



Lead Safe Providence Program Application

REFERRED BY: St. Joseph's Health Center CAPP LSPP GHHI Other

ADDRESS: _____ CITY: Providence ZIP CODE _____ #UNITS _____

DATE OF CONSTRUCTION _____

BORROWER'S INFORMATION

Name: _____

Address: _____

Phone: _____

E-mail: _____

Social Security #: ____/____/____

Date of Birth: ____/____/____

Marital Status: Married / Single / Separated

Gender Identity: Male / Female

Head of Household: Yes / No

US Citizen: Resident:

CO-BORROWER'S INFORMATION

Name: _____

Address: _____

Phone: _____

E-mail: _____

Social Security #: ____/____/____

Date of Birth: ____/____/____

Marital Status: Married / Single / Separated

Gender Identity: Male / Female

Head of Household: Yes / No

US Citizen: Resident:

BORROWER'S INFORMATION

Present Employer:

Company: _____

Address: _____

City: _____

State: _____ Zip _____

Phone: _____

Position: _____

CO-BORROWER'S INFORMATION

Present Employer:

Company: _____

Address: _____

City: _____

State: _____ Zip _____

Phone: _____

Position: _____



CITY OF PROVIDENCE
Jorge O. Elorza, Mayor



Lead Safe Providence Program Application

Years Employed: _____

Years Employed: _____

Gross **Monthly** Income \$ _____

Gross **Monthly** Income \$ _____

Additional Monthly Income:

Additional Monthly Income:

Average overtime earning: \$ _____

Average overtime earning: \$ _____

Part Time/Seasonal Employment: \$ _____

Part Time/Seasonal Employment: \$ _____

Retirement/Pension income: \$ _____

Retirement/Pension income: \$ _____

Social Security SSI: \$ _____

Social Security SSI: \$ _____

Child Support/ Alimony: \$ _____

Child Support/ Alimony: \$ _____

FIP Benefits: \$ _____

FIP Benefits: \$ _____

Other Income: \$ _____

Other Income: \$ _____

Explain Other: _____

Explain Other: _____

PLEASE LIST **ALL** PERSONS IN YOUR HOUSEHOLD:

(if 18 years or older please provide income documentation listed on the last page of this application)

Name:

Relationship:

Age:



Lead Safe Providence Program Application

TOTAL HOUSEHOLD SIZE _____

Borrower's Certification

I/We certify that the statements contained in this application and certification are true and correct to the best of my/our knowledge and belief.

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief.

I/We understand that if any statement contained in this application and certification is not true or correct, I/we may be subject to criminal prosecution or, as applicable, my/our loan application may be denied or the property improvements with the proceeds of the loan maybe foreclosed upon.

I/We further understand that the final decision regarding approval of this application will be made by the City of Providence, Division of Community Development

I/We certify that no illegal unit(s) exists within the subject property. Any property containing one or more illegal units shall be disqualified from participation in this program. If upon mandatory inspection, an illegal unit is discovered, the unit must be deconstructed or this application will be terminated. An illegal unit is defined as an additional housing unit not originally intended for occupancy which includes living space, plumbing and electrical service, full bathroom, and kitchen facilities.

Name Signature Date

Name Signature Date

Name Signature Date

Have you been cited for any Code Violations at this property? Yes No



Lead Safe Providence Program Application

Tenant's Information

Unit # 1

Occupied: Yes No

Tenant's Name _____

Dependents: _____

of Children Under Six Years of Age _____

Rent Amount \$ _____

Utilities Included: Yes No

Unit # 2

Occupied: Yes No

Tenant's Name _____

Dependents: _____

of Children Under Six Years of Age _____

Rent Amount \$ _____

Utilities Included: Yes No

Unit # 3

Occupied: Yes No

Tenant's Name _____

Dependents: _____

of Children Under Six Years of Age _____

Rent Amount \$ _____

Utilities Included: Yes No

Unit # 4

Occupied: Yes No

Tenant's Name _____

Dependents: _____

of Children Under Six Years of Age _____

Rent Amount \$ _____

Utilities Included: Yes No



Lead Safe Providence Program Application

Utilities Data

Are utilities included in tenant rent? <input type="checkbox"/> Yes <input type="checkbox"/> No***If you answered No AND do not live at property, please skip to next section	
Please Check One: <input type="checkbox"/> Unit #1 <input type="checkbox"/> Unit #2 <input type="checkbox"/> Unit #3 <input type="checkbox"/> All Units	Do you have a heating fuel account: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating Fuel Type: <input type="checkbox"/> Natural G <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Pellet <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other	
Heating Fuel Company:	Electric Company:
Name on Heating Fuel Bill:	Name on Electric Bill:
Heating Fuel Account #:	Electric Account #:
If you do not have a heating fuel account, do you use more than one company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:	
List Additional Heating Fuel Companies:	

