

# HOUSING SERVICES

## Lead Hazard Control Application

(Cedar Rapids Residents ONLY)

Fill out application completely to have your application considered.



<b>Applicant</b>	Name: _____ Email: _____ Primary Phone #: _____ Secondary Phone #: _____ Ages of all persons in household (must include ages of children that spend 6 or more hours in house): _____ Estimated Annual Household Income: \$ _____ Previous assistance through this office: No <input type="checkbox"/> Yes <input type="checkbox"/> Type of Previous Assistance: _____ When: _____ How did you hear about the program: <input type="checkbox"/> The Gazette <input type="checkbox"/> The Penny Saver <input type="checkbox"/> Mailing <input type="checkbox"/> Billboard <input type="checkbox"/> Linn County Public Health <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Other : _____
<b>Property</b>	Address: _____ <b>Cedar Rapids, IA</b> Does the property have current code violations? No <input type="checkbox"/> Yes <input type="checkbox"/> DESCRIBE: _____ Have you lived in your home for at least one year? No <input type="checkbox"/> Yes <input type="checkbox"/> When did you take possession? _____
<b>Case Manager</b>	Do you have a Case Manager or Power of Attorney: No <input type="checkbox"/> Yes <input type="checkbox"/> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: _____
<b>Details</b>	<b>Lead Hazard Control (Includes lead hazard control only for properties built <u>prior to 1978</u> that house <u>children under the age of 6</u>, or where <u>children under the age of 6 spend six or more hours per week at the property.</u>)</b>
<b>Acknowledgment</b>	I/We acknowledge that, depending on the income and family size, I/we may have to contribute a percentage of the costs for the rehabilitation assistance of my/our home. I/We acknowledge that if our property's assessed valuation is \$135,000 or higher, I/we will not be eligible for assistance. I/We will allow the City of Cedar Rapids, Iowa to record a lien on the property in the amount of the rehabilitation financial assistance received, if applicable.  Signature _____ Date: _____ Signature _____ Date: _____
<b>Mailing</b>	If you have questions, please call 319-286-5872. Please fill out and return to the following address: <div style="text-align: right;">                     Housing Services                      101 First St SE                      Cedar Rapids, IA 52401                 </div>
<b>Office Use Only Do Not Complete</b>	Date received at Housing Services: _____ Staff Initial: _____ Neighborhood: _____ Children under age six: No <input type="checkbox"/> Yes <input type="checkbox"/> Year Built: _____ Assessed Value: _____ % AMI: _____ 100 year flood plain: No <input type="checkbox"/> Yes <input type="checkbox"/> Previous Assistance Notes: _____ _____ _____