



EXHIBIT B

CONSENT TO PARTICIPATE IN THE MINNESOTA LEAD-SAFE HOUSING PARTNERSHIP GRANT PROGRAM OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) AND HENNEPIN COUNTY

1. DESCRIPTION OF THE PROJECT

I request to be enrolled in Minnesota Lead-Safe Housing Partnership (MNLSP) with Hennepin County Housing, Community Works, & Transit Department (HCWT). My participation in the project is voluntary and I understand that enrollment in MNLSP will assist in addressing lead-based paint hazards found in my dwelling unit and any common areas. I am free to withdraw at any time before lead-based paint hazard reduction begins.

I will allow HCWT or its agent access to the property to conduct a paint inspection/risk assessment (PIRA) to determine if lead-based paint hazards are present and again after any work is completed for a clearance inspection.

I agree to submit verification of household income to HCWT for all occupants of my dwelling unit. I agree to maintain my dwelling unit to reduce lead hazards.

All occupants must be protected from lead-based paint hazard reduction activities. I agree to abide by the occupant protection plan developed specifically to protect me during the work. I understand that this plan may require that I temporarily relocate from my dwelling unit.

2. BLOOD LEAD TESTING

All children residing in the dwelling unit under the age of six years will have their blood tested for lead prior to the start of the project. I understand that I am responsible for obtaining blood lead testing and any needed follow-up care for child(ren) under my care. I am responsible for the cost of any medical care indicated due to elevated blood lead levels.

3. HOLD HARMLESS CLAUSE

My participation in the MNLSP is voluntary and for my benefit. As a condition of my participation, I (we) agree to hold Hennepin County and the U.S. Department of Housing and Urban development (HUD) harmless and agree not to commence any legal action, sue or make any claim against Hennepin County and HUD for any activities of the lead-based paint grant program.

4. BENEFITS TO ME

My participation in this program will provide me with a lead-safe dwelling unit. I may also be reimbursed for documented relocation expenses including hotel, local travel, and food up to \$150 per day with the total amount not to exceed \$750. Any other relocation expenses must be approved in advance and Hennepin County reserves the right to deny claims deemed ineligible or not cost reasonable.

By these initials I acknowledge that I have been informed of the relocation requirements: _____

5. PROGRAM CONTACTS

If I have questions about this program or this form, I may contact Mike Jensen at 612-348-2114 (michael.a.jensen@co.hennepin.mn.us) or Melisa Illies at 612-348-2020 (melisa.illies@co.hennepin.mn.us).

6. OCCUPANT / ELIGIBILITY INFORMATION

OCCUPANT CONTACT INFORMATION:

Address of Property: _____ Unit _____

Name _____ Phone # _____ or _____

Total number of occupants: _____ Number of children under age 6: _____

List **all** occupants of this dwelling (Blood Lead Levels for children under 6 only):

NAME	DATE OF BIRTH	BLOOD LEAD LEVEL	TEST DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HCWT will refer my Name and Phone Number to Sustainable Resources Center for a Free lead education phone call and possible home visit. Check to decline

Are your children on Medicaid Assistance (Circle One) Yes No

Ethnic Group (Circle one) Hispanic or Latino Non Hispanic or Latino

Race: _____ Single Head of Household? _____

In order to qualify for enrollment, one of the following income verifications is included for all income earners in the household: Most recent Tax Return with W2 or Check stub with "Year to Date" income or three consecutive check stubs or statement of benefits (e.g. MFIP, SSI).

9. CONSENT / RELEASE

I, _____, consent to participate in the MNLShp as conducted by HCWT and hereby authorize my medical provider or other agencies to release copies of blood lead test result records pertinent to my child(ren) to HCWT with the understanding that this and the other above information will be kept confidential and used only for enrollment eligibility purposes.

Occupant Date: _____

Interpreter/Translator Date: _____

