

# Occupant Information

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



A. HOME ADDRESS			
Street Address		Zip	
Apt/Unit #		Floor	
Occupant is: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		How long have you resided here?	

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

C. OCCUPANT FAMILY INFORMATION	
How many people live in the home?	Do you receive a Housing Choice Voucher? YES <input type="checkbox"/> NO <input type="checkbox"/>
Number living in the home who are:	
0 to 5 years old? <input type="text"/>	6 to 17 years old? <input type="text"/> Older than 17 years? <input type="text"/> Pregnant? <input type="text"/>
Number of children 0 to 5 years old visiting the home more than 6 hours per week? <input type="text"/>	
Is your home used to care for children under 6 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	

D. RESIDENT/VISITING CHILD INFORMATION					
ALL occupants AND children <6 years of age visiting more than 6 hours a week:					
Occupant / Child Visitor First and Last Name	Birthdate	Resident	Visitor	Has this individual had a blood lead test?	Race/ Ethnicity (Optional to answer)

**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 the Lead Hazard Control project being completed.

**E. Occupant INCOME INFORMATION – Self Attestation**

**Provide the following information for all household members over the age of 18 and whether they receive monthly income of any kind (Employer, SSI, Disability, Child Support, Public Assistance, Foster Care, Home Business, etc.). If the individual does not earn income, please list the income as “0”.**

Household Member Name	1.	2.	3.	4.
Employer				
Occupation				
Race/ Ethnicity <i>(optional to answer)</i>				
Age				
Monthly Wages	\$	\$	\$	\$
Other Monthly Income	\$	\$	\$	\$
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:

Please document any extenuating circumstances, including COVID hardship, that may prevent the occupant from providing source documentation of income:

**F. REQUIRED DOCUMENTATION – MUST CHECK EACH BOX OR MARK N/A (NOT APPLICABLE)**

*All applications must be fully completed, signed, and submitted with the following to be processed:*

<input type="checkbox"/>	For each occupant over the age of 18 years old, proof of income is required:
	<ul style="list-style-type: none"> <li>• Most recent tax return OR the last 30 days of recent pay checks</li> <li>• Copies of award letters for Social Security, Pension / VA, unemployment benefits, child support, alimony, and / or public assistance, as applicable</li> <li>• As a last resort, if there are approved documented extenuating circumstances that prevent the occupant from providing the above listed documentation, the Self Attestation table may be used</li> </ul>
<input type="checkbox"/>	For each child RESIDENT under the age of 6 years old: <ul style="list-style-type: none"> <li>• Birth Certificates or Official Evidence of Age, including church record of birth or baptism established before the age of five, school record, insurance policies, draft card, official hospital record, daycare or nursery school records, United States passport, or vaccination certificates.</li> </ul>
<input type="checkbox"/>	For each VISITING child under the age of 6 years old that spends at least 6 hours a week at the unit: <ul style="list-style-type: none"> <li>• Visiting Child Form for each visiting child</li> </ul>

**G. 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 United States Government.

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

**Submit completed Occupant Information form with supporting documentation to the property owner, if for rental units, or directly to:**

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

