

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear \_\_\_\_\_

I am applying to the following waitlist, which I believe is open:

App Generated: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other



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**Additional information is needed in order to process your application for Sean Brook House at 116 Lindsey St New Bedford, MA 02740.**

The sooner you send this package the sooner we will be able to move you in. If we do not receive this information we will not be able to provide you with housing.

Please send the following:

- ☐ **Application** form
- ☐ **Waiver** form
- ☐ **Bank Verification** form – to be filled out by your bank. You instead submit your last 6 months of statements
- ☐ **Under \$5,000 Asset Certification** form
- ☐ **Income Verification**
  - Please have your employer fill out the attached employee verification form
  - Also include your last 2 months of paystubs
  - If you are receiving benefits (SSI, SSDI, EAEDC, unemployment, pension, etc) you must attach a copy of your benefits letter dated within the last 3 months.
- ☐ **Lead Law Notification** form
- ☐ **DD214** copy
- ☐ **Photo ID** copy
- ☐ **Birth Certificate** copy
- ☐ **Social Security Card** copy

Please mail this sheet and the copies requested above to:

Hope Lanphear  
25 Braintree Hill Office Park, Suite 206,  
Braintree, MA 02184

If you have any questions call 781-843-1242 extension 18



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Revised May 2016

**Please indicate which of our locations you are applying for:**

- |                                    |                                     |                                  |  |
|------------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Allston   | <input type="checkbox"/> Brookline  | <input type="checkbox"/> Medford | <input type="checkbox"/> Wakefield                   |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Chelsea    | <input type="checkbox"/> Melrose | <input type="checkbox"/> Sean Brook – Veterans only  |
| <input type="checkbox"/> Boston    | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Quincy  | <input type="checkbox"/> Cambridge – Men only        |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Everett    | <input type="checkbox"/> Roxbury | <input type="checkbox"/> Salem – Subsidized Waitlist |

**An income under \$1,400 a month (\$16,900 yearly) is only eligible for Salem or Sean Brook**

Name:	DOB:	Social Security No:
Full Address:		
Day Phone:	Cell:	Email:
Where did you hear about us?		

Do you have a mobile section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously a resident of Caritas Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so where?	
Are you a convicted sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No Circle Level/Status: 1 2 3 Pending	
Do you have a history of illegal drug use? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from any housing? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be in the next year / have you been in the last 5 months a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently homeless or have you been homeless in the past (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Source of Income	Gross Monthly Income	Do you expect a change in the next 12 months? Why?
Employment	\$	
SSI/SSDI Benefits	\$	
Pension or Retirement	\$	
Veteran's Benefits	\$	
Unemployment	\$	
Other - explain	\$	

Do you have checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have savings accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any property? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any assets, including real estate in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Revised May 2016

### **REFERENCES**

<b>Current Landlord:</b>	<b>Previous Landlord:</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Length of Stay:	Length of Stay:

<b>Current Employer:</b>	<b>Former Employer:</b>
Position:	Position:
Supervisor:	Supervisor:
Phone:	Phone:
Dates Employed:	Dates Employed:

<b>Personal Reference:</b>	Relationship:	Phone:
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<b>In case of emergency notify:</b>	Relationship:
Address:	Phone:

<b>Checking Acct #:</b>	Bank:
<b>Saving Acct #:</b>	Bank:

I understand I must pay a security deposit for this room prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false statements or information constitutes an act of fraud. False, misleading or incomplete information will lead to cancellation of this application or termination of a lease agreement after occupancy. I agree to comply with income recertification requirements, including the annual submission of information regarding all sources of income from employers and government programs, including income from assets such as bank accounts, CD's, & 401K's.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### INFORMATION RELEASE WAIVER

EXPLANATION: YOUR SIGNATURE ON THIS INFORMATION RELEASE WAIVER IS NECESSARY FOR THE PROCESSING OF YOUR CERTIFICATION/RE-CERTIFICATION. YOU SHOULD BE AWARE THAT A CREDIT REPORT WILL BE ORDERED INITIALLY AND MAY BE REPEATED IF NECESSARY. THIS RELEASE AUTHORIZES VERIFICATION OF INFORMATION REGARDING YOU FROM SOURCES SUCH AS, BUT NOT LIMITED TO: BANKING INSTITUTIONS, LANDLORDS, SOCIAL SECURITY ADMINISTRATION, DEPARTMENT OF WELFARE, DEPARTMENT OF EMPLOYMENT & TRAINING, YOUR EMPLOYER, ETC.

