



**City of Cambridge  
Community Development Department  
344 Broadway  
Cambridge MA 02139**

**LEAD-SAFE CAMBRIDGE INTAKE FORM(OWNER OCCUPANT)**

Office Use Only  
Information Compiled By:  
Date Compiled:

**Owner-Occupant Information**

First Name

Last Name

Trust/Corporation/Partnership/Individuals

Street Address

Unit#

City

State

Zip Code

Telephone/Day

\*Area Code Required

Telephone/Evening

\*Area Code Required

Other Contact Name (Property Mgr.)

Other Contact Telephone

\*Area Code Required

How did you hear about LSC?

**Additional Owner-Occupant Information**

Primary Language

Total # of Occupants

Total # of Children Under 6 Years Old

Is Any Member of the Household Pregnant

Yes

No

Don't know

Do You Receive Section 8 or Other Subsidy?

Yes

No

**LIST ALL ADDITIONAL OCCUPANTS**

**DOB and Relationship to Owner**

**First**

**Last**

**DOB**

**Relationship**



**LEAD-SAFE CAMBRIDGE INTAKE FORM(OWNER OCCUPANT)**

**Expected Total Annual Household Income** before taxes (gross) Per Year  
for all household members from all sources for 2004.

**Please ATTACH copies** of the following documentation of household income for both 2003 and 2004. (Check all that apply.)

- 1. 2003 Federal Income Tax Return
- 2. Most recent pay stub showing year-to-date earnings

*OR*

- 3. Unemployment compensation documentation showing year-to-date earnings
- 4. Fixed income documentation (AFDC, Social Security, etc.)
- 5. Lead-Safe Cambridge “Affidavit of Self-Employment or Unreported Income”

**APPLICANT CERTIFICATIONS**

**THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT’S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.**

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<b>Applicant’s Signature</b>	<b>Date</b>
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**THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.**

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<b>Applicant’s Signature</b>	<b>Date</b>
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