

**LEAD SAFE BOSTON
PROGRAM APPLICATION**

Case #:

PM:

Do you live in the property to be deleaded? If yes, check owner-occupant _____ if no, check investor-owner _____.

APPLICANT (Owner of Property)

Name: _____

Home Address: _____

Abatement Address (Investor-owners only): _____

Phone: (home) _____ (work) _____

Social Security # _____ Email Address (if used) _____

Please provide Race/Ethnicity household information for federal reporting purposes: Asian ____ Black ____
Hispanic ____ Native Am. ____ White ____ Other: _____, Female Head of Household: Y ____ N ____

CO-APPLICANT (Co-owner of property only if listed on deed)

Name: _____

Address: _____

Phone: (home) _____ (work) _____

Social Security # _____ Email Address (if used) _____

INCOME ELIGIBILITY

Please list all household members, their gross annual income and the source of that income (ie: salary, rent, social security/retirement, unemployment, interest/dividend from investment etc.) Applicant should list them self on the first line and co-applicant on the next line. Investors can skip this section. Please attach separate sheet if necessary.

<u>Household Member Name</u>	<u>Relationship to Owner(s)</u>	<u>D.O.B</u>	<u>Annual Income</u>	<u>Source of Income</u>
_____	<u>SAME</u>	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Complete if a child under age six does not live there but spends a significant amount of time in this unit/apartment.

Child's Name: _____ Date of Birth: _____

Relationship: _____ Please describe the frequency and duration of their visits: _____

PROPERTY INFORMATION

Property Type: Single Family ___ Two ___ Three ___ Four ___ Other _____. Year Built: _____.
 If property is multi-family, complete **all** of the following information and attach an additional sheet if necessary.

Unit #	Name of Occupant/Tenant	Current Rent	No. of Bedrooms	Are utilities included in rent?	Is unit to be Dealed?
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____
_____	_____	\$ _____	_____	_____	_____

AFFIDAVIT

Do you owe the City of Boston any monies for incurred real estate taxes, water & sewer charges or any other indebtedness? _____. If yes, please explain: _____.

Are any of the applicants or their immediate family members (spouse, parents, children and siblings) currently employed by the Department of Neighborhood Development (DND)? Yes ___ No _____.
 If yes, Employee's name: _____. Position _____.

Have any of the applicants filed for bankruptcy in the past 10 years? _____. If yes, is this property included in that bankruptcy filing? _____. If yes, please submit a copy of the required discharge.

Has applicant ever been foreclosed upon by the City of Boston for non-payment of real estate taxes or other indebtedness? _____. If yes, please explain: _____.

List all additional property that each applicant owns individually or jointly in the City of Boston, including any owned under a corporation, trust, partnership or joint venture. Attach an additional sheet if necessary:
 Address _____ Ownership Entity _____

Has any applicant been convicted of violating any law, code, statute or ordinance regarding conditions of housing within the last three (3) years? _____. If yes, please explain _____.

Has any applicant received rehabilitation assistance or funds from DND in the last five (5) years? _____.

Have you had a lead paint determination and/or a lead paint inspection? _____. If yes, provide date of inspection, name of the inspector and the unit # _____.

Do you have a child with an elevated blood lead level on your property? _____. If yes, which unit? _____.

I/we hereby certify that the information provided in this application is true and complete to the best of my/our knowledge. I/we hereby authorize the City of Boston to investigate my record(s) of credit and I/we agree to comply with all relocation and affordability policies relating to this Program.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____