Vermont Department of Health
Instructions for Completing Compliance Statement

Vermont Law requires that owners of residential rental property built before 1978 complete a Compliance Statement upon completion of Essential Maintenance Practices (EMPs). Property managers who provide maintenance services are also required to complete EMPs, including filing the Compliance Statement, unless their contract explicitly states the property manager is not responsible. Every 365 days, a Compliance Statement must be filed with the Department of Health and the property owner's liability insurance carrier. Copies of the Compliance Statement must also be given to tenants.

You may wish to use the boxes below as check boxes to help make sure you are completing the form correctly.

Side 1

The top portion of Side 1 is identifying information. Please print legibly.

- ❑ Complete one Compliance Statement per building, along with its outbuilding(s).
- ❑ Only one owner or the property manager needs to sign the Compliance Statement.
- ❑ All owners' names, addresses, and phone numbers must be listed.
- ❑ If all owners do not fit in the space provided, use a Compliance Statement Continuation Sheet to list additional owners.

The bottom portion of Side 1 (numbers 1–6) applies to the exterior of the building, outbuildings, grounds, and interior common areas.

- ❑ Be sure to include the EMP Certificate # and date completed for numbers 1–5.
- ❑ On numbers 2 and 4, "None" means that no deteriorated paint needed to be stabilized.
- ❑ On number 3, "None" means there were no visible paint chips on the ground.
- ❑ For number 6, the poster needs to be in each unit or in a location that all occupants can see.

Side 2

Side 2 is for EMPs completed for each unit in the rental property.

- ❑ Be sure to fill in the rental property address at the top of the page.
- ❑ There are spaces for 6 units on Side 2. If you have more than 6 units, copy enough blank sheets of Side 2 to have enough spaces for all the units in the building.
- ❑ Be sure to include the EMP Certificate # and date completed for numbers 5–7.
- ❑ Number 10 applies to lease and rental agreements beginning July 1, 2008. If more spaces are needed, use a Compliance Statement Continuation Sheet for the additional information.
- ❑ Property owner or manager must sign and date each Side 2 page.

Overall

- ❑ In the upper right hand corner of each page, fill in the page number, for example, Page 1 of 3, Page 2 of 3, Page 3 of 3. Please remember that for buildings with more than 6 units, additional Side 2 pages will be needed.
- ❑ Copies of Side 1 and Side 2 must be distributed to tenants within 10 days of signing the Compliance Statement. If more than one Side 2 has been completed (because the building has more than 6 units), give the tenant the Side 2 with that tenant's unit on it.
- ❑ File the Compliance Statement with the Vermont Department of Health, Childhood Lead Poisoning Prevention Program, PO Box 70, Burlington, VT 05402-0070 and with the owner's liability insurance carrier. All pages of the Compliance Statement must be filed.

Contact the Childhood Lead Poisoning Prevention Program at 1-800-439-8550 with questions.

Essential Maintenance Practices Compliance Statement

(in accordance with 18 VSA § 1759)

An EMP Compliance Statement must be filed every 365 days for each residential rental property.
A separate EMP Compliance Statement is required for each building along with its outbuilding(s). Please print.

Physical Address of Property: _____ Original Date of Construction: _____

_____ Number of Units in Building: _____

I hereby certify that: 1) the following essential maintenance practices were completed on the dates given by the EMP certified person or entity specified for the property listed above; 2) all work was performed using lead safe work practices; and 3) that all information provided on this form is true and accurate. I understand that providing false, incomplete or inaccurate information on this form is unlawful and is punishable by civil and criminal penalties pursuant to Vermont law.

_____ _____ _____

Legibly print property owner's or manager's name | Property Owner's or Manager's Signature | Date

_____ _____

Property Owner's or Manager's Address | Phone Number

Name of All Other Owner(s) and Property /Management Co., if any	Address	Phone Number

Side 1: For the Property

		EMP Certificate #	Date
1.	Visually inspected all exterior surfaces of the building and outbuilding(s) to identify deteriorated paint.		

