



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 (Tenant copy)

Property Address: _____ City _____ State _____ Zip _____

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

Last _____ First _____ M.I. _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ 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: _____ Nature of Disability: _____

EMPLOYMENT INFORMATION

Employer Name: _____ Employer Name: _____

Address: _____ Address: _____

Zip Code: _____ Zip Code: _____

Telephone No: _____ Telephone 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: _____