



Kansas City Missouri Health Department

Lead Safe Kansas City
2400 Troost Ave, Suite 3400
Kansas City, MO 64108

Phone: (816) 513-6048 Fax: (816) 513-6341

OFFICE USE ONLY	
Case Number	
Date Received	
Priority	
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OWNER-OCCUPIED PROPERTY APPLICATION



The Kansas City, Missouri Health Department would like to help make your home lead safe for you and 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 at least 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 **two (2) most recent wage statements or check stubs**. Also, attach award letters documenting any other income sources such as unemployment, social security, disability, worker compensation, retirement, pension, AFDC, TANF, etc. Include income from all members of the household age 18 and older.
- ✓ **Income Verification**- **one (1) recent full-month bank statement** for everyone over the age of 18. If any occupant has more than one (1) bank account, be sure to include one statement for each.
- ✓ **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 statement verifying the pregnancy of the occupant.

Please fill out the following information to best of your knowledge.

PART A

Name: _____
LAST FIRST M.I.

Address: _____
STREET ADDRESS APT. #

CITY STATE ZIP CODE

Phone: _____ **Alternate Phone:** _____

Email Address: _____

Age: _____	Sex: M F	Female Head of Household: Yes No		
Race:	American Indian or Alaska Native	Black or African American	Asian	
	Native Hawaiian or Pacific Islander	White	Other	
Ethnicity:	Hispanic/Latino	Not Hispanic/Latino		
Marital Status:	Single	Married	Divorced	Separated

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 the Deed (Warranty or Quit Claim) is required. All applicants **MUST** be the owner of record & **MUST** occupy the home.

PART B

This section is used to determine your projected annual household income. Please list **ALL** occupants in the household. Children, as well as adults with no income, **MUST** be listed with “N/A” in the *Employer Name/Source of Income* column and a “0” (zero) in the *Annual Gross Income* column (do not leave blank). If you need help or assistance, please see the directions and example table on the next page.

Household Member (First and Last Name)	Age	Employer Name/Source of Income <small>Please list the name of your employer(s) or source(s) of income. If you do not have an employer, please select from the following: Unemployment; Self- Employed; Social Security; Disability/Worker's Comp.; Retirement/Pension; Child Support; Alimony; Welfare; Other. If "Other", please explain.</small>	Annual Gross Income
Total Projected Annual Income for Household			

ASSET INFORMATION

Assets belonging to any and all household members must be taken into account when calculating annual income for the household. Please mark any and all assets below, that you or any household member(s) possess. If none, check “None.” Verification documents may be requested.

- | | | |
|--------------------------------|---------------------------------|------------------|
| Checking or Savings Account | Retirement or Pension | Lottery Winnings |
| Certificate of Deposit (CD) | Trusts | Rental Property |
| Stocks, Bonds, or Mutual Funds | Inheritance | Mortgage |
| 401K | Settlements on Insurance Claims | None |

***NOTE:** LSKC Staff will use this sheet to help calculate and verify income submitted. They may also contact you to gather more information on your income and/or asset(s) if necessary. When income verification is complete, staff use an Income Determination Worksheet to calculate your household’s total projected annual income, to determine your eligibility in the program. HUD guidelines require us to verify income no earlier than 6 months before any lead hazard control work is set to begin. If changes to your income or occupancy have occurred, it may put you outside the guidelines at the time lead hazard control work has been scheduled and you may no longer be eligible for lead hazard control work. Please inform LSKC staff of any changes to occupancy or income immediately.

I certify under penalty of law that the information contained in Part B's declaration is true, accurate and complete to the best of my knowledge. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and the information I have provided herein. I also understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Property Owner Signature: X _____ **Date:** _____

Help with Determining Annual Income

1. **Employer Name/Source of Income** - provide your employer's name and/or ALL sources of income. If you do not have an employer, please select any and/or all that apply from following: Unemployment; Self-Employed; Social Security; Disability/Worker's Comp.; Retirement/Pension; Child Support; Alimony; Welfare; Other. If "Other", please explain. If occupant is a child or is an adult with no income, fill-in blank with "N/A." Do not leave blank.

