



Project Lead-Safe Kansas City
 Kansas City Health Department
 2400 Troost, Suite 3100
 Kansas City, MO 64108

Office: (816) 513-6048
 Fax: (816) 513-6284

Office Use Only:	
Case Number	_____
Date Received	_____
Priority	_____
Distributed By	_____



Project Lead-Safe Kansas City



The Kansas City, Missouri Health Department would like to help **make your home lead-safe** for you and especially for 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 more than 10 hours every week, or an occupant of the property is pregnant.

Documents required for application:

- Proof of Ownership** – Copy of Missouri Warranty Deed or Quit Claim Deed
- Proof of Income** – Copies of most recent 1040 income tax form AND three (3) 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 18 years of age and older.
- Proof of Child Occupancy or Pregnancy** – Copies of birth certificates for all children less than 6 years old that live at or visit the residence ten (10) hours or more every week, or a doctor's note verifying the pregnancy of the occupant.

Please complete all portions of the following application, sign and return to our office. If you have any questions regarding the application or Project Lead-Safe Kansas City, please contact our office at (816) 513-6048 and we will be happy to assist you.

Part A

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ **Alternate Phone:** () _____

Are you a citizen of the United States? Yes No If no, Alien or Admission Number _____

Age: _____ **Sex:** _____ **Race:** Black Hispanic White Other: _____

Marital Status: Single Married Divorced Separated Widowed

Female Head of Household: Yes No

Spouse's Name: _____
Last First M.I.

Age: _____ **Sex:** _____ **Race:** Black Hispanic White Other: _____

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:** _____

Is this home used as a daycare? Yes No

Proof of Ownership Attached: Yes

A copy of your Deed is required. All applicants MUST be the owner of record and MUST occupy the home.

Part B

List **all members** in the household who are 18 years of age and older, then record their income on the application. Be sure to include income from wages and other sources such as unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, etc. List owner income first.

Name:	Age:	Relationship to Owner:	Source of Income:	Total Gross Income (Yearly):

Total Household Gross Income (Yearly):

Proof of Income attached for all household members 18 years of age and older?: Yes

Part C

Please list below any children under 6 years of age that live at or frequently visit the property ten (10) or more hours a week.

Name of Child:	Age:	Birth Date:	Relationship to Owner:

I _____ do 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 ten (10) or more hours 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.

Birth Certificates Attached: Yes (For children less than 6 years old)

Part D

I hereby make application to the City of Kansas City, Missouri Project 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 Project Lead-Safe Kansas City supervisor, inspectors, employees and contractors it may use to enter the premises listed in Part A to perform work under Project 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 in 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 Project Lead-Safe Kansas City work is complete will be my responsibility as the owner.

I, the undersigned, do hereby swear under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge and belief.

Applicant's Signature: _____ **Date:** _____



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Frequently Asked Application 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, Department of Records
415 East 12th Street
Kansas City, Missouri 64106
(816) 881-3719

- **How do I get a copy of my child's birth certificate?**

You may obtain a birth certificate for a child by contacting the state health department in which the child was born. If the child was born in Missouri, you may obtain the birth certificate from the following location:

Kansas City, Missouri Health Department
Vital Records Office
2400 Troost, Kansas City, Missouri 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, Missouri Health Department at (816)513-6048 to schedule a FREE lead test for your child(ren).

How Did You Hear About Us?

(optional)

- | | |
|---|--------------------------|
| _____ Newspaper | _____ Billboard |
| _____ Radio | _____ Television |
| _____ Neighborhood Association | _____ Friends /Neighbors |
| _____ City Inspector / Nurse | |
| _____ Special Event (please explain)_____ | |
| _____ Other (please explain)_____ | |

Any person with a disability desiring reasonable accommodation to access these services may contact City Hall, 1st Floor at (816) 513-1306 or (800) 735-2966 (Missouri Relay for persons hard of hearing).