



PROGRAM REFERRAL

Referring Program: _____

Date: _____

Lead Safe Phoenix offers the following services at no cost:

- Home or apartment tested for lead based paint
- Blood lead level test for children under six (6) years of age
- Home or apartment made lead-safe (repainting or replacing lead surfaces) by licensed contractors
- Minor health and safety issues in the home may be addressed (i.e. smoke detectors)
- Education and information about lead-safe practices

Eligibility Requirements for Lead Safe Phoenix

- ✓ Applicants must live in a home constructed prior to 1978 (single family or apartments less than 15 units).
- ✓ There must be a child under six (6) years old or a pregnant woman living in the home, or there must be a child under six (6) years old who visits a significant amount of time (at least three hours a day on two separate days a week and a total of 60 hours per year).
- ✓ The home must be in one of the zip codes identified as being at high-risk for lead poisoning:

| Lead Safe Phoenix Target Zip Codes | | | | | | | | | |
|------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 85003 | 85004 | 85006 | 85007 | 85008 | 85009 | 85012 | 85013 | 85014 | 85015 |
| 85016 | 85017 | 85018 | 85019 | 85020 | 85021 | 85031 | 85033 | 85034 | 85035 |
| 85040 | 85041 | 85042 | 85043 | 85051 | | | | | |

- ✓ The members of the household must meet federal low-income guidelines listed below:

| Low-Income: 80% AMI | Number of Persons in Family (Phoenix, AZ) | | | | | | | |
|---------------------|---|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Income Limit | \$38,750 | \$44,250 | \$49,800 | \$55,300 | \$59,750 | \$64,150 | \$68,600 | \$73,000 |

- For rental properties, Lead Safe Phoenix will contact the landlord to discuss the program.
- In addition to required application and consent forms, applicants are required to submit photo identification and income verification for all adult members of the household.

Client Name: _____
 (Print Clearly) (First) (Middle) (Last)

Address: _____
 (Print Clearly) (City) (State) (Zip Code)

Primary Phone: _____ Other Phone: _____
 Home Work Cell Home Work Cell

Email: _____ Own Home Rent Home Rent Apartment
 Client Preferred Language: English Spanish Other: _____