

DEPARTMENT OF PUBLIC HEALTH  
**THE CITY OF WATERBURY**  
CONNECTICUT

**Waterbury Lead and Healthy Homes**

XXXXXXXX , XXXX

XXXXXXXXXXXXXX  
XXXXXXXXXXXXXX  
XXXXXXXXXXXXXX

Re: XXXXXXXXXXXXXXXX, Waterbury CT

Dear Property Owner:

The Waterbury Lead and Healthy Homes Program (WLHH) is a federally-funded grant program providing financial assistance to eligible applicants. The Program shall identify and control lead-based paint hazards in homes throughout the City of Waterbury. As part of the funding requirements, WLHH will also assess, prioritize and remediate other health and safety issues in homes receiving lead hazard control funding.

**Program Funding Assistance**

WLHH provides eligible property owners of up to \$13,000.00, per unit for lead hazard control and reduction, and up to \$2,300.00, per unit for remediation of other health and safety hazards. The award is in the form of a three-year forgivable loan. The Owner may not transfer in whole or in part any interest in the property during the grant period. **Failure to abide by the conditions stipulated in the Owner-City Agreement and Declaration of Restrictions before the maturity date of the three-year term, may warrant repayment of the loan at a rate of 33% per year.**

**Program Funding Priorities**

1. Units with Lead-Based Paint hazards occupied by *severely* lead poisoned children with Blood Lead Level (BLL)  $\geq 10\mu\text{g/dL}$
2. Units with Lead-Based Paint hazards occupied by *moderately* lead poisoned children with BLL 5-10 $\mu\text{g/dL}$
3. Units with Lead-Based Paint hazards occupied by children as identified with BLL  $\geq 5\mu\text{g/dL}$
4. Units with Lead-Based Paint hazards occupied by households with a child under age of six or units where in-home day care centers provide services to children under age of six
5. Occupied by households with a child under age six with Asthma or with a child under age six with a school aged family member diagnosed with asthma
6. Rental units with two or more bedrooms
7. Rental units with one bedroom
8. All other target units

## Property Owner's Requirements

The property owner agrees to:

- Provide the amount of funding not covered by the Program
- Provide temporary relocation of occupants, as needed
- Owner is responsible for the proper disposal of waste of up-to 10 cubic yards permissible under Connecticut State Law
- Adhere to HUD's Policy Guidance PG2014-01, titled "Eligibility of Units for Assistance"
- Agrees to maintain property in compliance with the lead management plan during the three year grant term with annual inspections including verification of rental income utilizing the Income Rental Form to ensure rental is in compliance.
- Remain current on all financial obligations to the City of Waterbury
- Notify tenants in writing of all inspections, walk-through date and construction dates

Please complete the attached application packet in its entirety to be considered for enrollment into the program. All questions on the application and enclosures must be answered. If a question does not apply, please write "N/A." Additionally, each document listed below must be provided along with your completed application.

Please call Waterbury Lead and Healthy Homes at (203) 574-6786, should you have any questions or require assistance to complete this application, Submit completed applications, along with all required supportive documentation, to:

Waterbury Lead and Healthy Homes  
Waterbury Department of Public Health  
One Jefferson Square, 3<sup>rd</sup> Floor  
Waterbury, CT 06706

Sincerely,

Francis Ford  
Program Manager

FF/ll  
Enc.: as noted

**Waterbury Lead and Healthy Homes  
Lead Based Paint Hazard Control Program Application and Submission Guidelines**

**Documents to be provided by the property owner:**

Required Document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Homeowners' Insurance Binder (Declaration Page is acceptable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Most recent Mortgage Statement indicating loan balance(s) and payment status (including all outstanding mortgages, home equity loans, HELOC, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deed of Trust for the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notarized Letter of Intent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executed lease for each rented unit	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Documents to be provided by the owner occupant and or resident(s) occupant(s):**

Required Document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current paystubs for the past two months for <b>every</b> adult residing at the property (see reference page for acceptable forms of income documentations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of most recent 1040 Federal Income Tax Return for <b>every</b> income earner residing at the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Resident Information Packet* (with required documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth certificate(s) for child(ren) under the age of six (6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead screening results for child(ren) under the age of six (6)	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*The Resident Information Packet must be completed by the resident(s). Resident Information Packets and income documentation can be mailed directly to Waterbury Lead & Healthy Homes by the resident(s) or submitted in conjunction with the property owner's documents.