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I AUTHORIZE YOU TO RELEASE TO CARITAS COMMUNITIES, INC., MANAGING AGENT, ALL INFORMATION SPECIFICALLY REQUESTED BY SAME FROM YOU TO VERIFY MY INCOME AS WELL AS CREDIT, LANDLORD AND OTHER REFERENCES AS MAY BE NECESSARY. IT IS UNDERSTOOD THAT ALL INFORMATION RELEASED WILL BE KEPT AS CONFIDENTIAL AS POSSIBLE. HOWEVER, YOU SHOULD BE AWARE, THE INFORMATION REPORTED MAY BE REVIEWED BY SOMEONE OTHER THAN A CARITAS COMMUNITIES, INC. STAFF PERSON (I.E. ATTORNEY, AUDITOR, ETC.).

CONDITIONS: I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE WITH THE MANAGEMENT OFFICE AND WILL STAY IN EFFECT FOR A YEAR AND A MONTH FROM THE DATE SIGNED.

AS A CONDITION OF CONTINUED OCCUPANCY I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO SIGN THIS INFORMATION RELEASE WAIVER EACH YEAR AT RECERTIFICATION TIME.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



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## **BANK ACCOUNT VERIFICATION**

### **Section 1 – To Be Filled Out By Applicant**

**RESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

*I authorize you to release to Caritas Communities, Inc., managing agent, all information specifically requested below. It is understood that all information released will be kept as confidential as possible. However, you should be aware, the information reported may be reviewed by someone other than a Caritas Communities, Inc. Staff person (i.e. attorney, auditor, etc.).*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **Section 2 - To Be Filled Out By Your Bank**

To Whom It May Concern:

The person named above has applied to a Caritas Communities housing project. Caritas is a non-profit housing company and it is necessary that they have documentation of asset accounts with your institution.

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

Checking Acct# \_\_\_\_\_ 6 Month Avg. Bal \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Savings Acct# \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Other Acct# \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%  
(CD, Money Market, Debit, etc)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_



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## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00

Complete only one form per household

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Complete 1 or 2:

1. ☐ I/we do not have any assets at this time (skip to #5)
2. ☐ I/we do have assets as follows:

Cash on hand	\$ _____	Interest/Dividend Income: _____
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 ☐ YES ☐ NO
4. Total annual income from all assets is: \_\_\_\_\_
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: ☐ YES ☐ NO  
If YES list asset disposed: \_\_\_\_\_ Date of disposal: \_\_\_\_\_  
Fair market value: \_\_\_\_\_ Amount received: \_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



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### VERIFICATION OF EMPLOYMENT TO BE COMPLETED BY EMPLOYER

*All questions must be answered, if not applicable, please indicate N/A*

Applicant/Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

#### Employer Contact

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant currently employed? ☐ Yes ☐ No Are they in a probationary period? ☐ Yes ☐ No

Date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of termination (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Pay Frequency ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other \_\_\_\_\_

Gross Year to Date Pay \$\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Included Pay Periods \_\_\_\_\_ Gross Pay from Prior Year: \$\_\_\_\_\_

Current wages ☐ Hourly \$\_\_\_\_\_/hour **OR** ☐ Salary \$\_\_\_\_\_/year

Regularly scheduled hours per week: \_\_\_\_\_ hours

Average amount of overtime/week: \_\_\_\_\_ hours Overtime Rate \$\_\_\_\_\_/hour

Average amount of shift differential/wk \_\_\_\_\_ hours Shift Differential Rate \$\_\_\_\_\_/hour

Commission/Bonus/Tips/Other \$\_\_\_\_\_ Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

