

Lead Poisoning Prevention Fund Letter of Intent

Yes! I would like to participate in the Michigan Saves Lead Poisoning Prevention Fund (Lead Fund), created by the Michigan Department of Health and Human Services (MDHHS) and Michigan Saves. This nonbinding letter of intent sets the expectations for property owner participation in the Lead Fund. Participants are not obligated to complete a lead remediation or abatement project until they sign a legally binding agreement/contract with a certified lead abatement contractor. Likewise, a participant is not obligated to use Michigan Saves financing, which is available through the Lead Fund, unless and until they sign loan documents with an authorized Michigan Saves lender.

To continue with the Lead Fund process, please review the following expectations and complete the form:

Project Exploration

- I am the owner of the home and am authorized to make financial decisions for my family.
- I am authorized to make financial decisions for the property.
- If the home is a rental or income property, I understand that local ordinances may require me to assess and remediate/abate lead hazards on the property as a condition of obtaining a rental permit. I am exploring this process because I plan to meet the requirements of local ordinances.
- I will allow a certified lead inspector or risk assessor, assigned by MDHHS, to access my home to identify any and all lead paint hazards and assess the risk of the hazards.
- My spouse/partner or I will be present for the environmental investigation.

Project Initiation

- My spouse/partner or I will work with the Michigan Saves-authorized certified lead abatement contractor to create a work scope that falls within program parameters.
- If I finance a lead abatement project through the Lead Fund, I will complete a loan application through Michigan Saves, during which my credit history will be obtained to determine if I qualify for financing.
- I understand that an authorized Michigan Saves lender will communicate the amount of the loan that I would receive for my project and be responsible for repaying.
- If I am approved for financing and I move forward with a project, I will sign the lead abatement contractor's agreement, which will include a mutually agreed-upon work scope.
- If I accept Michigan Saves financing through the Lead Fund, I will sign the loan documents prior to the contractor beginning work on my home, but I will not start making payments on my loan until the work has been completed.
- I will abide by the terms of the MDHHS Occupant Protection Plan, to be created by the certified lead abatement contractor prior to beginning any work. This plan is designed to prevent my family from being exposed to lead dust during the remediation/abatement process.

Project Completion

- I understand that the project will not be completed until MDHHS provides a final clearance of the project, indicating that the lead hazards in the work scope were successfully remediated/abated.
- I understand that my family must abide by the Occupant Protection Plan until MDHHS provides final clearance.
- I acknowledge that the completed project will only remediate/abate the lead hazards identified in the work scope. I understand that additional lead paint hazards may remain in my home.
- I will sign the Michigan Saves Certificate of Completion when the work has been completed satisfactorily.
- I understand that Michigan Saves may contact me to evaluate the program, including asking me to complete a customer satisfaction survey and/or conducting an onsite inspection at my home.
- I understand that Michigan Saves will not release any of my personal identifying information for marketing or other purposes without my express written consent and will not sell my information to third parties. For all uses other than program management or reporting, Michigan Saves will only release information in an anonymous and aggregated form with all personal identifying information removed.

Occupant Information

| First name | Last Name | Date of Birth |
|------------|-----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Customer Information

| Address: | |
|------------------|-------------------|
| Preferred Phone: | _Secondary Phone: |
| Email: | |
| Name: | |
| Signature: | Date: |