## Waterbury Lead and Healthy Homes Program Application

App. No. \_\_\_\_\_ PR\_\_ (To be completed by WLHH)

### Part 1: Property Information

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

Waterbury

CT

*City*

*State*

*Zip Code*

Type of Property (check one):

Single family owner occupied

Single family rental

Multi-family rental unit (owner occupied)

Multi-family rental unit (non-owner occupied)

Amount of bedrooms (check one):

One Bedroom

Two Bedrooms

Three Bedrooms

Four Bedrooms

Year the Property was Built \_\_\_\_\_

Number of Units in the property (Note: An efficiency or studio unit is not an eligible unit) \_\_\_\_\_

Number of Occupied Units \_\_\_\_\_

Building Sq. Ft. \_\_\_\_\_

Has the property ever been tested for lead-based paint?  Yes  No

If yes, When? \_\_\_\_\_

Did it test positive?  Yes  No

Does the property have a lead abatement order against it?  Yes  No

If yes, explain \_\_\_\_\_ Date Issued \_\_\_\_\_

Does the property have any open violations notices against it?  Yes  No

If yes, explain \_\_\_\_\_ Date Issued \_\_\_\_\_

**Are there child(ren) under the age of six (6) residing at the property? If yes, provide information below:**

Child's name	Date of birth (dd/mm/year)	Unit #

Do the child(ren) under the age of six (6), residing in the building, have elevated blood lead level greater than  
 5 µg/Dl  Yes  No  
 15 µg/Dl  Yes  No  
 16+ µg/Dl  Yes  No

**Part 2: Applicant Information**

**Please fill out this section if the property is privately owned by a natural person**

Owner's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Owner's Address: \_\_\_\_\_  
Street City, State, Zip

Mailing Address (If different from the address above):

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

Home Phone: ( ) - \_\_\_\_\_  
 Business Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**If more than one Owner, complete the following section:**

Owner's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Owner's Address: \_\_\_\_\_  
Street City, State, Zip

Mailing Address (If different from the address above):

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

Home Phone: ( ) - \_\_\_\_\_  
 Business Phone: ( ) - \_\_\_\_\_  
 Cell Phone: ( ) - \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Note: If additional owner(s) please attach a separate sheet or continue on back and check here

**Please fill out this section if the property is owned by a business entity.**

Business Name: \_\_\_\_\_

Type of Entity:  DBA  Partnership  Trust  LLC  Corporation

Business Title:  Member  Owner  Officer  Partner

Name: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_ T.I.N. \_\_\_ - \_\_\_

Business Title:  Member  Owner  Officer  Partner

Business Address: \_\_\_\_\_  
*Street City State Zip*

Mailing Address (If different from the address above):

\_\_\_\_\_ *Street City State Zip*

Home Phone: (       ) \_\_\_\_\_ - \_\_\_\_\_  
Business Phone: (       ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone: (       ) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail: \_\_\_\_\_

If additional owner(s) please attach a separate sheet or continue on back and check here.

**Part 3: Financial Information**

Name of Mortgage Company: \_\_\_\_\_

Mortgage Company's Address: \_\_\_\_\_  
*No. and Street City State Zip*

Phone Number: (       ) \_\_\_\_\_ - \_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_ Term of the Loan: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Does your mortgage payment include:

Home Owner's Insurance?  Yes  No Tax Payments?  Yes  No

Have you taken out any equity loan on the property?  Yes  No

If yes:  
Loan Amount: \$ \_\_\_\_\_ Term of the Loan: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Mortgage Company's Address: \_\_\_\_\_  
*No. and Street* *City* *State* *Zip*

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

List any other liens against the property:

Lien Holder	Amount
	\$
	\$
	\$

What is the total amount owed on the property? (include all liens on property) \$ \_\_\_\_\_

Are you and other owner(s) current\* on all **\*\*mortgage** payments on the subject property?  Yes  No

Are you and other owner(s) current\* on all **monies owed to the City of Waterbury** for all properties, including but not limited to the subject property?  Yes  No

Are you and other owner(s) current\* on all **State and Federal Taxes** and assessments on for all properties, including but not limited to the subject property?  Yes  No

Have you or any other owner(s) filed for **bankruptcy\*\*** during the past five (5) years?  Yes  No

Are you or any other owner(s) willing to **contribute** your own funds to the effort?  Yes  No

\*Current means you are up-to-date with all payments. \*\*Must furnish copy of most recent account statement for all mortgage loans. \*\*\* Must furnish copy of bankruptcy petition/ judgment with evidence of payment (if applicable).

