LOUISVILLE-JEFFERSON COUNTY
METRO GOVERNMENT

DEPARTMENT OF FAMILY SERVICES
LOUISVILLE METRO HOUSING & COMMUNITY DEVELOPMENT

JERRY E. ABRAMSON
Mayor

KIMBERLY BUNTON
Director

LEAD-SAFE LOUISVILLE PROGRAM APPLICATION

INVESTOR

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 and Family Services Department/Housing & Community Development Division.

I, _____, SS# ___/___/_____, state that I own a rental property located at
Applicant

_____ Deed Book _____ Page No. _____
Street Address City, State, Zip Code

_____
Current home address City, State, Zip Code

_____
Approximately how many years have you owned the rental property? _____

Total number of apartments in the building _____

How many units are occupied by: Section 8 tenants_____ Market rate tenants_____

Number of bedrooms in each apartment 1BR____ 2BR_____ 3BR_____ 4BR_____ Efficiency_____

TENANT INFORMATION

Name (please use the back for more names)	**Gender (male or female)**	**Age**	**Race**	**Apt #**	**Medicaid Recipient?**

(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

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