



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

**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 <b>or</b> Caucasian	17	Asian <b>and</b> White
12	Black <b>or</b> African American	18	Black or African American <b>and</b> White
13	Asian	19	American Indian or Native Alaskan <b>and</b> Black or African American
14	American Indian <b>or</b> Native Alaskan	20	Other Multi Racial
15	Native Hawaiian <b>or</b> Other Pacific Islander	21	Asian/Pacific
16	American Indian <b>or</b> 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: \_\_\_\_\_ Nature of Disability: \_\_\_\_\_

**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

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

Is there an expecting mother in the home? \_\_\_ yes \_\_\_ no

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

**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: \_\_\_\_\_

Current: \_\_\_\_ Yes \_\_\_\_ No

To the best of my/our knowledge, the information provided on this application is true and accurate. I/We authorize the Program to obtain credit information for the purpose of evaluating this application and to disclose this information to federal agencies. I/We further acknowledge that misrepresentation of information on this application will be basis for application rejection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_