**Part 4: Property Owner's Certification**

As part of this application for the Lead Hazard Control and Healthy Homes Supplemental funding under the City of Waterbury, hereafter "the City," the undersigned agrees to the following terms and conditions:

1. The methods for abating lead paints, cost of such abatement, and other permitted costs will be determined by the City.
2. To permit the reduction of lead paint in or on the property by a contractor approved by the City through the City's procurement process.
3. That the property will be continuously rented to persons or families, particularly with children under age of six (6), whose income does not exceed HUD's guidelines for low/very low income and rent that does not exceed the HUD Fair Market Rental Rates (**HUD Policy Guidance PG2014-01, Eligibility of Units for Assistance**). Property owner shall adhere to this agreement for not less than three years following the completion of lead reduction and healthy homes remediation activities.
4. Not to discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and will comply with all applicable Federal, State, and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.
5. To have the property listed on the City's Lead Safe Housing Registry. This registry will be accessible to all City Departments, as well as Community Health Centers, Department of Children and Family Services, the Waterbury Housing Authority, and other pertinent agencies.
6. That failure to comply with the requirements may result in recapture, by the City, of the monies advanced.
7. Under penalty of law that to the best of my/our knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

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*Owner's Name (Please Print)* *Owner's Signature* *Date*

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*Owner's Name (Please Print)* *Owner's Signature* *Date*

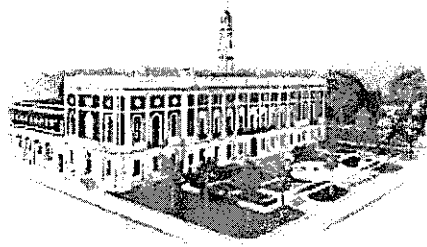
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*Owner's Name (Please Print)* *Owner's Signature* *Date*

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*Owner's Name (Please Print)* *Owner's Signature* *Date*





DEPARTMENT OF PUBLIC HEALTH  
**THE CITY OF WATERBURY**  
CONNECTICUT

## Waterbury Lead and Healthy Homes

### Letter of Intent

I/We, the undersigned owner(s) of the above named property, submitted a Preliminary Application for participation in the Waterbury Lead and Healthy Homes Program. I/We understand that if the qualification criteria are met, the property may receive funding for the removal of lead-based paint hazards. I/We understand that the next step in the qualification process requires a Lead Inspection and Healthy Homes Assessment of the property. **I/We acknowledge that once the Lead Inspection is completed, if there is a child under the age of six (6) resides in the property, any identified lead-based paint hazards must be corrected in accordance with Connecticut State Regulations whether or not the property receives funds.**

The conditions of this grant, as defined below, will be enforced upon contract signing and for a period of three (3) years from the date of completion.

1. I/We will remain current on all monies owed to the City, including but not limited to property, sewer, water, and car taxes.
2. I/We understand that Waterbury Lead and Healthy Homes will file a **“Declaration of Restrictions”** on the land record to enforce contract conditions.
3. I/We agree to retain home insurance, naming the **“City of Waterbury”** as an insured.
4. I/We understand that the property will be made lead-safe. To do so, interiors, exteriors, common areas, out-building, and soil may be treated.
5. I/We will secure entry to units for the lead inspection, lead hazard control work, and lead management inspections.
6. I/We will provide residents with advanced written notice when entry into units is required.
7. I/We understand that all code requirements (e.g. fire, housing) must be observed.
8. I/We understand that any additional work, including but not limited to the Work Specifications, will be completed within the designated time frame.
9. I/We will assume responsibility for the disposal of up to 10 cubic yards of all lead-containing waste, as permissible under Connecticut State Law.
10. I/We agree to provide residents with written advanced notification of the possible need for relocation and manage the temporary relocation of residents, if required by Waterbury Lead and Healthy Homes.
11. I/We understand that upon commencement of construction and until the property has been cleared by Waterbury Lead and Healthy Homes, I/we will remain off of the construction site and I/we will instruct residents to do the same.

