



SYRACUSE LEAD PROGRAM APPLICATION

CITY OF SYRACUSE, MAYOR BEN WALSH

START THE APPLICATION

Print and return to: 201 E Washington Street, 6 Floor, Syracuse, New York 13202. Please fill in all spaces or write N/A (not applicable). Incomplete applications will be returned. Remember to include copies of all applicable documents listed on the checklist. Questions? Please call (315) 448-8710

APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Other phone:	Own or Rent (circle one)
Email address:		
OWNERSHIP INFORMATION		
Owner's Name		
Owner's address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Do you have a mortgage? Yes or No (circle one)		Name of Lender:
Do you have homeowners insurance? Yes or No (circle one)		Insurance Provider:
OCCUPANT INFORMATION		
LIST EACH PERSON LIVING IN THE RESIDENCE, INCLUDING YOURSELF		
Name:	Relationship:	Date of Birth:
Male or Female (circle one)	Medicaid: Y or N (circle one)	Full-time Student: Y or N
Name:	Relationship:	Date of Birth:
Male or Female (circle one)	Medicaid: Y or N (circle one)	Full-time Student: Y or N
Name:	Relationship:	Date of Birth:
Male or Female (circle one)	Medicaid: Y or N (circle one)	Full-time Student: Y or N
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Name:	Relationship:	Date of Birth:
Male or Female (circle one)	Medicaid: Y or N (circle one)	Full-time Student: Y or N
Name:	Relationship:	Date of Birth:
Male or Female (circle one)	Medicaid: Y or N (circle one)	Full-time Student: Y or N
Is there a child under age 6 living in the residence? Y or N <i>If yes, provide blood lead level test results.</i>		
Does a child under age of 6 spend a significant amount of time visiting? Y or N (circle one)		

GROWTH. DIVERSITY. OPPORTUNITY FOR ALL.

How many?	If applicable, please complete the Residing and Visiting Child Verification Form	
Is any household member pregnant? Yes or No (circle one)		
Did you file income tax? Yes or No (circle one) Provide a copy of your federal return, if applicable.		
Do you have a checking account? Yes or No	Do you have a savings account? Yes or No	
INCOME INFORMATION		
LIST ALL INCOME FOR EACH PERSON LIVING IN THE RESIDENCE		
Name:		
Income source name and address:		
Pay Rate:	Annual Amount:	
Name:		
Income source name and address:		
Pay Rate:	Annual Amount:	
Name:		
Income source name and address:		
Pay Rate:	Annual Amount:	
Name:		
Income source name and address:		
Pay Rate:	Annual Amount:	
Name:		
Income source name and address:		
Pay Rate:	Annual Amount:	
Total:		
ASSET INFORMATION		
Family Member:	Asset Type/Source:	Amount/Value:
Family Member:	Asset Type/Source:	Amount/Value:
Family Member:	Asset Type/Source:	Amount/Value:
Family Member:	Asset Type/Source:	Amount/Value:
Asset Total:		

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Online application also available here: <https://forms.gle/bqyRoCkh9f6Xnt4J6>