

Healthy Homes Resource Program



HEALTHY HOMES RESOURCE PROGRAM

Lead Hazard Reduction, Healthy Homes Production, Healthy Homes & Weatherization Cooperation Demonstration

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 paint 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
- Your home/property **MUST** be located in the State of Indiana
- The following are **NOT ELIGIBLE** for this program: **Manufactured or Mobile Housing, Public Housing Units and Homes in a Flood Plain**

Please check any below that apply to your home/household :

- ☐ Your home or rental property was built prior to 1978
- ☐ A child under the age of six (6) resides or frequently visits **OR** there is a pregnant resident
- ☐ A child who resides in the home AND receives Medicaid
- ☐ Adult sixty-two (62) years and older resides in the home
- ☐ Person with a disability resides in the home
- ☐ A child 18 years of age or under resides in the home
- ☐ Home has exterior ramp that needs repair **OR** is in need of an exterior ramp for mobility access
- ☐ Property/Homeowners insurance AND Property Taxes are current
- ☐ Been deferred from weatherization assistance (Reason for deferral: _____)

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

Complete this application and submit it to:

Email: HealthyHomes@ihcda.in.gov

Mail: 30 South Meridian Street- Suite 900
Indianapolis, IN 46204

If you have any questions, please call 317-232-7777

For more information about the Healthy Homes Resource Program, please scan the QR code or visit the following link:

<https://www.in.gov/ihcda/homeowners-and-renters/healthy-homes-resource-program/>



Division of
**Lead &
Healthy Homes**

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 ☐ Has owner been informed of this application? _____

Part 3: Property Information

Pre-1978 construction? Yes ☐ No ☐ Date of Construction _____

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

Has this household received Weatherization Services in the last 15 years? Yes ☐ No ☐

Previous lead inspection/risk assessment? Yes ☐ No ☐

If yes, what was the result: _____

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 home have mold/mildew? Yes ☐ No ☐

Does the property have structural concerns 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? _____

Were you referred by an agency? _____ If yes, which agency: _____

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	Gender	Relation to Primary Resident	Physician diagnosed asthma/ COPD? Yes / No	Is this a Frequently Visiting Child or Pregnant Resident? (please specify) Yes / No	For child, has there been an Elevated Blood Lead Level Test, above 3.5µg/dL? Yes / No	Full-Time Student? Yes / No	Special Needs or Disability? Yes / No	Race 1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 – White 6 – Prefer Not to Disclose	Ethnicity 1 – Hispanic / Latino 2 - Not Hispanic / Latino 3 - Prefer Not to Disclose
				PRIMARY							

By signing below, the applicant authorizes the Healthy Homes Resource program (HHRP) 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: Healthy Homes
30 South Meridian Street- Suite 900
Indianapolis, IN 46204

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

Program use only:	App Received Date: _____	App No: _____
	Verified: _____	Verification Date: _____