



**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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