

**CEDO Lead Program
Household Application**

Instructions

This application must be completed for each unit by the residents (owners or tenants) of any home for which assistance is being requested from the CEDO Lead Program. Please list all occupants below and provide the total yearly income for all persons residing in the unit from all sources, including income from employment, pensions, social security, alimony/child support, workers compensation, and other assets. If you are enrolling an owner occupied unit there must be a child under age 6 living in the unit or an expectant parent living in the unit. A birth certificate or proof of pregnancy must be provided.

Last Name: _____ First: _____

Street Address of Apt or Home: _____ Apt #: _____

Town: Burlington Winooski When did you move in (Month/Year)?: _____ # of Bedrooms: _____

Mailing address if different: _____

Contact Phone: _____ E-mail Address: _____

Property Owner: _____

List Name(s) of all Occupants	Relationship	Date of Birth	Ethnicity Check ONE	Race Check All that Apply
			A – Hispanic or Latino B – Not Hispanic or Latino	1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White
	Self		<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**Go to the column representing how many people live in your home at this time.
Check the closest total household annual income.**

1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household
<input type="checkbox"/> \$0-32,150	<input type="checkbox"/> \$0-36,750	<input type="checkbox"/> \$0-\$41,350	<input type="checkbox"/> \$0-\$45,900	<input type="checkbox"/> \$0-\$49,600	<input type="checkbox"/> \$0-\$53,250
<input type="checkbox"/> \$32,151-\$50,350	<input type="checkbox"/> \$36,751-\$57,550	<input type="checkbox"/> \$41,351-\$64,750	<input type="checkbox"/> \$45,901-\$71,900	<input type="checkbox"/> \$49,601-\$77,700	<input type="checkbox"/> \$53,251-\$83,450
<input type="checkbox"/> \$50,351+	<input type="checkbox"/> \$57,551+	<input type="checkbox"/> \$64,751+	<input type="checkbox"/> \$71,901+	<input type="checkbox"/> \$77,701+	<input type="checkbox"/> \$83,451+



Do you have a Section 8 Voucher? Yes No If yes, through what Agency: _____
Do you receive public assistance of any kind? Yes No If yes, through what Agency: _____

If you are employed who is your employer? _____

Is there someone who supports or assists you? Yes No

If yes, please provide their contact information: _____

Does anyone in your home have difficulty breathing or flu-like symptoms? Yes No

Do you or does anyone in your household feel better when they are not at home? Yes No

Is your home uncomfortably cold in the winter? Yes No

Is your home uncomfortably hot in the summer? Yes No

Are there any water leaks in your home?..... Yes No

Has anyone been injured in your home in the last 6 months?..... Yes No

What is the best language to communicate with your household? _____

Is anyone in your household a full time student? Yes No

If yes, who? _____

Is there a child under age 6 or an expectant parent living in the home?..... Yes No

Have any of your children been tested for lead? Yes No

If yes, were you notified that their level was high? Yes No

Notice of Non-Displacement & Temporary Relocation

This is to inform you that, if assistance is provided to your landlord, and the unit or building in which you are living has lead paint hazard control work undertaken, you will not be permanently displaced. Because Federal assistance will be involved, you are protected from displacement by the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970, as amended. However, if you do decide to move permanently for reasons of your own, you will not be eligible for relocation assistance. It is likely that you will need to be temporarily relocated from the unit while the lead paint hazard control work is being completed. Either someone from the CEDO Lead Program or your landlord will be in touch with you to discuss the need and timing of temporary relocation. In certain situations, if you have to be temporarily relocated, assistance may be provided to help cover additional reasonable living costs. If necessary, you will be provided with assistance in finding suitable temporary housing.

I certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I also authorize the CEDO Lead Program to verify the income figure I have provided. This may include providing additional information for verification purposes. I have read the statement above regarding non-displacement and temporary relocation. I understand that all information collected is part of an application for assistance for the CEDO Lead Program will be kept strictly confidential.

Resident's Signature: _____ **Date:** _____

Resident's Signature: _____ **Date:** _____

Please return completed and signed form to:
Community & Economic Development Office, Lead Program
City Hall, 149 Church Street, Rm. 32
Burlington, VT 05401.
If you have any questions, please call **(802) 865-LEAD (5323).**