

**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	Race	
			Check ONE A – Hispanic or Latino B – Not Hispanic or Latino	Check All that Apply 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+



Financial Information Questions:

Does your household have a Section 8 Voucher?..... Yes No
If yes, through what Agency: _____
Does your household receive public assistance of any kind?..... Yes No
If yes, through what Agency: _____
Is anyone in the household employed? Yes No
If yes, who is the employer? _____
Is anyone in the household self-employed? Yes No
If yes, a copy of your last year’s Federal Income Tax return as well as an affidavit from the office is required.
Does anyone receive income such as: SS or SSI, pension payment, unemployment compensation, etc.?..... Yes No
If yes, what type of income? _____
Does anyone in the household receive other financial assistance such as monthly monetary gifts, child support or alimony? Yes No
If yes, what type of financial assistance _____ Amount \$ _____ yearly.
Does anyone in the household have assets under \$5,000? Yes No
If yes, what is the type and value of the asset? _____
Does anyone in the household have assets of over \$5,000? Assets include: Savings, IRA and 401k retirement accounts..... Yes No
If yes*, what is the type and value of the asset? _____
*Additional information maybe required i.e account statements

Healthy Homes Information Questions:

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

Other Information Questions:

What is the best language to communicate with your household? _____
Is there someone who supports or assists you, that would be helpful for us to communicate with?..... Yes No
If yes, please provide their contact information: _____
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 such as obtaining a HUD 50058 from a Public Housing Authority. 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).**