Municipal Lead Abatement Program
Demographic & Justification Form

**Department of Health Information**
Has the Local Department of Health issued an Order to Abate for the home?  ☐ Yes  ☐ No
   If no, has a child under the age of 6 had an elevated blood lead level from a doctor?  ☐ Yes  ☐ No
   How many children under 6 have an EBL? ____________

**NJ Weatherization Assistance Program**
Has the property been deferred from the NJ Department of Community Affairs (DCA) Weatherization Assistance Program (WAP) due to the presence of lead-based paint hazards?  ☐ Yes  ☐ No

**Demographic Information**
How many people live in this property? ____________
How many children under the age of 6? ____________

**Property Information**
Address: _______________________________________________________
City/Town, and Zip Code: ___________________________________________
Block Number: ________    Lot Number: ________
County: ☐ Atlantic  ☐ Cumberland  ☐ Essex  ☐ Hudson  ☐ Mercer  ☐ Middlesex  ☐ Ocean  ☐ Passaic  ☐ Union
Number of Legal Dwelling Units in Building: ☐ One (1) Unit  ☐ Two (2) Units
   ☐ Three (3) Units  ☐ Four (4) Units
Year of Building Construction:______________________________________
Historical Significance- Has the property been designated “historic,” or is it located in a historic district?  ☐ Yes  ☐ No  ☐ Unsure
Type of Exterior (vinyl, wood clapboard, etc.): _______________________

**Occupancy Information** (please choose one)
☐ Owner Occupied Single Family  ☐ Rental Only Property
☐ Combined, Owner Occupied with Rental (owner resides at, but rents part of building)
Is the unit determined to be structurally sound, and occupancy is permissible, under State and Local building and property maintenance codes?  ☐ Yes  ☐ No

**Program Manager**
I certify that based on the provided information; the applicant dwelling is eligible for lead abatement services through the Municipal Lead Abatement Program.
Manager Signature: __________________________________ Date: ____________________
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