



## Kansas City Missouri Health Department

LeadSafe 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:	
Distributed By:	

# 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**. 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.
- Income Verification**- **one (1) recent full month bank statement** of everyone over the age of 18 years of age.
- 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.

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 earlier 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 6 hours per week. The verification process must be completed before lead hazard control work can begin.

## PART A

**Name:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_  
Street Address Apt/Unit#

\_\_\_\_\_ State ZIP  
City Code

**Phone:** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **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 annual household income. Please list **ALL** occupants in the household. Children, as well as occupants with no income, must be listed with a **zero** in the income columns.

Owner Applicant & All Other Family or Household Members	Age	Employer/Source of Income Acceptable documentation includes two most recent wage statements, unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, child support, alimony, or other sources.	Yearly Gross Income	Comments	Office Use Only (percent income bracket)
<b>Total Projected Yearly Family (or Household) Income:</b>					

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 that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for a known violation.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Determining Annual Income:

- Employer/Source of Income**  
Acceptable documentation includes two most recent wage statements, unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, child support, alimony, or other sources.
- Using the table above, determine the annual income of your household for the **twelve-month period**. **List yourself and each member of your family or household.** Estimate the gross income from each source for each family or household member for the twelve-month period. If using a pay stub, multiply each gross income

amount by the number of pay periods in the twelve-month period. When calculating yearly income using biweekly pay, multiply gross pay by 26 weeks. Add all the annualized income figures for all family or household members together.

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 a week; Mary earns \$200 a month. John's estimated annual income was \$13,000 (\$250 times 52 weeks); Mary's was \$2,400 (\$200 times 12 months). If these were the only sources of income, then James' annual family income for the twelve months is \$15,400 (\$13,000 plus \$2,400).

3. Attach copies of the source documents.

**Example of completed table:**

Owner Applicant & All Other Family or Household Members	Age	Employer/Source of Income Acceptable documentation includes two most recent wage statements, unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, child support, alimony, or other sources.	Yearly Gross Income	Comments	Staff Notes
Mary Doe	47	Child support, alimony	\$21,600.00		
John Doe	19	Wage statements	\$10,400.00		
James Doe	15	NA	0		
Jill Doe	3	NA	0		
Total Projected Yearly Family (or Household) Income:			\$32,000.00		

Staff will use this sheet to verify income submitted. When income verification is complete use the shaded box to add income <30%, <50%, <80% or over 80% bracket.

Applicant meets income guidelines? Yes  No

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor initial \_\_\_\_\_

**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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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 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 that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for a known violation.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PART E

Additional information:

- ✓ All individuals must be out of the house during the abatement work. This work involves replacing components and in most cases the windows. A relocation 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).

## 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 12<sup>th</sup> 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  
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)

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper                | <input type="checkbox"/> Billboard         |
| <input type="checkbox"/> Radio                    | <input type="checkbox"/> Television        |
| <input type="checkbox"/> Neighborhood Association | <input type="checkbox"/> Friends/Neighbors |
| <input type="checkbox"/> Other (please explain)   | <input type="checkbox"/> 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.

