



Baltimore County Department of Planning
Lead Safe Baltimore County
105 West Chesapeake Ave Suite 201
Towson, MD 21204
(410)887-3668 (p)
(410)887-5696 (f)

Lead Safe Baltimore County Application (Owner Occupied Copy)

Property Address: _____ City _____ State _____ Zip _____

Owner(s) Name: Last _____ First _____ M.I. _____

Last _____ First _____ M.I. _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Owner Social Security Number: _____ - _____ - _____ Email: _____

Household Composition (all information below is needed to qualify)					Gross Monthly Income (average)			
Name	Relationship	Age	Social Security No.	Race/Ethnicity Code	Wages	Social Security / SSI	Other	Total

Race Legend:

11	White or Caucasian	17	Asian and White
12	Black or African American	18	Black or African American and White
13	Asian	19	American Indian or Native Alaskan and Black or African American
14	American Indian or Native Alaskan	20	Other Multi Racial
15	Native Hawaiian or Other Pacific Islander	21	Asian/Pacific
16	American Indian or Native Alaskan & White	22	Hispanic

Are you or any other household member a recipient of **MEDICAID**? Y___ N___

Household Member: _____ Household Member: _____

Is there any member of your family who is disabled? Y___ N___

Household Member: _____

Do you have an advocate? Y___ N___

Advocate Name: _____ Phone: _____

Lead Paint: Was the house built before 1978? _____ Year _____ How many bedrooms? _____

Is there a child under the age of 6 living in the house or frequent the property? ___ yes ___ no

Is there an expecting mother living in the house or frequent the property? ___ yes ___ no

Does the child have an elevated blood level of lead? ___ yes ___ no (*please provide documentation*)

Has the property been tested for lead based paint by a certified risk assessor? _____ yes _____ no

Will you have the residing/ frequently visiting child tested for Lead? _____yes _____ no I decline to have my child tested for religious or personal reasons.

Title Information: Name of person(s) on Title to the property if different from above:

Last _____ First _____ M.I. _____

Last _____ First _____ M.I. _____

Relationship to person(s) on Title _____

EMPLOYMENT INFORMATION

Employer Name: _____ Employer Name: _____

Address: _____ Address: _____

Zip Code: _____ Zip Code: _____

Telephone No: _____ Telephone No.: _____

PROPERTY INSURANCE

Company Name: _____ Phone No.: _____

Agent: _____ Effective Dates: _____

Agent Address: _____ Dwelling Coverage: _____

MORTGAGE INFORMATION

Mortgage Company: _____ Phone: _____

Address: _____

Is the Mortgage Current? _____yes _____no

To the best of my/our knowledge, the information provided on this application is true and accurate. **I also acknowledge that I may not sell my property for 3 years from the date of any signed grant agreements.** I/We further acknowledge that misrepresentation of information on this application will be basis for application rejection.

Signature: _____ Date: _____

Signature: _____ Date: _____