

LHRD Frequently Visiting Child Certification

I, _____ the owner of _____ attest that each of the below listed children under the age of 6 spends a "significant amount of time visiting" my home. Significant amount of time visiting is defined as three hours a day on two separate days a week and a total of 60 hours per year.

Child 1 _____ Age _____ DOB _____

Home Address _____ City _____

Child 2 (If applicable) _____ Age _____ DOB _____

Home Address _____ City _____

Child 3 (If applicable) _____ Age _____ DOB _____

Home Address _____ City _____

Child 4 (If applicable) _____ Age _____ DOB _____

Home Address _____ City _____

Child 5 (If applicable) _____ Age _____ DOB _____

Home Address _____ City _____

Please state the reason these children spend a significant amount of time visiting your home:

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation may make me ineligible for the Lead Hazard Reduction Demonstration grant program.

Printed Name

Signature of Applicant/Homeowner

Date