If the work is seasonal or sporadic, please indicate layoff period(s): \_\_\_\_\_

Is the employee eligible for unemployment during the layoff? ☐ Yes ☐ No

Does the employee participate in a retirement plan? ☐ Yes ☐ No

Most recent change in employee's rate of pay:

☐ Increase ☐ Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Any anticipates change in the employee's rate of pay in the next 12 months? ☐ Yes ☐ No

☐ Increase ☐ Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

*Note: Section 1001 of Title 18 of the US Code makes it a criminal offence to make willful false statement or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.*

**YOU MUST ALSO ATTACH 2 MONTHS OF YOUR MOST RECENT PAYSTUBS**

# Tenant Lead Law Notification

## What lead paint forms must owners of rental homes give to new tenants?

Before renting a home built before 1978, the property owner and the new tenant must sign two copies of this **Tenant Lead Law Notification** and **Tenant Certification Form**, and the property owner must give the tenant one of the signed copies to keep. If any of the following forms exist for the unit, tenants must also be given a copy of them: lead inspection or risk assessment report, Letter of Compliance, or Letter of Interim Control. **This form is for compliance with both Massachusetts and federal lead notification requirements.**

## What is lead poisoning and who is at risk of becoming lead poisoned?

Lead poisoning is a disease. It is most dangerous for children under six years old. It can cause permanent harm to young children's brain, kidneys, nervous system and red blood cells. Even at low levels, lead in children's bodies can slow growth and cause learning and behavior problems. Young children are more easily and more seriously poisoned than others, but older children and adults can become lead poisoned too. Lead in the body of a pregnant woman can hurt her baby before birth and cause problems with the pregnancy. Adults who become lead poisoned can have problems having children, and can have high blood pressure, stomach problems, nerve problems, memory problems and muscle and joint pain.

## How do children and adults become lead poisoned?

Lead is often found in paint on the inside and outside of homes built before 1978. The lead paint in these homes causes almost all lead poisoning in young children. The main way children get lead poisoning is from swallowing lead paint dust and chips. Lead is so harmful that even a small amount can poison a child. Lead paint under layers of nonleaded paint can still poison children, especially when it is disturbed, such as through normal wear and tear and home repair work.

Lead paint dust and chips in the home most often come from peeling or chipping lead painted surfaces; lead paint on moving parts of windows or on window parts that are rubbed by moving parts; lead paint on surfaces that get bumped or walked on, such as floors, porches, stairs, and woodwork; and lead paint on surfaces that stick out which a child may be able to mouth such as window sills.

Most lead poisoning is caused by children's normal behavior of putting their hands or other things in their mouths. If their hands or these objects have touched lead dust, this may add lead to their bodies. A child can also get lead from other sources, such as soil and water, but these rarely cause lead poisoning by themselves. Lead can be found in soil near old, lead-painted homes. If children play in bare, leaded soil, or eat vegetables or fruits grown in such soil, or if leaded soil is tracked into the home from outside and gets on children's hands or toys, lead may enter their bodies. Most adult lead poisoning is caused by adults breathing in or swallowing lead dust at work, or, if they live in older homes with lead paint, through home repairs.

## How can you find out if someone is lead poisoned?

Most people who are lead poisoned do not have any special symptoms. The only way to find out if a child or adult is lead poisoned is to have his or her blood tested. Children in Massachusetts must be tested at least once a year from the time they are between nine months and one year old until they are four years old. Your doctor, other health care provider or Board of Health can do this. A lead poisoned child will need medical care. A home with lead paint must be deleaded for a lead poisoned child to get well.

## What kind of homes are more likely to have lead paint?

In 1978, the United States government banned lead from house paint. Lead paint can be found in all types of homes built before 1978: single-family and multi-family; homes in cities, suburbs or the countryside; private housing or state or federal public housing. The older the home, the more likely it is to have lead paint. The older the paint, the higher its lead content is likely to be.

