



Burlington Lead Program
149 Church Street Rm. 32
Burlington, VT 05401
802.865.5323 (LEAD)

BLP Property Owner Application

Property Owner Information

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Preferred contact? Phone Email

Co-Owner Information (if applicable)

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Preferred contact? Phone Email

Property Information

Address: _____ # of 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:

If your property qualifies for services through the Burlington Lead Program, then there is a good chance that it would also be eligible for free weatherization through CVOEO; for more information, please reach out to cvws@cvoeo.org. If you would like to learn more about the City of Burlington's Minimum Housing Code Weatherization Ordinance, please email efficiency@burlingtonelectric.com.

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 (if studio (0 bedrooms), please write	Resident Name(s)	Resident Phone # & Email	Children Under age 6	Section 8 Voucher	Best Language to communicate with household
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

Property Owner Signature _____ Date _____

Property Owner Signature _____ Date _____

Email applications to: blp@burlingtonvt.gov

Mail applications to:

*Burlington Lead Program
 149 Church Street, Room 32
 Burlington, VT 05401*



Burlington Lead Program Conflict of Interest Disclosure

1. Is/Are there any member(s) of the applicant's household and/or of the applicant's family who is or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) a part of the Mayor's Office, or (c) a City Councilor?

Yes No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: CEDO employee or consultant; Mayor's Office; City Councilor

2. Will the Burlington Lead Program funds requested by the applicant be used to award a contract or subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) part of the Mayor's Office, or (c) a City Councilor?

Yes No

If yes, please list the name(s) and information requested below:

Name of person:

Job Title of person:

Indicate: CEDO employee or consultant; Mayor's Office; City Councilor

3. Is/Are there any member(s) of the applicant's household and/or of the applicant's family who are business partners or family members of: (a) a CEDO employee or consultant, (b) part of the Mayor's Office, or (c) a City Councilor?

Yes No

If yes, please list the names(s) and information requested below:

Name of member:

Indicate: CEDO employee or consultant, Mayor's Office, City Councilor

Indicate type of tie: Family or Business

If family, indicate relationship:

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____