For Internal Use Only

Resident Educator: _____	Resident Educator Start Date: _____
ETO Start Date: _____	ETO Completion Date: _____
Date Received at DPD: _____	Received by: _____
Owner Household Income: \$ _____	Household Size: _____
Eligible Income: At or Below 80%: _____ At or Below 50%: _____ Other: _____	
Has had weatherization in the past? ___ Yes ___ No If yes, when was it weatherized? _____	
Qualifies for weatherization: ___ Yes ___ No	
Approved for Assessment: ___ Yes ___ No Approval/ Denial Date: _____	
If no, reason for denial/dismissal?: _____	
Unit # 1 Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Unit # 2 Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unit # 3 Form: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Answered Race/ Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Lead Safe Providence Program Application

APPLICATION INFORMATION & INSTRUCTIONS:

- All required documentation must be submitted with this application (see Application Checklist).
- Required back up documentation must be submitted for all borrowers listed on the title to the home.
- The City of Providence reserves the right to request further information
- Applications must be resubmitted if loan does not close within 6 months.

APPLICATION CHECKLIST

PLEASE COMPLETE THE APPLICATION AND SUBMIT PHOTO COPIES OF THE DOCUMENTS LISTED BELOW AND MAIL OR DROP OFF TO COMMUNITY ACTION PARTNERSHIP OF PROVIDENCE – 518 HARTFORD AVENUE PROVIDENCE, RI 02909. APPLICATION MUST BE COMPLETE OR IT WILL NOT BE PROCESSED.

- Copy of Photo ID
- Copy of Warranty Deed with Exhibit A (Death Certificate is required if spouse is deceased)
- Copy of Current Mortgage Statement
- Copy of Current Property Insurance
- Four (4) Recent Pay Stubs (including co-borrower, if applicable)
- If self-employed, year to date profit and loss statement
- Documentation of Other Sources of Income (i.e. SSI, Worker's Comp, Unemployment or Disability benefits; Pension statements; taxable interest and dividends; tax refunds; business income; rental income from real estate income; etc.)
- Last two years of signed Federal income tax returns signed with all schedules and copies of W-2 forms
- Copy of blood lead level for all children 6 or under residing or visiting the property. This can be received from the child's primary care doctor, Department of Health, or if you do not have medical insurance St. Joseph's Lead Center offers testing.



Lead Safe Providence Program Application

Conditions for Participation

I own (property address) _____ which contains ___ units. It is a private residential property that will have lead hazards identified and reduced under the Lead Hazard Reduction Program (Program). As conditions of my participation in the Lead Hazard Reduction Program I/we understand that:

- The lead program is **not** a **remodeling program**.
- The lead program is required to treat all lead hazards identified at the property.
- Lead specified treatments will be required to make all damaged surfaces intact and/or friction free.
- Only RI DOH certified program lead contractors can participate in city HUD lead program.
- Property owners will be required to approve property treatment lead specifications.
- Any cost for non-lead related up-grade treatments will be the responsibility of the property owner and must be paid in advance.
- Property owners are required to sign off on completed work and contractor payment requisitions.

Further I/we agree to:

- Allow a lead inspection of each participating unit, common, areas, and exterior of this property according to the protocols of the Program, which include paint chip collection from damaged surfaces;
- Correct all interior and exterior (including soil) lead hazards identified in my property to lead-safe levels as defined by HUD and Rhode Island Department of Health Lead Regulations;
- Provide access to the property twelve months after the lead hazard reduction work was completed for environmental lead inspection and;
- Cover the cost of all follow-up inspections required by Rhode Island Lead Regulations;
- Vacant unit(s) will not be rented until the unit(s) have had the lead hazard reduction work completed;
- Landlord agrees not to raise the rent for a period of one year from the time the property is enrolled into the lead program;
- Landlord agrees to make every effort to rent to families with single mothers with children under six;



