

# Lead Hazard Remediation Assistance Program Prescreening Questionnaire



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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred method of contact

Email: \_\_\_\_\_ Preferred method of contact

Number of people residing in the home: \_\_\_\_\_

Is there an expectant mother residing in the home? Are there children under the age of 6 residing in the home or visiting 3 hours per day, 2 days per week, or 60 hours per year?

Yes No If yes to either, please explain: \_\_\_\_\_

Is there anyone residing in the home who is disabled, elderly (over the age of 65), or has elevated blood lead levels?

Yes No If yes, please explain: \_\_\_\_\_

Please list the names and ages of everyone residing in the home, and the incomes of individuals 18 years or older. If there is no income being received by an individual, please indicate by using 0 in each question.

Name	Age	Relationship to Applicant	Type of Income (e.g. Paycheck, Social Security, Retirement, Unemployment)	Income Amount	How Often Paid Each Month (e.g. Weekly, Monthly)	Total Annual Income

Do you own your home through a mortgage or deed? Yes No (Note: Contract for deed purchasers are not eligible.)

Type of Residence: Single-Family Home Rental Unit (less than 4 units in the complex)

Was the property built before 1978? Yes No

How long have you lived in the home? \_\_\_\_\_ Do you have homeowner's insurance? Yes No

Have you had any previous assistance through the City of Springfield's Office of Planning & Economic Development?

Yes No If yes, please explain: \_\_\_\_\_

What type of home repairs are needed? (Note: If you qualify for the program, an inspector will determine which home repairs would fall within lead and healthy home hazards that would be applicable under these programs.)

\_\_\_\_\_

OFFICE USE ONLY

Census Tract Number: \_\_\_\_\_

LMI Census Tract: Yes No Enterprise Zone: Yes No Opportunity Zone: Yes No