



Tenant Information & Income Verification Form

Vermont Housing & Conservation Board
58 E. State St., Montpelier, VT 05602

Lead-Based Paint Hazard Reduction Program
Phone 1-802-828-5064 or 1-800-290-0527

***KEEP THIS TOP TENANT INFORMATION SHEET FOR YOUR RECORDS.
FILL OUT PAGE 2 AND SEND TO THE ADDRESS BELOW***

The owner or prospective buyer of the property where you are currently a tenant has applied for assistance to reduce lead paint hazards in your rental unit. The regulations for this Program require that the income of the current tenant not exceed 80% of the median for that county or metropolitan area where the property is located. To determine whether your unit is eligible for assistance from the Program, we need you to complete the attached Tenant Income Verification Form and return it to us. You must provide the total yearly income for all persons living in your unit from all sources. Documented evidence of these income sources must also be provided. See the attached checklist for types of documentation that are acceptable. **Please note that this information will be kept strictly confidential and will not be given to your landlord or used for any other purpose other than to determine the eligibility of the rental unit.**

The primary goal of this Program is to reduce the hazards posed to children from lead paint in homes. If you would like more information on the dangers of lead paint, please contact the Childhood Lead Poisoning Prevention Program Hotline at 1-800-439-8550 or call our office.

If your rental unit is accepted into the Program, a number of activities will take place. First, an inspection of painted surfaces will be conducted by a consultant using an XRF analyzer. This inspection will identify those components in the unit which contain lead-based paint. The consultant will also collect dust wipes in the unit to measure the amount of lead contained in the house dust, the most common source for childhood lead poisoning. Property owners are required to disclose to tenants the results of all testing for lead-based paint and lead-contaminated dust.

We strongly encourage you to have children aged six years and under screened for lead if you have not done so already. Because lead poisoned children often have no obvious symptoms, screening is the only way to insure there is no problem. The Vermont Department of Health offers free blood lead screening regularly at its network of local health offices throughout the State; or your pediatrician can conduct the test.

***If assistance is provided and your landlord decides to proceed with lead hazard reduction work, you will not be permanently displaced.
Please carefully read the important information below about temporary relocation***

Please complete the attached Tenant Income Verification Form and return it directly to:

*Vermont Housing and Conservation Board,
Lead-Based Paint Hazard Reduction Program
58 E. State St., Montpelier, VT 05602*

If you have any questions about completing the attached form or about the Lead Program, please call (802) 828-5064 or 1-800-290-0527.

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 VHCB Lead-Based Paint Hazard Reduction Program or your landlord will be in touch with you to discuss the need and timing of temporary relocation.

If you have to be temporarily relocated, assistance will be provided to help cover additional reasonable living costs. If necessary, you will be provided with assistance in finding suitable temporary housing.



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Instructions

This form must be completed by the tenant(s) of any apartment or home for which the landlord is seeking assistance. Please list all household members below. Please provide your yearly family/household income from all sources, including income from employment, pensions, social security, ANFC, SSI, alimony/child support, workers compensation, and interest on savings accounts and other assets. **Copies of documented evidence of these income sources must be provided (See check list).** Please read the **Notice of Non-Displacement & Temporary Relocation** on the bottom of this form and acknowledge by signing below.

Last Name: _____ First: _____ Initial: _____

Address of Apt. or Home: _____ Town _____

Mailing Address (if different): _____ Town _____

Phone: (home): _____ Phone (work): _____ (for who) _____

Property Owner or Landlord Name: _____

List Name(s) of all Occupants	Relationship	Gender	Date of Birth	Has been tested for Blood Lead	What was the level?
	Parent/Guardian	<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Annual Household Income \$ _____
(Includes income of all occupants)

I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the Vermont Housing and Conservation Board to verify the income figure I have provided. This may include providing additional information for verification purposes. I have read the statement below regarding non-displacement and temporary relocation. I understand that all information collected as part of an application for assistance from VHCB's Lead-Based Paint Hazard Reduction Program will be kept strictly confidential.

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 VHCB Lead-Based Paint Hazard Reduction Program or your landlord will be in touch with you to discuss the need and timing of temporary relocation. If you have to be temporarily relocated, assistance will be provided to help cover additional reasonable living costs. If necessary, you will be provided with assistance in finding suitable temporary housing.

Tenant's Signature: _____ Date: _____

Please return the completed form to: **VHCB Lead Program, 58 E. State Street, Montpelier, VT 05602.**



Documentation of Income Checklist

Vermont Housing & Conservation Board
58 E. State St., Montpelier, VT 05602

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Acceptable 3rd party documentation of income for each occupant may include:

- IRS tax forms from most recent year available – Form 1040
- Copies of current payroll stubs
- Signed employer verification of income statement
- Certifications of income from non-payroll sources such as:
 - Unemployment
 - Disability Compensation
 - Worker's Compensation
 - Severance Pay
 - Aid to families of Dependant Children (AFDC)
 - Supplemental Security Income (SSI)
 - Copies of Social Security earnings statements
 - Other annuity or retirement income statements
 - Any other documented income

Questions ? Please call us at 1-802-828-5064 or 1-800-290-0527