2. Using the table above, fill out **all** fields to determine the annual income of your household for a **twelve-month period**. **List yourself and each member of your family or household**. Estimate the gross income from each source, for each household member for a twelve-month period. If using a pay stub, multiply gross income amount by the number of pay periods in a twelve-month period. For example, if you get paid every two weeks, take your gross amount paid for a two-week period, and multiply it by 26 (if paid weekly, multiply by 52). Add all the annual income figures for all family or household members together to arrive at your Total Projected Yearly Household Income.

Example: John and his wife, Mary, both work. Their dependent son James, who lives at home, has applied for assistance from the program. John earns a gross of \$250 per week; Mary earns \$200 per month. John's estimated annual income was \$13,000 (\$250 x 52 weeks); Mary's was \$2,400 (\$200 x 12 months). If these are the only sources of income, then James' projected annual family income for twelve months is \$15,400 (\$13,000 + \$2,400).

3. Fill out this form, sign and date, **and attach copies of the source documents** (SSI, wage statements, check stubs).

Example of complete table:

Household Member (First and Last Name)	Age	Employer Name/Source of Income <small>Please list the name of your employer(s) or source(s) of income. If you do not have an employer, please select from the following: Unemployment; Self-Employed; Social Security; Disability/Worker's Comp.; Retirement/Pension; Child Support; Alimony; Welfare; Other. If "Other", please explain.</small>	Annual Gross Income
Mary Doe	47	Child Support, Alimony	\$21,600.00
John Doe	19	A&E Electric	\$10,400.00
James Doe	15	N/A	0
Jill Doe	3	N/A	0
Total Projected Annual Family (or Household) Income:			\$32,000.00

Proof of Income attached?

Proof of income must be provided to LSKC staff for each occupant 18 years of age or older, in order to be eligible for the program. This includes 2 recent check stubs or wage statements and a full 1-month bank statement.

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 agree to provide copies of birth certificates for each of the above listed children as proof of their age. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Applicant Signature: X _____

Date: _____

Birth Certificate(s) 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 household's total annual income, including the assets portion.

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 any income documentation needed, 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 certify under penalty of law that the information contained in the declaration is true, accurate and complete to the best of my knowledge. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Applicant Signature: X _____

Date: _____

ADDITIONAL INFORMATION

- ✓ **All information must be filled out and signed to be accepted into the program (Part A through Part D).**
- ✓ **All individuals must be out of the house during abatement work. For those over 62 years of age or disabled, a relocation waiver is available. Individuals with no means to relocate during this period, will be given a Hardship Form to fill out, and financial vouchers will be provided.**
- ✓ **Each address is eligible one time to receive lead hazard control remediation or abatement work.**

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 locations:

Online at: <https://www.jacksongov.org/267/Recorder-of-Deeds> or at;

Jackson County Courthouse
Recorder of Deeds Department
415 E 12th Street, Room 104
Kansas City, MO 64106
(816) 881-3000

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

You may obtain a birth certificate for a child by contacting the health department for the State 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 Avenue
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).

Where do I send my additional required paperwork?

Birth certificates, deeds, and income verification documents (2 recent check stubs AND recent 1-month bank statement) can be emailed to christopher.mcfarland@kcmo.org. Other options include mailing or delivering in-person to:

Health Department
Environmental Health Services
Childhood Lead Poisoning Prevention & Healthy Homes Program
2400 Troost Ave., Suite 3400
Kansas City, MO 64108

Have more questions? Feel free to call our Lead Safe KC office at (816) 513-6048, Monday - Friday 8am-5pm. Thanks for applying!

HOW DID YOU HEAR ABOUT US? (OPTIONAL)

Newspaper

Radio

Neighborhood Association

Other (please explain)

Billboard

Television

Friends/Neighbors

City Inspector

Any person with a disability desiring reasonable accommodations to access these services, please call (816) 513-6048 or by dialing 711 (Missouri Relay for hearing/speech impaired) for assistance.