



HEALTHY HOMES
RESOURCE

HEALTHY HOMES RESOURCE

About the Program

- **FREE** radon, lead testing, and a healthy homes assessment to qualifying homes
- The program is available to qualified homeowners, rental occupants, and rental property owners
- Repair work may include radon mitigation, lead hazard control, electrical, structural, moisture intrusion, and other repairs
- There is **NO COST** whether you own or rent your home
- Property owners and occupants must agree to participate in the program before work can begin on your unit

Please check the qualifications and program priorities that apply:

Family income is <80% Area Median Income

Your home/property is located in the State of Indiana

Your home or rental property was built prior to 1978

A child under the age of six (6) resides or frequently visits **OR** pregnant female resides

Adult sixty-two (62) years and older resides

Family with a person with disabilities resides

An individual under 19 years of age resides **OR** frequently visits and is eligible or enrolled in Medicaid

Property taxes are current

Property insurance is current

If you meet the requirements in either option, it's easy to get started!

Complete this application and submit it to Dave Pugh at:

Email: dpugh@ihcda.in.gov

Mail: 30 South Meridian Street- Suite 900

Indianapolis, IN 46204

If you have any questions, please call 317-234-6289

For more information about the Lead Protection Program please visit the following:

<https://www.in.gov/myihcda/2675.htm>



Indiana
Department
of
Health

Division of
**Lead &
Healthy Homes**



Indiana Housing & Community Development Authority



INDIANA COMMUNITY
ACTION ASSOCIATION
Taking Action. Improving Lives.

HEALTHY HOMES RESOURCE 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/risk assessment? Yes No

Is the property or occupant currently in another HUD program? Yes No

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

Does the property have any roof leaks? Yes No

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

Please list any other health or safety issues in your home or property

How did you hear about the program?

Occupant Detail: Please complete the table below.

All occupants, adults, and children living, in the home or frequently visiting must be listed and the requested information provided. If necessary, attach an additional sheet of paper.

Name	Date of Birth (mm/dd/yy)	Age	Relation to Primary Resident	Pregnant Female? Yes or No	Frequently visiting child or pregnant female? Yes or No	Enrolled In Medicaid Or CHIP? Yes or No	Have any children in the home had a blood lead level test? Yes or No	Special Needs Yes or No	RACE 1-Asian 2-Black 3-White 4-Hispanic/Latino 5- American Indian 6- Native Hawaiian 7- Other
			Primary						

By signing below, the applicant authorizes the Healthy Homes Resource program (HRR) to request lead testing information from the Indiana State Department of Health. It further authorizes the HHR to share this information, as well as information gathered on this application, with authorized program representatives for the purposes of qualifying me for this program. By signing below, the applicant and property owner authorizes the HHR or an authorized program administrator to contact you to request additional financial or other pertinent information as needed for program qualification. The information provided will remain confidential for satisfaction of the stated purpose only. The applicant and property owner understands that completion of this application does not guarantee assistance, but only starts the process of applying for this program. We also verify that the answers provided above are accurate. Intentionally providing false information may disqualify you from further participation in this program.

Applicant Name (please print)

Applicant Signature (if applicable)

Date

Rental Property Owner Name (please print)

Rental Property Owner Signature

Date

If mailing this application, please send to:
IHCDA
ATTN: Dave Pugh
30 South Meridian Street- Suite 900
Indianapolis, IN 46204

The HHR does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, political belief, status as a veteran or any other characteristic protected by the federal, state, or local law.

Program use only:

App Received Date: _____

App No: _____

Household Verified: _____

Verification Date: _____