Lead Safe Providence Program Application

- If the tenant is relocated **3 or more nights**, the rent of tenant will be **pro-rated** for the number of nights they are relocated during lead hazard reduction work;
- The landlord agrees to charge rents at or below Fair Market Rents for the next five years;
- The landlord will take responsibility for packing their tenant's belongings if tenants fail to do so prior to the scheduled start of work by either performing the packing myself, or allowing the Program to charge the cost of the loan portion for packing services by adding the cost to the amount of my loan;
- Take responsibility for the cost of all utilities (heat, electricity, running water) needed to carry out the lead hazard reduction work, by:
 - Providing such utilities as needed, and/or
 - If I am a landlord, reimbursing my tenants for extra utility costs, if any, incurred as a result of the work, and/or if adequate utilities are not available, allowing the cost of providing temporary services to be added to my loan;
- Take responsibility for maintaining my property in lead safe condition after lead hazard reduction work has been completed.

LEAD DUST TESTS AND RE-INSPECTIONS

According to Rhode Island regulations, once a comprehensive lead inspection is done on a unit, the owner is legally obligated to address all lead hazards. It is important to understand this prior to enrollment as this law applies whether or not I am enrolled in the program. According to Rhode Island regulations, an annual re-inspection will be performed on my property by a Certified Environmental Lead Inspector to confirm continued compliance with the lead regulations.

I understand I am responsible for paying for all follow-up inspections. I will be given the results of all environmental testing and follow-up inspections at my property. I understand that all information from lead inspections must be shared with potential buyers and/or tenants of my property in accordance with Rhode Island and Federal Law. Further I will be obligated to correct all lead hazards identified in re-inspections.

CONTRACTOR SELECTION

Upon receipt of the Certified Lead Inspection Report, the Program will develop work specifications. Along with Program staff, I will review and approve the scope of work. The Program will then solicit bids from our list of pre-qualified RI licensed lead hazard reduction contractors. After Program review of bids, the project will be awarded to the lowest qualified bidder.



Lead Safe Providence Program Application

INVOLVEMENT OF FAMILIES LIVING IN MY PROPERTY

If I am a landlord, I will discuss this program with all families living in my property. These families will be made aware of the need for Certified Environmental Lead Inspectors and Licensed Lead Hazard Reduction Contractors to enter their dwellings to conduct lead inspections, lead hazard reduction work and re-inspections. Further, I will inform the families that during lead hazard reduction they will have to pack personal items and move out temporarily. I will inform the families that they are prohibited from re-entering their units during lead hazard reduction and until their unit passes a dust clearance test. Tenant families will receive assistance from the Program for temporarily relocation at a rate of \$100 per day up to a maximum stipend of \$700. I also understand that if any resident family, including my own, does not pack their belongings, I will incur packing and storage costs. I understand that all current tenants have the right to re-occupy their unit following lead hazard reduction work according to Rhode Island law.

My application cannot be approved until all current tenants sign the Tenant Information/Agreement Form. In addition, work will not be undertaken until any new tenants who occupy the building after application approval but before the lead hazard reduction work have also signed a Tenant Information/Agreement Form.

RELOCATION DURING LEAD HAZARD REDUCTION FOR OWNER-OCCUPIED PROPERTIES

In an owner-occupied building, I, the owner, understand that my family will have to move out temporarily. I understand that I will not be able to enter any unit or area undergoing lead hazard reduction work, except for the purpose of inspecting work in progress, until all the work is completed and dust clearance test results indicate that it is safe to re-occupy. I will be responsible for all costs and arrangements associated with my relocation.

I understand that I will be responsible for packing personal items and movable objects in any rooms that will be receiving lead hazard reduction. Personal items and movable objects include but are not limited to: all items on furniture or shelves, in drawers, cupboards and closets, clothing, dishes, wall decorations, curtains and draperies, area rugs, books, refrigerator/freezer food and other non-furniture items. These items will need to be placed in boxes and temporarily stored in a safe place in order to avoid lead contamination during lead hazard reduction.

