



City of Nashua  
Community Development Division  
City Hall, 229 Main Street, PO Box 2019  
Nashua, New Hampshire 03061-2019

Community Development 589-3095  
Planning and Zoning 589-3090  
Building Safety 589-3080  
Code Enforcement 589-3100  
Urban Programs 589-3085  
Economic Development 589-3070  
Conservation Commission 589-3105  
FAX 589-3398  
[www.nashuanh.gov](http://www.nashuanh.gov)

Dear Tenant:

Your landlord has applied for assistance from the Nashua Lead Paint Program. This program is designed to assist low-income families. We must review every unit in the property. If the application is approved, an inspection will be done to identify potential lead hazards. We will also conduct an assessment of other healthy housing issues, such as smoke and carbon monoxide detectors, insulation issues, pest problems, etc.

Please fill in the attached forms so that we can qualify your unit. We understand some of the information is personal, and we keep it **strictly confidential**. Your landlord will not see the information unless you allow it in writing. Feel free to return the completed forms to us directly if you do not want your landlord to see the information.

The most important information is proof of income and if there are children under six years of age (including pregnancies) at the property. Be sure to provide one month of pay stubs or statements of income (SSI, retirement, etc). We can make copies and return the originals if needed.

If the application is approved, you may need to move out of your unit for about 10 working days while the work takes place. If you are required to temporarily move, the head of household will receive a \$400 check **after** the work in your unit is complete. Your landlord will give you plenty of notice to be prepared and you will receive information from this office.

The following forms are enclosed:

1. Unit Information
2. Occupant & Income Form
3. Lead Test Form
4. Tenant Information/Agreement Form (Two copies – Return one/Keep one)
5. EPA booklet “Protect Your Family from Lead in Your Home”

Please take time to read, understand, and complete all of the information provided. Your cooperation is greatly appreciated.

If you have any questions, or need assistance completing the application, please call or e-mail me at (603) 589-3067, [moree@nashuanh.gov](mailto:moree@nashuanh.gov).

Sincerely,

Elineth More  
Nashua Lead Paint & Healthy Homes Program  
Urban Programs Department  
City of Nashua

enc.

Last update: October 17, 2017

## NASHUA LEAD PAINT & HEALTHY HOMES PROGRAM UNIT INFORMATION

This form is to be completed by the head of household.

Address: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_  
Rent Amount: \$ \_\_\_\_\_ Rental Assistance Amt: \$ \_\_\_\_\_  
Total Number of people living in the unit (adults & children): \_\_\_\_\_  
Total Number of Rooms: (Include Kitchen and Bathrooms) \_\_\_\_\_

### Information for Government Monitoring Purposes

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to provide this information, but are encouraged to do so. The law provides that an agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to provide it, under Federal regulations this agency is required to note race and sex on the basis of visual observation or surname. If you do not wish to provide the above information, please check the box below.

I do not wish to provide this information

**Race/National Origin:**

American Indian, Alaskan Native  Asian, Pacific Islander  
 Black  Hispanic  White  Other (specify) \_\_\_\_\_

## NASHUA LEAD PAINT & HEALTHY HOMES PROGRAM OCCUPANT & INCOME FORM

NAME: (Head of Household) \_\_\_\_\_

**Proof of income for each adult is required.** 4 recent pay stubs, wage records, employer verification (directly from employer on letterhead). Please indicate if a full-time student.

**Please list every person living in your unit (include yourself)**

**Please list children less than six (6) years old who visit your home often. If a child visits please enter their relation (such as part-time custody, friend, cousin, etc.) and the amount time spent visiting the property.**

First	Last	Age	Date of Birth	Sex	Gross Income (Indicate if not working or a full-time student)
Example: Carmen	Santos	43	5-20-1964	F	\$400 weekly

Female Head of Household:             Yes     No

Is anyone in the household pregnant?  Yes     No

Are any members of your household handicapped and or disabled?  Yes     No

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

Family Size: \_\_\_\_\_ # of Children > 6 years: \_\_\_\_\_ Staff Initials \_\_\_\_\_

Income: \_\_\_\_\_ % of Median \_\_\_\_\_ Date \_\_\_\_\_

**NASHUA LEAD PAINT & HEALTHY HOMES PROGRAM  
LEAD TEST FORM**

NAME: (Head of Household) \_\_\_\_\_

All children less than 6 years old must be tested for lead. Your child's doctor or the Nashua Health Department can check your child's blood lead level. Please provide lead test information for children less than 6 years old:

Name	Date tested	Result	Not Tested
_____	_____	_____	_____
Name	Date tested	Result	Not Tested
_____	_____	_____	_____
Name	Date tested	Result	Not Tested
_____	_____	_____	_____
Name	Date tested	Result	Not Tested
_____	_____	_____	_____
Name	Date tested	Result	Not Tested
_____	_____	_____	_____
Name	Date tested	Result	Not Tested
_____	_____	_____	_____

The above listed children have not had their blood lead levels tested in the past three (3) months; however I will have them tested and will provide the results to the Nashua Lead Paint Program.

For religious and/or personal reasons, I choose not to have my child (children) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Nashua Lead Paint Program.

\_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

PLEASE READ & SIGN THIS FORM

**NASHUA LEAD PAINT & HEALTHY HOMES PROGRAM  
TENANT INFORMATION/AGREEMENT FORM**

**Program Requirements:**

Your landlord has applied to the Nashua Lead Paint & Healthy Homes Program to address lead hazards in the property. If the property qualifies, a Licensed Inspector will do a lead-paint inspection and risk assessment in your home. If there are any lead hazards identified, a Licensed Lead Paint Contractor will perform the work. This work will make your home a safer place for young children who live there or visit.

Your landlord has already agreed to the terms of the program. In order for us to assist your unit, you must also agree to the following:

**Relocation during lead hazard work:**

State and Federal Laws require relocation during the time that the contractors are working in your unit. The Program will notify you if you are required to temporarily move ahead of time. The **average time is 10 working days**. You cannot go in and out of your unit during this time. You cannot move back in until you have been notified that the work is done and it is safe. To make sure your unit is safe, the inspector will take samples for lead dust throughout your home. A laboratory will test these wipes samples. Relocation is required so that no member of your family will be exposed to lead dust during the work.

We suggest that you stay with family or friends. This program will provide you \$400 to help offset costs related to relocation. The check will be released to you **after** the work is done. The check is only released if you have followed all the program rules. There is only ONE check per unit allowed and you must come to our office with ID to pick it up.

Initials \_\_\_\_\_

**Non-Liability of personal injury/damage:**

I will indemnify and hold the City of Nashua's Lead Paint Program and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

Initials \_\_\_\_\_

Please indicate that you have been given a copy of the booklet "Protect Your Family from Lead in Your Home"

Initials \_\_\_\_\_

**Please sign and return this copy**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

**\*Please return this page\***

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