

Indiana Lead Protection Program



Part 1: Applicant Information

Name _____

Homeowner Renter Land Contract Purchase

Street Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Email _____

Part 2: Rental Property Owner Information (if applicable)

Name _____

Street Address _____ Apt _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Email _____

Is the unit vacant? Yes No

Part 3: Property Information

Pre-1978 construction? Yes No Date of Construction _____

If multi-family, how many units are in the building? _____

Total number of rooms in your unit _____ Number of bedrooms _____ Square ft. _____

Previous lead inspection or risk assessment? Yes No Unknown

Is the property or any occupant participating in a HUD program? Yes No

Are the property taxes current? Yes No Unknown

Is the property insured for the replacement value? Yes No Unknown

Are there any electrical, plumbing, or heating and cooling issues? Yes No

Does the property have and current or previous roof leaks? Yes No Unknown

Does the property have any structural, water or pest issues? Yes No Unknown

Are there any other health and safety issues? _____

How did you hear about the program? _____