

**CITY OF BOSTON
DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT
LEAD SAFE BOSTON PROGRAM**

TENANT INFORMATION QUESTIONNAIRE

Dear Tenant:

Your landlord has applied for assistance from the City of Boston, Department of Neighborhood Development's Lead Safe Boston program. This assistance will result in the removal of lead paint hazards from dwelling units in your building reducing the risk of lead paint poisoning for children living there now, and in the future.

Federal Program guidelines require that funds used for this purpose assist primarily low- to moderate-income tenants. Consequently, the eligibility of your landlord's application for assistance will depend on household income information of tenants, like you, currently living in the building. The City must receive income information from you, before you application can be approved. Verification of income will be necessary in the form of two (2) paystubs and/or a copy of last year's Federal Tax Return.

If assistance is provided through the Department of Neighborhood Development, we will make every effort to ensure that you are inconvenienced as little as possible. As per the Massachusetts Lead Law, temporary relocation is required while your apartment is delead and both you and your landlord must approve a temporary relocation plan.

The answers to questions relating to race, sex and disability are voluntary and are requested for the purpose of determining compliance with Federal Civil Rights Law. Your response will not affect consideration of the application. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please complete the required information on the attached questionnaire. If you have any questions concerning this required document please contact Lead Safe Boston at 617-635-0190.

Thank you for your cooperation.

Name: _____

Address: _____

Phone: (home) _____ (cell) _____ Email (if used): _____

Please provide Race/Ethnicity household information for federal reporting purposes:

Asian Black Hispanic Native American White Other _____

Female Head of Household: Yes No

FAMILY COMPOSITION AND INCOME

Names of Household Members	Relationship to Head of Household	Date of Birth	Annual Income	Source of Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Complete the following section if a child under the age of six (6) does not live with you permanently but that child spends a significant amount of time in this unit/apartment.

Child's Name: _____

*Gross Household Income (from last year's tax return): _____ Monthly Rent: _____

Number of Bedrooms in Apartment: _____ Number of People living in Apartment: _____

How long have you lived here? ___ years. Are utilities included in your rent? Yes No

If no, what is your monthly utility cost for Gas: _____ Oil: _____ Electric: _____ Total: _____

Do you currently receive any form of rental assistance (Section 8 or Chapter 707)? Yes No

Do you have a handicap? Yes No If yes, please describe: _____

I/we declare under penalty of perjury that the foregoing information is true, accurate, complete and correct in all respects. I understand that there are significant penalties for submitting false information including the possibility of fines and imprisonment for knowing violations.

Tenant's Signature

Date

City of Boston-Department of Neighborhood Development-Lead Safe Boston
26 Central Avenue, Hyde Park, MA 02136
617-635-0190 www.HomeCenter@boston.gov

*Please include a copy of last year's tax return or 2 recent pay stubs.