❖ ALL PETS MUST BE RELOCATED DURING LEAD HAZARD REDUCTION



Lead Safe Providence Program Application

FISCAL RESPONSIBILITY

I understand that the funding for this program is subject to appropriations by the U.S. Department of Housing and Urban Development's Office of Healthy Homes and Lead Hazard Control and other funding sources. I understand this is a:

- Conditional grant fully forgivable after 5 years if owner occupied
- Conditional grant fully forgivable after 10 years for non-owner occupied properties.

NON-LIABILITY FOR PERSONAL INJURIES

I will indemnify and hold the City of Providence, Department of Planning and Development and their officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

SIGNATURES: I have read the above and completed the request form. I certify that the information provided is complete and accurate. I have read the information provided regarding lead hazard reduction and understand that my dwelling unit will be inspected and treated for lead hazards.

PROPERTY ADDRESS: _____

PROPERTY OWNER SIGNATURE: _____

Date: _____

PROPERTY OWNER SIGNATURE: _____

Date:



Lead Safe Providence Program Application Lead Safe Providence Program

INDIVIDUAL AUTHORIZATION FOR RELEASE OF INFORMATION

I do thereby authorize the following Lead Safe Providence Program partners (to include without limitation)

- Providence Department of Planning and Development
- Coalition to End Childhood Lead Poisoning/ Green & Healthy Homes Initiative
- St. Joseph's Hospital

to release my information pertaining to myself/ my family/ my home in connection with the Lead Safe Providence Program. I understand that such information will not be used for any purpose that is unrelated to the Lead Safe Providence Program.

Proposed Recipient(s) of the Information:

Any government body, agency or other organization that is a participant in Lead Safe Providence Program. A list of these entities is below. I understand that this list may be updated and changed from time to time, and that a current list will be maintained by, and will be available upon request from:

Providence Department of Planning & Development
444 Westminster Street
Providence, RI 02903
Attn: Lead Abatement Coordinator
401-680-8400

I understand that:

- I may withdraw my authorization at any time by submitting a written request to the Lead Safe Providence Program Manager at the Department of Planning (see address above)
- If I refuse to sign this authorization, my services, program payments, or eligibility for participating in the program will not be affected.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient, and no longer protected by this rule.
- I understand that even if I do not withdraw this consent that this statement shall expire in:
(please check one): ___ 3 moths ___ 6 months ___ 12 months ___ Other
(if no time is indicated authorization will expired in one year)

I have carefully read and understand the above, and do herein expressly and voluntarily authorize disclosure of information about myself, my family or my home to those persons or agencies listed above.

Applicant Signature Today's Date

_____/_____/_____
Today's Date

Co-Applicant Signature

_____/_____/_____
Today's Date



TENANT INFORMATION/AGREEMENT FORM

Section One:

Your landlord has applied to participate in the DPD Lead Hazard Reduction Program. In order to qualify, a tenant/agreement form must be submitted for each tenant. If the property qualifies, a lead assessment will be done in your home by a Certified Environmental Lead Supervisor. A Licensed Lead Hazard Reduction Contractor will then correct the identified lead hazards. This work is called Lead Hazard Reduction.

Program Requirements:

I understand that my dwelling unit will have lead hazards identified by an approved Certified Environmental Lead Supervisor and reduced by a Licensed Lead Hazard Reduction Contractor under the DPD Lead Hazard Reduction Program. As a condition of my participation in the DPD Lead Hazard Reduction Program, I know that the property owner has agreed to:

- ⊕ Allow for a lead assessment of my dwelling unit according to the protocols of the program;
- ⊕ Reduce all lead hazards to a lead-safe level in my dwelling unit according to the results of testing;
- ⊕ Allow for a lead inspection in my home 12 months after lead hazard reduction has occurred.

Benefits Associated with Lead Hazard Reduction:

By participating in this program, my family will receive the following benefits:

- ⊕ A lead assessment will be done by Environmental Lead Supervisor to find lead hazards. A licensed contractor will correct the hazards.
- ⊕ A lead education package will be given to you. The package will provide information and answer questions on lead poisoning prevention.
- ⊕ Your children who are under six years of age can receive a free blood test at St. Joseph Hospital. If you are interested please call (680-8400) to obtain the form. It is important that you have your children under age six tested for lead poisoning once a year.

