

**St Louis County
Department of Human Services
Office of Community Development**

Lead-Based Paint Hazard Control Program

Lead-Based Paint**APPLICATION****EBL**

Received by _____ Date _____ LD Case # **L-** _____

HIP Case # (s) _____ Total HIP Received \$ _____

1. Name: _____
 Last Husband Age Wife Age

2. Address: _____
 Number/Street City Zip

3. Phone: _____ Ex _____
 Home Work Other

4. Number of Household Members: _____
 Adults Children Ages of Children

5. Household Gross Income: \$ _____ Source of Income: _____

6. Does the Applicant Own/Occupy the Residence? Yes No Locator #: _____

7. Are Real Estate Taxes Current? Yes No Years Delinquent: _____

8. Is the Home in a Floodplain? Yes No Flood Panel #: _____

9. Year Built: _____ Historic Review? Yes No

10. Children Under 6 Who frequently Visit the Home: _____

11. Children Under 6 on Medicaid: _____

12. Names of Children Under 6: _____

13. Best Time to Contact/Comments: _____
