

**LOUISVILLE-JEFFERSON COUNTY
METRO GOVERNMENT**

**DEPARTMENT OF FAMILY SERVICES
LOUISVILLE METRO HOUSING & COMMUNITY DEVELOPMENT DIVISION**

JERRY E. ABRAMSON
Mayor

KIMBERLY BUNTON
Director

LEAD-SAFE LOUISVILLE PROGRAM APPLICATION

OWNER OCCUPIED

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both." In addition, if any emergency repair is done for the applicant through this program based on fraudulent or erroneous information, the total cost of the emergency repair shall be paid back to the Louisville Metro Housing & Family Services Department/Housing and Community Development Division.

I, _____, SS# ____ / ____ / _____, state that I own the property located at
_____ Applicant _____ Deed Book _____ Page No. _____
_____ Street Address _____ City, State, Zip Code _____

MARITAL STATUS: Married ___ Single ___ Divorced ___ Widow ___

HOW LONG HAVE YOU OWNED THE PROPERTY: YEARS _ MONTHS

NO. OF PERSONS IN HOUSEHOLD: _____ FEMALE HEAD OF HOUSEHOLD: Yes ___ No ___

TOTAL HOUSEHOLD INCOME: \$ _____ per Month or Year (circle one)

MEDICAID RECIPIENT: Yes ___ No ___

Household information (Please used the back if more spaces are needed)

Name	Gender	Age	Race
Please list EVERYONE, including yourself	(male or female)		

(Any comments/explanation regarding household members listed, please indicate on back)

Applicant's Signature

Telephone No.

Date

HOUSING & COMMUNITY DEVELOPMENT DIVISION
745 WEST MAIN STREET, SUITE 300 LOUISVILLE, KY 40202
(PHONE) 502-574-3107 (FAX) 502-574-4199 (TDD) 502-574-3749