Relocation During Lead Hazard Reduction:

During the lead hazard reduction of my dwelling, I understand that my family will have to move out temporarily (**estimated 7 – 14 days**) and will be prohibited from re-entry until all the work is completed and the property has passed a dust clearance test. Relocation is essential so that no member of my family will inhale or ingest lead dust during construction. Inhalation or ingestion of lead dust may cause lead poisoning.

As a tenant during lead hazard reduction, I may choose either to:

- ⊕ Stay with family and friends. If this option is chosen, I will receive a stipend of \$100.00 per day not to exceed the amount of \$700.00 approximately two weeks after I return back to my unit. If you are away from your building more than 3 days, you will not owe rent for this time period.
- ⊕ Relocate to a vacant unit within the building. I am still eligible for the \$100.00 per day stipend not to exceed the amount of \$700.00, but I will still owe the full rent.

For the days you are away from your home due to lead hazard reduction, the owner is to pro-rate or refund your rent per Rhode Island Law.

_____ Initials

PACKAGE AND STORAGE OF ITEMS DURING LEAD HAZARD REDUCTION

I understand that I will be responsible for packing and storing personal items and movable objects in any rooms that will be receiving lead hazard reduction. Personal items and movable objects include, but are not limited to: all items on furniture or shelves, in drawers, cupboards and closets, clothing, dishes, wall decorations, curtains and draperies, area rugs, books, refrigerator/freezer food and other non-furniture items. (Clothing can remain on hangers, place them in garbage bag and lay the bag across the bed--which will be wrapped in plastic and sealed.) These items will need to be placed in boxes and temporarily stored in a safe place (such as the middle of the room) in order to avoid lead contamination during lead hazard reduction. The Licensed Lead Hazard Reduction Contractor performing the work will instruct me on proper storage of my belongings. We recommend taking valuable items out of the unit during the lead abatement.

FISCAL RESPONSIBILITY

I understand that the funding for this program is subject to appropriations by the City of Providence Housing Funds or the State of Rhode Island.

NON-LIABILITY FOR PERSONAL INJURIES

I will indemnify and hold Department of Planning and Development and its officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

QUESTIONS

If I have any questions, I should call Paula Baron at Department of Planning and Development at 401-680-8400.

SIGNATURES

I have read and completed Section One above. I certify that the information provided in Section Two is complete and accurate. I have read the information provided regarding lead hazard reduction and understand that my dwelling unit will be inspected and treated for lead. During the time construction work is being conducted on my unit, my family will:

Please initial:

- 1. _____ *Stay with friends or relatives*
- 2. _____ *Needs relocation*

If you choose to stay with friends/relatives please provide the social security number of the person requesting the relocation check.

Social security number: _____

Head of Household

Date

Property Address

Unit #

Property Owner Signature

Date

Home Telephone #

Work Telephone #

All Tenants Must Fill Out the Following Page

SECTION TWO:

Please list full name and work phone for adults in household:

Name Home Phone Work Phone

Address Unit # # of Bedrooms

Number of People in Household: _____ Income: _____ Weekly, Monthly or Yearly

Mark next to the income range that best fits your annual GROSS income & family size. *

1 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$15,300 <input type="checkbox"/> \$15,301 – \$25,500 <input type="checkbox"/> \$25,501 – \$40,800 <input type="checkbox"/> \$40,801 and over	2 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$17,500 <input type="checkbox"/> \$17,501 – \$29,150 <input type="checkbox"/> \$29,151 – \$46,600 <input type="checkbox"/> \$46,601 and over	3 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$20,160 <input type="checkbox"/> \$20,161 – \$32,800 <input type="checkbox"/> \$32,801 – \$52,450 <input type="checkbox"/> \$52,451 and over
4 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$24,300 <input type="checkbox"/> \$24,301 – \$36,400 <input type="checkbox"/> \$36,401 – \$58,250 <input type="checkbox"/> \$58,251 and over	5 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$28,440 <input type="checkbox"/> \$28,441 – \$39,350 <input type="checkbox"/> \$39,351 – \$62,950 <input type="checkbox"/> \$62,951 and over	6 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$32,580 <input type="checkbox"/> \$32,581 – \$42,250 <input type="checkbox"/> \$42,251 – \$67,600 <input type="checkbox"/> \$67,601 and over
7 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$36,730 <input type="checkbox"/> \$36,731 – \$45,150 <input type="checkbox"/> \$45,151 – \$72,250 <input type="checkbox"/> \$72,251 and over	8 PERSON HOUSEHOLD <input type="checkbox"/> \$0 – \$40,890 <input type="checkbox"/> \$40,891 – \$48,050 <input type="checkbox"/> \$48,051 – \$76,900 <input type="checkbox"/> \$76,901 and over	

*Note family size includes any persons that live in your residence that are related by blood, adoption, or marriage.

