



BOSTON HOUSING AUTHORITY

Leased Housing
52 Chauncy Street, Floors 1, 4 & 5
Boston, Massachusetts 02111

Phone: 617-988-4000
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TDD: 800-545-1833 x420
www.BostonHousing.org

(This information is available in alternative format upon request.)

Information for BHA Inspections Department

I. LEAD PAINT CERTIFICATION

I _____ hereby certify that the BHA has advised me that:

(1) any child living with me is under six (6) years old should be tested for an elevated blood level of lead (“EBL”),

(2) BHA inspectors do not test apartments for lead-based paint,

(3) the BHA will order the landlord to conduct a test for lead-based paint only upon request and if a family member under the age of six (6) years old has an EBL equal to or exceeding 20 ug/dl for a single test or 15-19 ug/dl in two consecutive tests three to four months apart or has lead poisoning,

I further certify that I received a copy of the Environmental Protection Agency (EPA) brochure entitled, “Protect Your Family From Lead in Your Home”. This brochure should have been provided to you at the inception of your tenancy by your landlord.

The Following Children Under 6 will be living with me:

Name	Tested?	Results	Date	Testing Agency
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		

* Attach documents of positive results

II. REQUEST FOR VISUAL SMOKE DETECTOR

I _____ hereby certify that I have been informed that I may obtain a visual smoke detector if there is a hearing impaired individual occupying my household.

I **DO** require a smoke detector for the hearing impaired.

I do **NOT** require a smoke detector for the hearing impaired.

Signature of Head of Household: _____

Date: _____