



Burlington Lead Program  
 149 Church Street, Rm 32  
 Burlington, VT 05401  
 (802) 865-5323

## Family Household Application

**Instructions:** Please fill out all pages of this Family Household Application along with all other requested forms, to the Burlington Lead Program via mail (149 Church St. Room 32 Burlington, VT, 05401) or email ([blp@burlingtonvt.gov](mailto:blp@burlingtonvt.gov)). If you have any questions or need help filling out the forms, please do not hesitate to contact us.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Town:  Burlington  Winooski Mailing Address (if different): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

When did you move in? (Month/Year): \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Please list the name(s) of all household occupants, their relationship to yourself, age, and their race and ethnicity

List Name(s) of all Occupants	Relationship	Age?	Ethnicity (Check ONE): A: Hispanic/Latino B: <b>Not</b> Hispanic/Latino	Race (Check ALL that apply) 1 - American Indian/Alaska Native 2 – Asian 3 – Black/African American 4 – Native Hawaiian/Pacific Islander 5 - White
	<b>SELF</b>		<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

Best Language to Communicate with your Household? : \_\_\_\_\_

Is there is someone who assists you that would be helpful for use to communicate with, please provide their contact information: \_\_\_\_\_

Is there a child under age 6 or are you expecting a child under age 6 to be living in the home? \* If so, please provide a birth certificate for each and list their name(s) here: \_\_\_\_\_

If there is a child or children under age 6 living in the home, please indicate if they have been tested for lead and if their blood level was high: \_\_\_\_\_



**Instructions:** Please answer the following questions to determine which income verification forms you will need to complete to qualify for the Lead Program. **All forms listed below can be found on our website: [burlingtonvt.gov/blp/howtoqualify](http://burlingtonvt.gov/blp/howtoqualify).**

Please indicate your approximate combined household annual income: \$ \_\_\_\_\_

- 1. Is your combined household income above 80% of the Area Media Income (AMI)?** Please see the chart below to see the 80% AMI for your household size (i.e. if you live with two other family members, the AMI limit for your household is \$69,050): **YES**  **NO**  **I DON'T KNOW**

# of Persons Living in Household	80% AMI Limit (\$)
1	\$60,100
2	\$68,650
3	\$77,250
4	\$85,800
5	\$92,700
6	\$99,550
7	\$106,400
8	\$113,300

- 2. Please check all of the following that apply to your household and list the specific family members that the description applies to on the line to the right of the check box.**

- Employed \_\_\_\_\_
- Receive Public Assistance Income (unemployment, SS, SSI, TANF, etc.) \_\_\_\_\_
- Self-Employed \_\_\_\_\_
- Receive Zero-Income \_\_\_\_\_
- Section-8 Voucher Holder \_\_\_\_\_
- Have Assets over \$5,000 \_\_\_\_\_
- Full-Time Student \_\_\_\_\_
- Receive Pension Distributions \_\_\_\_\_
- Receive other financial assistance, such child support or alimony \_\_\_\_\_



**Instructions:** For each of the boxes checked on the previous page, see the corresponding forms below. Please follow the instructions for each box checked for each household member. All forms listed can be found on our website: [burlingtonvt.gov/blp/howtoqualify](http://burlingtonvt.gov/blp/howtoqualify).

**Employed:** Please provide a signed *Verification of Employment Form*. Please fill out the top half of the form and return it to us. We will then send the form to your employer to be completed.

**Receive Public Assistance Income:** Please provide either a letter from the benefit provider verifying your unemployment benefits or a screenshot of your benefits account page showing the total annual amount received.

**Self-Employed:** Please provide a copy of your most recent tax return as well as a complete *Self-Employment Affidavit Form*.

**Receive Zero-Income:** Please provide a completed *Certificate of Zero Income* form.

**Section-8 Voucher Holder:** Please list the housing agency provider name on the line below and return this form to the Lead Program: \_\_\_\_\_

\_\_\_\_\_

**Have Assets over \$5,000:** Please provide us with a statement describing the assets and specifying their value. \_\_\_\_\_

\_\_\_\_\_

**Full-Time Student:** Please provide a completed *Full-Time Student Form* along with any other forms related to your income status.

**Receive Pension Distributions:** Please provide a letter/statement from the benefit provider verifying the pension distribution. A statement specifying the Pension and the amount would also be acceptable.

**Receive Other Financial Assistance (child support, alimony, etc.):** Please provide us with a statement describing the type of and the amount of the assistance.



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### **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 Burlington 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 Burlington 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 understand that all information collected will be kept strictly confidential.*

**Resident(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_