Monthly Rent: _____ Utilities Included: _____ Yes _____ No

What is the primary language spoken in your household: _____

Please provide the name and phone number of someone we can call if we can't reach you:

Name: _____ Home Phone: _____

Please complete the following for **all** household members (use separate sheet if needed.)

First	Last	Age	Date of Birth	Sex	Race (optional)

****RACE:** W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/National Origin information has been requested by Department of Planning and Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

“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 understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Head of Household Signature: _____ Date: ___/___/___

Lead Safe Providence Program

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- Providence Department of Planning and Development
- Community Action Partnership of Providence
- Coalition to End Childhood Lead Poisoning/ Green & Healthy Homes Initiative
- St. Joseph's Hospital

to release my information pertaining to myself/ my family/ my home in connection with the Lead Safe Providence Program. I understand that such information will not be used for any purpose that is unrelated to the Lead Safe Providence Program.

Proposed Recipient(s) of the Information:

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444 Westminster Street
Providence, RI 02903
Attn: Lead Abatement Coordinator
401-680-8400

I understand that:

- I may withdraw my authorization at any time by submitting a written request to the Lead Safe Providence Program Manager at the Department of Planning (see address above)
- If I refuse to sign this authorization, my services, program payments, or eligibility for participating in the program will not be affected.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient, and no longer protected by this rule.
- I understand that even if I do not withdraw this consent that this statement shall expire in:
(please check one): ___ 3 moths ___ 6 months ___ 12 months ___ Other
(if no time is indicated authorization will expired in one year)

I have carefully read and understand the above, and do herein expressly and voluntarily authorize disclosure of information about myself, my family or my home to those persons or agencies listed above.

Tenant's Signature

_____/_____/_____
Today's Date

Lead Safe Providence Program

Autorización Individual Para la Liberación de la Información

Yo autorizo a los siguientes socios de Lead Safe Providence Program (para incluir, sin limitación):

- Providence Department of Planning and Development
- Community Action Partnership of Providence
- Coalition to End Childhood Lead Poisoning/ Green & Healthy Homes Initiative
- St. Joseph's Hospital

a revelar información relevante sobre mí persona/ mi familia/ mi casa en conexión con el Lead Safe Providence Program. Entiendo que dicha información no se usará para ningún propósito que no tenga relación con el Lead Safe Providence Program.

Propuesto de Beneficiario(s) de la Información:

La información será recibida por cualquier organismo, agencia u organización que participe en Lead Safe Providence Program. A continuación figura la lista de esas entidades. Entiendo que esta lista se puede actualizar y cambiar periódicamente y que la lista actual será mantenida por la siguiente organización, la cual la proporcionará cuando sea solicitada:

Providence Department of Planning & Development
444Westminster Street
Providence, RI 02903
Attn: Lead Abatement Coordinator
401-680-8400

Entiendo que:

- Puedo retirar mi autorización en cualquier momento mediante la presentación de una solicitud por escrito al Lead Safe Providence Program al Department of Planning (vea la dirección arriba)
- Si me niego a firmar esta autorización, mis servicios, los pagos del programa, o la elegibilidad para participar en el programa no se verá afectado.
- La información utilizada o revelada conforme a esta autorización puede estar sujeta a una nueva divulgación por el beneficiario, y ya no protegida por esta regla.
- Entiendo que incluso si no retiro este consentimiento que esta declaración expirará en:
(por favor marque uno): ___ 3 meses ___ 6 meses ___ 12 meses ___ Otros
(si no se indica la autorización de tiempo, se expirará en un año)
- He leído con atención y comprendo lo anterior, y haciendo en el presente documento de forma expresa y voluntariamente a autorizar la divulgación de información acerca de mí mismo, mi familia o de mi casa a las personas o entidades mencionadas anteriormente.

Firma del Inquilino

____/____/____
Fecha de Hoy