## **Can regular home repairs cause lead poisoning?**

There is a danger of lead poisoning any time painted surfaces inside or outside the home are scraped for repainting, or woodwork is stripped or removed, or windows or walls are removed. This is because lead paint is found in almost all Massachusetts homes built before 1978, and so many of Massachusetts' homes are old. Special care must be taken whenever home repair work is done. No one should use power sanders, open flame torches, or heat guns to remove lead paint, since these methods create a lot of lead dust and fumes. Ask the owner of your home if a lead inspection has been done. The inspection report will tell you which surfaces have lead paint and need extra care in setting up for repair work, doing the repairs, and cleaning up afterwards. Temporarily move your family (especially children and pregnant women) out of the home while home repair work is being done and cleaned up. If this is not possible, tape up plastic sheets to completely seal off the area where the work is going on. No one should do repair work in older homes without learning about safe ways to do the work to reduce the danger of lead dust. Hundreds of cases of childhood and adult lead poisoning happen each year from home repair work.

## **What can you do to prevent lead poisoning?**

- Talk to your child's doctor about lead.
- Have your child tested for lead at least once a year until he/she is four years old.
- Ask the owner if your home has been deleaded or call the state Childhood Lead Poisoning Prevention Program (CLPPP) at 1-800-532-9571 or [www.mass.gov/dph/clppp](http://www.mass.gov/dph/clppp). You can also check with your local Board of Health.
- Tell the owner if you have a new baby, or if a new child under six years old lives with you.
- If your home was deleaded, but has peeling paint, tell and write the owner. If he/she does not respond, call CLPPP or your local Board of Health.
- Make sure only safe methods are used to paint or make repairs to your home, and to clean up afterwards.
- If your home has not been deleaded, you can do some things to temporarily reduce the chances of your child becoming lead poisoned. You can clean your home regularly with paper towels and any household detergent and warm water to wipe up dust and loose paint chips. Rub hard to get rid of more lead. When you are done, put the dirty paper towels in a plastic bag and throw them out. The areas to clean most often are window wells, sills, and floors. Wash your child's hands often (especially before eating or sleeping) and wash your child's toys, bottles and pacifiers often. Make sure your child eats foods with lots of calcium and iron, and avoid foods and snacks that are high in fat. If you think your soil may have lead in it, have it tested. Use a door mat to help prevent dirt from getting into your home. Cover bare leaded dirt by planting grass or bushes, and use mats, bark mulch or other ground covers under swings and slides. Plant gardens away from old homes, or in pots using new soil. Remember, the only way to permanently lower the risk of your child getting lead poisoned is to have your home deleaded if it contains lead paint.

## **How do you find out where lead paint hazards may be in a home?**

The only way to know for sure is to have a lead inspection or risk assessment done. The lead inspector will test the surfaces of your home and give the landlord and you a written report that tells you where there is lead in amounts that are a hazard by state law. For interim control, a temporary way to have your home made safe from lead hazards, a risk assessor does a lead inspection plus a risk assessment. During a risk assessment, the home is checked for the most serious lead hazards, which must be fixed right away. The risk assessor would give the landlord and you a written report of the areas with too much lead and the serious lead hazards. Lead inspectors and risk assessors have been trained, licensed by the Department of Public Health, and have experience using the state-approved methods for testing for lead paint. These methods are use of a sodium sulfide solution, a portable x-ray fluorescence machine or lab tests of paint samples. There is a list of licensed lead inspectors and risk assessors at [www.mass.gov/cph/clppp](http://www.mass.gov/cph/clppp).

## **In Massachusetts, what must the owner of a home built before 1978 do if a child under six years old lives there?**

An owner of a home in Massachusetts built before 1978 must have the home inspected for lead if a child under six years old lives there. If lead hazards are found, the home must be deleaded or brought under interim control. Only a licensed deleader may do high-risk deleading work, such as removing lead paint or repairing chipping and peeling

lead paint. You can get a list of licensed deleaders from the state Department of Labor and Workforce Development. Deleaders are trained to use safe methods to prepare to work, do the deleading, and clean up. Either a deleader, the owner or someone who works for the owner who is not a licensed deleader can do certain other deleading and interim control work. Owners and workers must have special training to perform the deleading tasks they may do. After the work is done, the lead inspector or risk assessor checks the home. He or she may take dust samples to test for lead, to make sure the home has been properly cleaned up. If everything is fine, he or she gives the owner a Letter of Compliance or Letter of Interim Control. After getting one of these letters, the owner must take care of the home and make sure there is no peeling paint.