12. I/We understand that personal valuables (e.g. electronics, jewelry) will not be the responsibility of Waterbury Lead and Healthy Homes or the construction contractor. I/We will notify each resident that they must remove valuable items from the construction site.
13. I/We agree for a period of three years, to follow the Lead Management Plan after the completion of the lead abatement project.
14. I/We understand that the property will be monitored annual for a period of three years by Waterbury Lead and Healthy Homes to ensure the property is in compliance with its Lead Management Plan.
15. **I/We agree not to transfer all or any part of the ownership of the property for a period of three (3) years from the date of completion. I/We understand that failure to comply may require repayment of the grant at a rate of 33.3% per year.**
16. I/We agree to adhere to HUD's Fair Market Rental Rates and resident Income Guidelines (HUD Policy Guidance PG2014-01, Eligibility of Units for Assistance).
17. I/We will obtain the Income/Rental Form for each incoming resident and return it to Waterbury Lead and Healthy Homes within 7 days of the lease signing.
18. I/We hereby certify that the foregoing information is accurate to the best of my/our knowledge.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Co-Owner Signature

\_\_\_\_\_  
Owner Name Printed or Typed

\_\_\_\_\_  
Co-Owner Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_/\_\_\_/\_\_\_

**Note:** All property owners must sign this document.

**Part 6: Waterbury Lead and Healthy Homes (WLHH) Application - Resident Information (Note: to be completed by each resident for each unit).**

Dear Resident:

The property owner of your rental unit is applying to the Waterbury Lead and Healthy Homes program (WLHH) for financial assistance to remove lead hazards and remediation of other housing related health hazards from the property. As part of the application requirements, tenants of the property must provide **two forms** of income documentations along with signed **Request for Verification of Employment**. Acceptable forms of income documentation are listed below. All information given to WLHH will be kept confidential, your landlord will not have access to this information.

<b>Acceptable Forms of Income Documentations</b>
• Most recent federal tax return
• Weekly paystubs from the most current past two (2) months
• Section 8 award letter/Signed Section 8 Income Verification
• Social Security award letter
• Veteran's award letter
• Unemployment Compensation award letter
• Notarized Income Affidavit

**Income Guidelines**

Household Income\* must not exceed the income limits listed below. Households receiving Section 8 automatically qualify (please provide copy of award letter). If your household meets the income guidelines, please complete the resident information form and attach the necessary documentation. You can mail or hand deliver to WLHH, or provide directly to your landlord. If you need help completing the forms, please call WLHH at (203) 574-6786 for assistance.

<b>FY 2024 HUD Income Limits Summary – Waterbury Connecticut</b>								
Family Size	1	2	3	4	5	6	7	8
<b>Extremely Low Income Limits (IC)</b>	\$24,000	\$27,400	\$30,850	\$34,250	\$37,000	\$41,960	\$47,340	\$52,720
<b>Very Low (50% Income Limits)</b>	\$40,000	\$45,700	\$51,400	\$57,100	\$61,700	\$66,250	\$70,850	\$75,400
<b>60% Income Limits</b>	\$41,553	\$54,338	\$67,124	\$79,910	\$92,695	\$105,481	\$107,878	\$110,275
<b>Low (80% Income Limits)</b>	\$63,950	\$73,100	\$82,250	\$91,350	\$98,700	\$106,000	\$113,300	\$120,600

**Please provide total annual gross household income in the table below.**

Total Household Income	Official Use Only
\$	<input type="checkbox"/> Ext Low <input type="checkbox"/> 50% IC <input type="checkbox"/> 60% IC <input type="checkbox"/> 80% IC

**Note:**

- Units exceeding the annual income limits [**low (80% Income Limits)**] are unable to participate in the program
- Every unit in a multi-family home must meet the income eligibility criteria
- Units receiving Section 8 automatically meet income eligibility requirements
- **An efficiency apartment unit** is not eligible for enrollment
- **60% Income Limit** is the income guideline for Energy Conservation Program

**Acceptable Forms of Income Documentations**

- Paystubs from the past two (2) months
- Section 8 award letter
- Social Security award letter
- Veteran's award letter
- Unemployment Compensation award letter
- Workers' Compensation Letter
- Notarized Income Affidavit

**Guidelines for determining Annual Household Income Inclusions:**

- Wages, salaries, tips, etc.
- Taxable interest, taxable refunds, credits, or off-sets of State and Local income taxes. There are some exceptions-refer to Form 1040 instructions
- Dividends
- Alimony (or separate maintenance payments) received
- Business income (or loss)
- Capital gain (or loss)
- Other gains (or losses) (i.e. assets used in a trade or business that were exchanged or sold).
- Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA)
- Taxable amount of pension and annuity payments
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Farm income (or loss)
- Unemployment compensation payments
- Taxable amount of Social Security benefits
- Other income (Includes: prizes and awards; gambling, lottery, or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from rental of property if not in the business of renting such property and; income from an activity not engaged in for profit)

**Exclusions:**

- Child support
- Money or property that was inherited, willed, or given as a gift
- Life insurance proceeds received as a result of someone's death

## Resident Information Form

**Resident Information** – Must list All occupants (Please use the back of this page if you need more space).

TITLE:  Owner  Tenant    Apt/Unit: \_\_\_\_\_ No. of People in the Household: \_\_\_\_\_

State and Federal reporting requirements requests the owner(s)/ tenant(s) voluntarily supply the following information for recording purposes only.

