Elevated Blood Level Verification Form (Optional)

Applicants and participants on the Tenant Based Rental Assistance Program must complete the following. Lead paint can be a hazard to the health and welfare of children.

List all children in your household:		
Name	Birthdate	Elevated Blood Level
		yes no no
		yes
		yes no
If expecting a child within the next nine months, please list expectant date		
There are no children in my household		
Signature dat	te	