



# 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 Lead Protection Program

- **FREE** lead testing and lead hazard control, including health and safety repairs
- The programs are 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** to you whether you own or rent your home
- Rental property owners must agree to participate in the program before work can begin on your unit

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

#### 1) Lead Hazard Reduction Demonstration Grant

- Home or multi-family unit built prior to 1978
- Individual(s) 6 or under 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
- Home located in Evansville, Indianapolis, Fort Wayne, South Bend, or Muncie

*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. Rental Units do not require child occupancy to qualify.*

#### 2) Lead Health Services Initiative Grant

- Home or two family rental unit built prior to 1978
- Individual(s) age 19 or under OR pregnant female lives at or frequently visits your home *and* is eligible for or enrolled in Medicaid or CHIP
- Property taxes are current
- Home located in Marion County, East Chicago, Gary, Michigan City Hammond, or South Bend; exception to location made on a case by case basis. Call 317-638-4232 to discuss.

*This option includes replacement or encapsulation of components having lead based paint, address minimal health & safety issues, and referrals to the local weatherization program and Community Action Agency.*

### If you meet the requirements it's easy to get started!

Complete & submit application to Jim Blazek (EMI) at:  
 Email: [jblazek@incap.org](mailto:jblazek@incap.org)  
 Mail: 1845 West 18th Street  
 Indianapolis, IN 46202  
 If you have any questions, please call 317-638-4232 ext. 217

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: Applicant Information

Name \_\_\_\_\_  
Homeowner  Renter  Land Contract Purchase   
Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## Part 2: Rental Property Owner Information (if applicable)

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  Date of Construction \_\_\_\_\_  
If multi-family, how many units are in the building? \_\_\_\_\_  
Total number of rooms in your unit \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Square ft. \_\_\_\_\_  
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 younger than 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 had a blood lead level test? Yes or No	Hispanic/ Latino? Yes or No	RACE A- Asian B- Black W- White H- Hawaiian/ Pacific Islander I- American Indiana/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.

Applicant Name (please print) \_\_\_\_\_

Applicant Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Rental Property Owner Name (please print) \_\_\_\_\_

Rental Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

If mailing this application, please send to:  
INCAA  
ATTN: Jim Blazek  
1845 West 18th Street  
Indianapolis, IN 46202

Program use only: App Received Date: \_\_\_\_\_ App No: \_\_\_\_\_  
Household Verified: \_\_\_\_\_ Verification Date: \_\_\_\_\_