

Public Housing and Community Development Miami-Dade Housing Choice Voucher Program

P.O. Box 521750 Miami, FL 33152-1750 TTD/TTY Florida Relay Service 1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893 Si necesita ayuda con este formulario, llame al 305-403-3222 Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

Disclosure of Information Regarding Lead-Based Paint and/or Lead-Based Paint Hazards

This document is used to ascertain as to whether or not the Lessor or Lessee have knowledge of a Lead-Based paint Hazard.

TENANT AND LANDLORD MUST SIGN THIS FORM

Lead Warning Statement:

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead based paint and lead based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclos	ure (Init	tial and check the spaces below that a	oply (a AND b))	
	_ (a)	Presence of lead-based paint or lea	d-based paint hazards (ch	eck one below):
	Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)			
	Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.			
	_ (b) Records and reports available to the lessor (check one below):			
	Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below)			
	Lesso	r has no reports or records pertaining t	o lead-based paint and/or	lead-based paint hazards in the housing.
Lessee's Acknov	(c)	Lessee has received copies of all info		ad in Your Home
	_ (d)	Lessee has received the pamphlet P	rotect Your Family from Le	ua III Your Home.
Agent's Acknow	_ (e)		e lessor's obligations unde	42 U.S.C. 4852(d) and is aware of his/her
	rties ha	-	d certify to the best of the	r knowledge, that the information provided
Lessor		Date	Lessor	Date
Lessee		Date	Lessee	Date
Agent		Date	<u>Agent</u>	Date
Address of Assis	ted Un	it		
Citv:			State:	Zip: