

# Occupant Information



A separate form is needed for each unit in a multi-family building  
 One form is required for single-family properties

HOME ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		Information Provided by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	

PRIMARY OCCUPANT INFORMATION	
Last Name:	First Name:
Primary Phone:	E-mail:
Alternate Phone:	How long have you lived here?
Is English your primary language? YES <input type="checkbox"/> NO <input type="checkbox"/> My primary language is: _____	

OCCUPANT FAMILY INFORMATION			
How many people (including primary occupant) live in the home?			
Number living in the home who are:			
0 to 5 years old?	6 to 17 years old?	Older than 17 years?	Pregnant?
Number of children 0 to 5 years old visiting the home more than 6 hours per week?			
Is your home used to care for children under 6 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			

RESIDENT/VISITING CHILD INFORMATION						
ALL children less than 6 years old living in this home OR visiting more than 6 hours a week:						
Child's First & Last Name	Birthdate	Resident	Visitor	Has this child had a blood lead test?	Approximate date of blood lead test?	For Official Use Only

**NOTE:** All children less than 6 years old that live in or frequently visit a home accepted into the Lead Hazard Control program are requested to have had their blood tested for lead OR should have a test done within 6 months of a the Lead Hazard Control project being completed.

### OCCUPANT INCOME INFORMATION

Provide the following information for any household members receiving monthly income *of any kind* (see examples below). To record information for more than 4 family members, request an additional copy of this page.

- |              |                 |                     |                 |
|--------------|-----------------|---------------------|-----------------|
| • Wages/Tips | • Work Comp     | • Public Assistance | • Home business |
| • SSI        | • Child Support | • Foster care       | • Side work     |
| • Disability | • Pension       | • Child care income |                 |

Household Member Name	1.	2.	3.	4.
Occupation				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income (see above)	\$	\$	\$	\$
Source(s) of Monthly Income				
<b>TOTAL MONTHLY INCOME</b>	\$	\$	\$	\$

If **no one** in your household is receiving any income, please indicate how the household is currently supporting itself financially:

### INCOME 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 United States Government.

Print Name		Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>
Signature		Date	

**Submit completed Occupant Information form to your property owner, or directly to:**

LEAD PAINT HAZARD CONTROL PROGRAM  
 Attn: Intake Coordinator  
 805 Central Avenue Suite 700  
 Cincinnati, Ohio 45202

