



Burlington Lead Program Application

Property Owner Information

Name: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Preferred contact? Phone E-mail

Co-Owner Information

Name: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Preferred contact? Phone E-mail

Property Information

Address: _____

Number of Dwelling Units in Building: _____

Type of Property: Owner-Occupied Rental Property
 Owner-Occupied w/ Day Care Rental Property w/ Day Care

Was your property built before 1978? Yes No Do not Know

Are there any children under age 6 living at the property? Yes No Do not Know

Are you planning on doing any rehabilitation work on this property in the near future? If so, please explain your project:

How did you hear about the program?: (Check all that apply) – Direct Mail Word of Mouth/Friend

Social Media Code Enforcement Referral Other: _____

Dwelling Unit Information- Please provide the requested information for each dwelling unit at this property:

Unit #	# of bedrooms	Resident Name*	Resident Phone & e-mail	Children Under age 6	Section 8 Voucher	Best Language to communicate with household
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

*Household application is needed

I hereby certify that I own the above named property and that the information provided in this application is true and complete to the best of my knowledge. In connection with this application for financial assistance to control the lead hazards at my property, I hereby authorize the Burlington Lead Program to verify the accuracy of the information provided above. I agree to provide the Burlington Lead Program and its consultants with reasonable access to the property for inspection and testing related to controlling the lead paint hazards.

(Please print and sign your name below.)

Property Owner Signature _____ Date _____

Property Owner Signature _____ Date _____

**Mail applications to: Burlington Lead Program
149 Church St. Rm. 32
Burlington, VT 05401**