### **What is a Letter of Compliance?**

It is a legal letter under state law that says either that there are no lead paint hazards or that the home has been deleaded. The letter is signed and dated by a licensed lead inspector.

### **What is a Letter of Interim Control?**

It is a legal letter under state law that says work necessary to make the home temporarily safe from serious lead hazards has been done. The letter is signed and dated by a licensed risk assessor. It is good for one year, but can be renewed for another year. The owner must fully delead the home and get a Letter of Compliance before the end of the second year.

### **Where can I learn more about lead poisoning?**

Massachusetts Department of Public Health  
Childhood Lead Poisoning Prevention Program (CLPPP)  
(For more copies of this form, as well as a full range of information on lead poisoning prevention, tenants' rights and responsibilities under the MA Lead Law, how to clean lead dust and chips, healthy foods to protect your children, financial help for owners, safe deleading and renovation work, and soil testing.)  
1-800-532-9571 or 781-774-6611  
[www.mass.gov/dph/clppp](http://www.mass.gov/dph/clppp)

Massachusetts Department of Labor and  
Workforce Development  
(List of licensed deleaders)  
617-626-6960

Your local lead poisoning prevention program  
or your Board of Health, [www.mhoa.com/roster.htm](http://www.mhoa.com/roster.htm)

U.S. Consumer Product Safety Commission  
(Information about lead in consumer products)  
1-800-638-2772 or [www.cpsc.gov](http://www.cpsc.gov)

U.S. Environmental Protection Agency, Region I  
(Information about federal laws on lead)  
617-918-1328 or [www.epa.gov/lead/](http://www.epa.gov/lead/)

National Lead Information Center  
(General lead poisoning information)  
1-800-424-Lead (or 5323)

# Tenant Certification Form

## Required Federal Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. The **Massachusetts Tenant Lead Law Notification and Certification Form** is for compliance with state and federal lead notification requirements.

## Owner's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) \_\_\_\_\_ Owner/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the owner/lessor (Check (i) or (ii) below):

(i) \_\_\_\_\_ Owner/ Lessor has provided the tenant with all available records and reports pertaining to lead -based paint and/or lead-based paint hazards in the housing (circle documents below).

Lead Inspection Report; Risk Assessment Report; Letter of Interim Control; Letter of Compliance

(ii) \_\_\_\_\_ Owner/Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

## Tenant's Acknowledgment (initial)

(c) \_\_\_\_\_ Tenant has received copies of all documents circled above.

(d) \_\_\_\_\_ Tenant has received no documents listed above.

(e) \_\_\_\_\_ Tenant has received the Massachusetts Tenant Lead Law Notification.

## Agent's Acknowledgment (initial)

(f) \_\_\_\_\_ Agent has informed the owner/lessor of the owner's/lessor's obligations under federal and state law for lead-based paint disclosure and notification and is aware of his/her responsibility to ensure compliance.

## Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Owner/Lessor	Date	Owner/Lessor	Date
Tenant	Date	Tenant	Date
Agent	Date	Agent	Date

## Owner/Managing Agent Information for Tenant (Please Print):

Name	Street	Apt.
City/Town	Zip	Telephone

\_\_\_\_\_ I (owner/managing agent) certify that I provided the Tenant Lead Law Notification/ Tenant Certification Form and any existing Lead Law documents to the tenant, but the tenant refused to sign this certification.

The tenant gave the following reason: \_\_\_\_\_

The Massachusetts Lead Law prohibits rental discrimination, including refusing to rent to families with children or evicting families with children because of lead paint.

Contact the Childhood Lead Poisoning Prevention Program for information on the availability of this form in other languages.

**Tenant and owner must each keep a completed and signed copy of this form.**

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