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):
Residential rental property
Family daycare facility

Please provide information about the property to be certified.

Property address ____________________________________________________________

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 (blank if daycare):

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 Company

Individual name / Company name ________________________________________________

Phone __________________________ Fax __________________________ Email __________________________

Mailing street address ____________________________________________

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: □