CITY OF EAST PROVIDENCE LEAD SAFE PROGRAM

TENANT INFORMATION FORM

Instructions

The tenants of any building for which assistance is being request from the Lead Safe Program must complete this form. The information collected will only be used to qualify your unit. This information will NOT be given to your landlord, unless you okay it.

Certain information (i.e. martial status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of eligibility. The personal information is used for statistical purposes only.

Name:			
Street:		Apt	
City:	State:	Zip:	
Home phone:	Wc	ork phone:	

FAMILY	SIZE

FOR CHART BELOW:

- List <u>ALL</u> occupants (adults and children).
- Provide yearly <u>GROSS INCOME</u> for each occupant.

Include income from employment, pensions, Social Security, AFCC, SSI, alimony/child support, workers compensation and interest on savings accounts and other assets.

• Provide DOCUMENTATION TO VERIFY INCOME listed.

Examples include 2 most recent pay stubs, award letters or bank statements showing direct deposit.

	Age	Gross Annual Income	Source	Lead Level
List ALL adults and children living in unit.			Employment, social security, alimony, etc.	Under 6 years old
1				
2				
3				
4				
5				
6				
	Total:			
	.c.un			

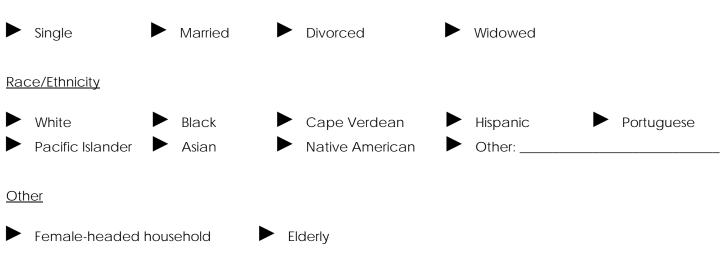
Present monthly rent: \$ _____

Are utilities included?	Yes	No
Are utilities included?	res	

FAMILY CHARACTERISTICS

Check all that apply.

Marital Status



I certify that the information provided above is accurate to the best of my knowledge.

Signature - Head of Household

Date

Mail or deliver this form to:

East Providence City Hall Planning & CDBG Department ATT: Ms. Jeannie Soares Lead Safe Program 145 Taunton Avenue East Providence, RI 02914