Ethnicity:            A) Hispanic or Latino  
                          B) Not Hispanic or Latino

Race:

- 1)        White
- 2)        Black or African American
- 3)        Native Hawaiian or Other Pacific Islander
- 4)        Asian
- 5)        American Indian or Alaska Native

Occupant Information	Date of Birth	Pediatrician (for children under age of 6)	Income Earner
Name: _____ Phone: (     ) _____ Cell: (     ) _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Race: _____ (Use Key above)	____ / ____ / ____ mm    dd    yy	Physician Name: _____ Phone: (     ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Phone: (     ) _____ Cell: (     ) _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Race: _____ (Use Key above)	____ / ____ / ____ mm    dd    yy	Physician Name: _____ Phone: (     ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Phone: (     ) _____ Cell: (     ) _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Race: _____ (Use Key above)	____ / ____ / ____ mm    dd    yy	Physician Name: _____ Phone: (     ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____ Phone: (     ) _____ Cell: (     ) _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Race: _____ (Use Key above)	_____/_____/_____ mm      dd      yy	Physician Name: _____ Phone: (     ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Phone: (     ) _____ Cell: (     ) _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Race: _____ (Use Key above)	_____/_____/_____ mm      dd      yy	Physician Name: _____ Phone: (     ) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Entitlement Assistance:**

Are you currently receiving any public assistance listed below? (Please check all that apply)

\_\_\_\_ Husky A, B, C, D or E

\_\_\_\_ SSI

\_\_\_\_ Medicaid

\_\_\_\_ TANF/Disabled or Elderly

\_\_\_\_ MLIA (SAGA)

\_\_\_\_ WIC

**Monthly Rent/Mortgage:**

Monthly amount paid for rent/mortgage \$ \_\_\_\_\_      Number of bedrooms \_\_\_\_\_

Does your rent include?    Electric    Gas    Heat    Water

Do you receive Section 8?    Yes    No

Is there any household member with asthma?  Yes  No  
If yes, how many persons with asthma \_\_\_\_\_

Do you receive energy assistance through New Opportunities, Inc.?  Yes  No

Have you ever received weatherization services at your current property address?  Yes  No

If yes, do you recall when you received these services? (Date) \_\_\_\_\_  
(day/month/year)

Would you like information on weatherization programs available in your community?  Yes  No

What is your unit's primary source of heat?

Oil:  Yes  No      Gas:  Yes  No      Electric:  Yes  No

Propane:  Yes  No

Wood/Coal:  Yes  No

Do you pay for your own heat?  Yes  No

Are the utility bills in your name?  Yes  No

**Contact Information:**

\_\_\_\_\_  
Name of person completing this form. ( ) \_\_\_\_\_ -  
Phone Number  
I affirm the information provided on this form and its supporting documentation are true and accurate to the best of my/our knowledge.

### Consent for Lead Screening

I am aware that the owner of my home is applying to Waterbury Lead and Healthy Homes Program (WLHH). As part of the program, I understand that all my children under six (6) years of age must have a lead test before the work on my home begins. I understand that all my children must have another lead test done six (6) months after the work on my home is finished.

I understand that WLHH will give the lead results to the US Department of Housing and Urban Development (HUD), and to the state and local health departments for research purposes, as required by state regulations.

I agree to have my children tested for lead. I also give permission for my children's doctor to provide Healthy Homes with my children's lead results. I understand that I may revoke my consent at any time by providing Healthy Homes with a written statement.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Doctor's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Doctor's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Doctor's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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Name of Parent/Legal Guardian (Print)

Signature

Date

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#### Refusal:

I am aware that the owner of my home is applying to Waterbury Lead and Healthy Homes Program. As part of the program, I understand that all my children under six (6) years of age must have a lead test before the work starts on my home and six (6) months after the work ends. For religious reasons, I refuse to have my children tested for lead.

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Name of Parent/Legal Guardian (Print)

Signature

Date