



**Burlington Lead Program  
Household Application**

**Instructions**

This form must be completed for each unit by the residents (owners or tenants) of any apartment or home for which assistance is being requested from the Burlington Lead Program to reduce lead-based paint hazards. Please list all occupants below. Please provide the total yearly income for all persons residing in the unit from all sources, including income from employment, pensions, social security, ANFC, SSI, alimony/child support, workers compensation, Section 8 Voucher Holder and other assets.

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	<u>Ethnicity</u>	<u>Race</u>
			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
	<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
			<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-\$28,700	<input type="checkbox"/> \$0-\$32,800	<input type="checkbox"/> \$0-\$36,900	<input type="checkbox"/> \$0-\$40,950	<input type="checkbox"/> \$0-\$44,250	<input type="checkbox"/> \$0-\$47,550
<input type="checkbox"/> \$28,701-\$45,850	<input type="checkbox"/> \$32,801-\$52,400	<input type="checkbox"/> \$36,901-\$58,950	<input type="checkbox"/> \$40,951-\$65,500	<input type="checkbox"/> \$44,251-\$70,750	<input type="checkbox"/> \$47,551-\$76,000
<input type="checkbox"/> \$45,851+	<input type="checkbox"/> \$52,401+	<input type="checkbox"/> \$58,951+	<input type="checkbox"/> \$65,501+	<input type="checkbox"/> \$70,751+	<input type="checkbox"/> \$76,001+

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? \_\_\_\_\_

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 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. 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 Burlington Lead Program will be kept strictly confidential.*

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed and signed form to:  
**Burlington Lead Program, Community and Economic Development Office**  
**City Hall, 149 Church Street, rm. 32**  
**Burlington, VT 05401.**

If you have any questions, please call (802) 846-0149.