



# RESOURCES FOR FAMILIES

*If your home was built before 1978, there is a good chance it has lead-based paint. The Indiana Lead Protection Program can help protect your family from lead in your home.*

### About the Program

- **FREE** lead testing and lead hazard control including health and safety repairs to qualifying homes
- The program is available to qualified homeowners, rental occupants, and rental property owners
- Lead-hazard repair work may include windows, doors, painting, and special cleaning
- There is **NO COST** whether you own or rent your home
- Rental property owners must also agree to participate in the program before work can begin on your unit

### To qualify, you must meet all the requirements listed in Option 1 or Option 2

#### Option 1 (Single Family or Multi-Family Units)

Your home or rental unit was built prior to 1978

A child under the age of 6 lives at or frequently visits **OR** where a pregnant female lives

Family income is <80% Area Median Income

Your home or rental unit is insured for the replacement cost of the home

Property taxes are current

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

*This option may include a Healthy Homes Assessment to address some electrical repairs, leaks, faulty gas appliances, deteriorated steps, pest infestation, or other health and safety issues*

#### Option 2 (One or Two Family Units Only)

Your home or rental units was built prior to 1978

An individual under 19 years of age or pregnant female lives at or frequently visits your home **AND** is eligible for or enrolled in Medicaid or CHIP

Your home or rental unit is insured for the replacement cost of the home

Property taxes are current

Your home is located in East Chicago, South Bend, Gary, Hammond, or **Michigan City**

*This option will include full replacement or enclosure of components having lead-based paint and address other minimal health and safety issues*

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

Complete this application and submit it to Justin Tyrrell at:

Email: [jtyrrell@incap.org](mailto:jtyrrell@incap.org)

Mail: 1845 W 18th St.

Indianapolis, IN 46202

For questions please call 800-382-9895

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

<https://www.in.gov/myihcda/2675.htm>

# Indiana Lead Protection Program



## Part 1: Occupant Information (if rental, must include owner information below)

Applicant Name \_\_\_\_\_

Homeowner                      Renter                      Land Contract Purchase

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Part 2: Rental Property Owner

Applicant 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                      Year built (in known) \_\_\_\_\_

If multi-family, how many units are in the building? \_\_\_\_\_

Total number of rooms in your unit \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Square feet \_\_\_\_\_

Previous lead inspection or risk assessment? Yes                      No                      Unknown

Is the property or any occupant participating in a HUD program? Yes                      No

Are the property taxes current? Yes                      No                      Unknown

Is the property insured for the replacement value? Yes                      No                      Unknown

Are there any electrical, plumbing, or heating and cooling issues? Yes                      No

Does the property have and current or previous roof leaks? Yes                      No                      Unknown

Does the property have any structural, water, or pest issues? Yes                      No                      Unknown

Are there any other health and safety issues? \_\_\_\_\_

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.
- 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	Frequently visiting child or pregnant female? Yes or No	Enrolled In Medicaid Or CHIP? Yes or No	Have any children in the home been tested for an elevated blood lead level? Yes or No	Hispanic/ Latino? Yes or No	RACE A- Asian B- Black W- WHITE H- HAWAIIAN/ PACIFIC ISLANDER I- AMERICAN INDIAN/ALASKAN O- Other
			Primary						

*By signing below, the applicant authorizes the Lead Protection Program (LPP) to request lead testing information from the Indiana State Department of Health. It further authorizes the LPP 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 LPP 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:  
INCAA  
ATTN: Justin Tyrrell  
1845 W 18th St.  
Indianapolis, IN 46202

*The Lead Protection Program 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: _____