



LEAD SAFE ATLANTA

Occupant Data Form

Name of Owner:

Subject Property Address:

Name of Occupant: Apt. #

Occupants Phone Number:

Work Number:

Head of Household: Age ____ Male ____ Female ____ Race ____ Handicapped? ____

Name of Employment

Gross Annual Income

Household Members Age (if applicable)

Name	Age	Employment/ Source of Income	Gross

When did you begin to occupy this dwelling?

Please indicate the amount of your gross income: Weekly \$ _____

Monthly \$ _____

Yearly \$ _____

Please indicate source of income:

Child Support \$ _____

Social Security \$ _____

Section 8 \$ _____

Other \$ _____

Lead Safe Atlanta

477 Windsor Street, Suite 101 | Atlanta, Georgia 30312

Contact: 404-223-3303 | Web: www.LeadSafeAtlanta.com | Info: 404-546-LEAD



Place of Employment: _____

****You MUST submit copy of Income/Tax documents****

I/We understand that it may be a Federal crime punishable by fine or imprisonment to knowingly make any false statements concerning any of the about facts as applicable under the provisions of the United States Criminal code. I/We attest that all of the above information is true and accurate. Furthermore, I/We consent and authorize the City of Atlanta or its agents to verify any and all information contained herein.

Occupant Signature

Date