



Is your home a safety hazard for your child?

Indiana Lead Protection Program offers qualified residents FREE services to help

If you live in an older home with peeling paint or old windows, you might be eligible for free lead-remediation help and repairs, including:

- **FREE** lead assessment of your home
- **FREE** lead-hazard control work, which could include new windows, doors, painting or special cleaning

There is **NO COST**, whether you own or rent your home.

- Landlords will be asked to sign an affordability agreement.
- Tenants will need their landlords' permission before beginning work.

To qualify, you must meet ALL of the requirements in EITHER Option 1 or Option 2.

Option 1

Your home or apartment building was built prior to 1978

A child under 6 years of age OR a pregnant female resides or;

A child under 6 year age spends a significant amount of time

Property taxes are current

Your home or rental unit is adequately insured

Family income <80% Area Median Income

Your home is located in Evansville, Indianapolis, Fort Wayne, or South Bend

Option 2

Your home (or rented house containing only one or two units) was built prior to 1978

A child under 6 years old OR a pregnant female lives in or spends a significant amount of time

Property taxes are current

Your home or rental unit is adequately insured

Someone in the home is enrolled in Medicaid or CHIP

Your home is located in East Chicago or South Bend

If you meet these requirements, it's easy to get started!

Simply fill out the attached application and return to:
Indiana Housing and Community Development Authority
Attn: Dave Pugh
30 South Meridian Street- Suite 900
Indianapolis, IN 46204

Indiana Lead Protection Program Application



Please complete both pages and email to dpugh@ihcda.in.gov or mail to address listed on the last page. For information on the Lead Protection Program click [here](#) or call 317-234-6289.

Part 1: Applicant Information

Applicant Name: _____ Homeowner Renter Vacant
Street Address: _____ P.O. Box or Apt # _____
City: _____ State: _____ Zip: _____ County: _____
Phone Numbers: (home) _____ (cell) _____
Email Address: _____

Part 2: Owner Information (If different than applicant)

Name: _____
Street Address: _____ P.O. Box or Apt # _____
City: _____ State: _____ Zip: _____
Phone Numbers: (home) _____ (cell) _____
Email Address: _____

Part 3: Property Information

Pre- 1978 Construction? Yes No Year Built (if known): _____
Total number of units in the building if multi-family _____
Total # of rooms in your unit: _____ # of bedrooms: _____ Square feet: _____
Previous Lead Inspection or Lead Risk Assessment? Yes No Don't Know
Is it owned by a federal, state, or local government agency? Yes No Don't Know
Is the property or occupant currently participating in a HUD Program? Yes No Don't Know
Are property taxes paid up through the last billing cycle? Yes No Don't Know
Does the property currently have: Water Electricity Heat
Does the property have current or previous roof leaks? Yes No Don't Know
Does the property have any structural, water, or pest issues? Yes No Don't Know
Please explain any other hazards: _____
How did you hear about the program? _____





Occupant Detail: Please complete the table below.

- All occupants, adults, and children must be listed and requested information provided. Attach an additional sheet of paper, if necessary.
- Homes with children under the age of 6 with a confirmed elevated blood lead level will be given the highest priority.

Name	Date of Birth (mm/dd/yy)	Age	Relation to Primary Resident	Pregnant Female (Yes or No)	Child enrolled in case management diagnosed with an EBLL (Yes or No)	Medicaid or CHIP eligible? (Yes or No)	Lead test results for a child under 6 (Yes or No)	Hispanic/ Latino (Yes or No)	RACE A- ASIAN B- BLACK W- WHITE H- HAWAIIAN/ PACIFIC ISLANDER I- AMERICAN INDIAN/ALASKAN
			Primary						

By signing below, the applicant authorizes the Indiana Housing and Development Authority (IHCDA) to request lead testing information from the Indiana State Department of Health. It further authorizes IHCDA 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 IHCDA or an authorized program administrator to contact us 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 to the best of our knowledge. Intentionally providing false information may disqualify us from further participation in this program.

Owner/Landlord Name (please print)

Owner/Landlord Signature

Date

Tenant Name (if applicable, please print)

Tenant Signature (if applicable)

Date

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

The Indiana Housing and Community Development Authority 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: _____