my responsibility as the owner.

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

Applicant's Signature: _____

Date: _____

PART E

Additional required information.

- ✓ All individuals must be out of the house during the abatement work. This work involves replacing components and in most cases are the windows. A waiver is available for those 62 years of age and older or disabled.
- ✓ Each address is eligible one time to receive lead hazard control remediation or abatement type of work.
- ✓ All information must be filled out and signed to be accepted into the program (Part A through Part E).

Applicant's Signature _____

FREQUENTLY ASKED QUESTIONS

Where do I go to obtain proof of home ownership?

You may possess this paperwork in real estate records from the purchase of your home. If not, you may request a deed of ownership (Warranty Deed or Quit Claim Deed) at the following location:

Jackson County Courthouse, Recorder of Deeds Department
415 E 12th Street, Room 104
Kansas City, MO 64106
(816) 881-3191

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

You may obtain a birth certificate for a child by contacting the state health department in which your child was born. If your child was born in Missouri, you may obtain the birth certificate from the following location:

Kansas City, MO Health Department, Vital Records Office
2400 Troost
Kansas City, MO 64108
(816) 513-6309

Where can I get my child(ren) tested for lead?

You may contact your child's pediatrician or clinic and request a lead test or you may call the Kansas City, MO Health Department at (816) 513-6048 to schedule a FREE lead test for your child(ren).

HOW DID YOU HEAR ABOUT US? (optional)

_____ Newspaper	_____ Billboard
_____ Radio	_____ Television
_____ Neighborhood Association	_____ Friends/Neighbors
_____ Other (please explain) _____	_____ City Inspector

Any person with a disability desiring reasonable accommodations to access these services, please call (816) 513-6048 or (800) 735-2966 (Missouri Relay for persons hard of hearing) for assistance.