		EMP Certificate #	Date
2.	Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on exterior surfaces within 30 days of visual inspection or report by tenant. ☐ None		
	☐ Access to the area by children was blocked if deteriorated paint was identified after November 1 and will be fixed by May 31.		

		EMP Certificate #	Date
3.	For any outdoor area, removed all visible paint chips from the ground on the property. ☐ None		

		EMP Certificate #	Date
4.	Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on interior surfaces in common areas within 30 days of inspection or report by tenant. ☐ None		

		EMP Certificate #	Date
5.	Performed annual specialized cleaning in common areas within the building.		

		Location	Date
6.	Posted a notice to occupants encouraging them to report deteriorated paint to the owner or owner's agent.		

Side 2: For Each Unit at _____
Address of Rental Property

7. Visually inspected window wells to verify that inserts were installed in wooden windows or were not needed because windows are aluminum or vinyl.

	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____
EMP Certificate #						
Date insert verified or installed						
Vinyl/aluminum window						
Other: please specify						

8. Visually inspected all interior surfaces of the units to identify deteriorated paint. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. on interior surfaces within 30 days of visual inspection or report by tenant.

	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____
EMP Certificate #						
Date inspected						
No deteriorated paint						
Date deteriorated paint stabilized						

9. At change of tenant, visually inspected unit interior and building exterior to identify deteriorated paint and performed specialized cleaning in unit. Used safe work practices to stabilize deteriorated paint exceeding 1 sq. ft. within 30 days.

	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____	Unit # _____
EMP Certificate #						
Date inspected						
No deteriorated paint						
Date deteriorated paint stabilized						
Date performed cleaning						
No change of tenant						

10. Prior to entering into a lease or rental agreement (written or oral), provided to approved tenants a copy of the pamphlet "Protect Your Family From Lead in Your Home" and a copy of the most recent EMP Compliance Statement.

Unit #	Date gave pamphlet	Date gave Compliance Statement	Date entered into lease or rental agreement
Unit #	Date gave pamphlet	Date gave Compliance Statement	Date entered into lease or rental agreement
Unit #	Date gave pamphlet	Date gave Compliance Statement	Date entered into lease or rental agreement

☐ No new lease or rental agreements during this time period

11. Within 10 days of signing this Compliance Statement, I will ensure that the pamphlet "Protect Your Family From Lead in Your Home" and a copy of this EMP Compliance Statement will be given to tenants. A copy of this EMP Compliance Statement will also be given to my liability insurance company.

_____ _____
Property Owner's or Manager's Signature **Date**

The date that this compliance statement is received by the Department of Health becomes your annual compliance date for the purposes of fulfilling 18 VSA § 1759. This means you will be required to complete and file your next compliance statement within 365 days of the date this compliance statement is received by the Department. **Each year** a compliance statement must be given to each tenant and must be filed with the owner's liability insurance carrier and with the **VERMONT DEPARTMENT OF HEALTH, Childhood Lead Poisoning Prevention Program, PO Box 70, Burlington, VT 05402-0070.**

Compliance Statement Continuation Sheet

Use only if needed because of additional owners and/or additional lease or rental agreements.

Continuation Sheet for _____
Address of Rental Property

Use the spaces below to list additional owners of the rental property included on the Compliance Statement being filed. Attach this sheet to the Compliance Statement.

Name of All Other Owner(s) and Property /Management Co., if any	Address	Phone Number

Use the spaces below for additional lease or rental agreements during the time period of the Compliance Statement being filed. Attach this sheet to the Compliance Statement.

10. Prior to entering into a lease or rental agreement (written or oral), provided to approved tenants a copy of the pamphlet "Protect Your Family From Lead in Your Home" and a copy of the most recent EMP Compliance Statement.

Unit #	Date gave pamphlet	Date gave Compliance Statement	Date entered into lease or rental agreement
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_____ _____
Property Owner's or Manager's Signature Date