



LEAD-BASED PAINT HAZARD REDUCTION AND HEALTHY HOMES PROGRAM PRE-APPLICATION

Thank you for applying to the City of Bloomington’s **FREE** Lead-Based Paint Removal Program! You’re just one step away from making your home safer. After you submit this form, we’ll let you know if you qualify and guide you through the next steps. This program is open to residents in the 61701 area, with priority given to households with children under 6 who live, visit, or are cared for in the home. Let’s get started!

Is your zip code 61701? Yes: No: If no, sorry, we can’t help you because this grant is only for the 61701 zip code.

First Name: _____ Last Name: _____

Address: _____

City: _____ State Zip Code: _____

Phone number: _____

Email (if you have one): _____

Was your home built before 1978? Yes: No:

Number of people in your household: _____

Estimated Household Yearly Total Income: _____

Below is the maximum amount you can make and still qualify for the program

# in household	1	2	3	4	5	6	7	8
Household Income	\$66,550	\$76,050	\$85,550	\$95,050	\$102,700	\$110,300	\$117,900	\$125,500

Do you have children under the age of six (6) who either live in your home or visit regularly?

Yes No

Priority is given to homes with young children and women who are pregnant.



List the name and birthdate for each person living in your home or visit regularly:

Name:	Birthdate:

Please sign and date after reviewing the following statement:

I certify that the information provided above is true, complete, and accurate to the best of my knowledge. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the City of Bloomington Lead Based Paint Hazard Reduction Program. If eligible I will fully cooperate to obtain or provide any necessary documents to confirm the information provided.

Sign: _____

Date: _____