



Burlington Lead Program
PO Box 441
Winooski, VT 05404

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: _____

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:

Would you like information on energy efficiency programs through Burlington Electric Department/VT Gas? Yes No

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(s)	Resident Phone # & Email(s)	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 CEDO Lead Program to verify the accuracy of the information provided above. I agree to provide the CEDO 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: sdurnick@burlingtonvt.gov

Mail applications to: Burlington Lead Program
PO Box 441
Winooski, VT 05404



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:** _____