



Application for Lead Certification by Fax/Mail

Use this form to begin the lead disclosure process required for all rental properties and family daycare facilities. Providing incorrect information may result in civil or criminal penalties including fines and license revocation. You may also apply online at leadcertification.phila.gov.

Application for (circle one):

If a property is used as both a daycare facility and residential rental property, please provide separate forms for each use.

Residential rental property

Family daycare facility

Please provide information about the property to be certified.

Property address _____ **Zip** _____

OPA Account/BRT ID (9 digits)

This number is your property tax account number.

Rental/Childcare Facility License (6 digits)

This license is issued by the Department of Licenses & Inspections. You can find the license number on your paperwork from L&I or in your eClipse account.

If the property is a residential rental property, please provide the **Number of rental units** _____

This must match the number on the rental license

Was this property built before February 1, 1978? Yes No

Does a child 6 years old or younger live at this address, or will a child 6 years old or younger live at the address during the following year? (Daycares leave blank) Yes No

Philadelphia law requires landlords to report "Yes" if a property is currently the primary or secondary residence for a child age 6 or under, or if they sign a lease or agree to rent to a family or household that includes a child under age 6.

Responsible party information

Provide the information of the legally responsible party. For a family daycare, this is the proprietor. For a residential property, this is the property owner. If multiple people are responsible, enter only one.

Is the responsible party an individual or a company? Individual name / Company name

Individual Company

Phone _____ **Mailing street address** _____

Fax _____

Email _____ **City** _____ **State** _____ **Zip** _____

I declare (or certify, verify, or state) under penalty of perjury that the information provided in the form above is true and correct.

Application completed by:

Print name

Date

Signature

LHHP Staff Only:							
Received by (Initials):		Received date:		Entered online:	<input type="checkbox"/>		