

Visiting Child Form

Required for each visiting child:

A. VISITING ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		How long have you been visiting this unit?	

B. VISITING CHILD INFORMATION	
Visiting Child's Name:	
Visiting Child Date of Birth:	
Visiting Child's Race/Ethnicity (<i>Optional to answer</i>):	
Visiting Child's Relation to Applicant:	
Visiting Child's Parent's Name:	
Visiting Child's Permanent Residence:	
Number of hours spent / week at residence:	

C. DISCLAIMER AND SIGNATURE		
I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I agree to provide, upon request, documentation on all income sources to the Intake Coordinator. The information provided above is subject to verification by the United States Department of Housing and Urban Development at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the Unites States Government.		
Print Name		
Signature		Date

Submit signed Visiting Child Form directly to:

LEAD PAINT HAZARD CONTROL PROGRAM
 People Working Cooperatively
 4612 Paddock Road
 Cincinnati, Ohio 45229
 (513) 366-4697
Cinlead@pwchomerepairs.org