



Date Purchase and Sale Agreement Obligated Purchase of Property? \_\_\_\_\_

**Rental Transaction**

Is the lease agreement written or unwritten? (circle one)

Date of Initial Lease: \_\_\_\_\_

How long has the Complainant resided at the unit? \_\_\_\_\_

How many units are in the Complainant's building? \_\_\_\_\_

Number of pre-1978 residential units owned/managed by the Lessor/Agent: \_\_\_\_\_

**General Questions**

Type of Housing (circle one, if applicable): Private Military HUD-Assisted Federal

Did complainant receive any information about lead-based paint/lead-based paint hazards? (Y/N/Unknown)

Did complainant receive an EPA-approved lead hazard information pamphlet? (Y/N/Unknown)

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**Agency Information**

(Please complete & attach any applicable supporting documents)

1. Has your organization conducted any inspections at the property confirming the presence of lead-based paint and/or lead-based paint hazards? (Y/N)
2. Has your organization issued an order(s) to reduce lead hazards at this property? (Y/N) If so, when was it issued? \_\_\_\_\_
3. Has your organization received any tips and complaints in the past regarding this Seller/Lessor/Agent? (Y/N)
4. Have there been any other reported elevated blood levels at this property or other properties owned/managed by the Seller/Lessor/Agent? (Y/N)

**Fax or Mail to:**

Molly Magoon, U.S. EPA NEW ENGLAND; One Congress St., (SEP), Boston, MA 02114  
Fax # (617) 918-1809 Voice# (617) 918-1848

**Copy:**

Connecticut Department of Public Health; 410 Capitol Avenue, MS #51LED; P.O. Box 340308  
Hartford, CT 06134-0308; Fax # (860) 509-7295 Voice # (860) 509-7299

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**For EPA Use Only**

Date received: \_\_\_\_\_ Action: \_\_\_\_\_ EPA rep. \_\_\_\_\_