



CITY OF HARTFORD

DEPARTMENT OF DEVELOPMENT SERVICES
260 Constitution Plaza
Hartford, Connecticut 06103

Telephone: (860) 757- 9200
Fax: (860) 722-6074
www.hartford.gov



ARUNAN ARULAMPALAM
MAYOR

RANDAL P. DAVIS
INTERIM DIRECTOR

AFFIDAVIT RE: OCCUPANCY OF RENTAL UNIT

I, (PRINT NAME) _____, of (residential mailing address) _____, being of lawful age and being first duly sworn on oath, or do hereby affirm, state and aver as follows:

1. I am the owner or principal of the owner of a rental property constructed before 1978 in the City of Hartford, CT with a physical street address of _____, containing (state total number of) _____ residential units.
2. I have personal knowledge that the following residential unit(s) in this rental property are not currently occupied by an individual the age of six (6) years or younger, nor will be occupied by an individual the age of six (6) years or younger. _____.
3. I have applied for, or have obtained, a City of Hartford, Department of Development Services Rental License for this rental property, and ask to be exempted from the lead-safe report requirement of the program due to the fact that none of the above units are occupied by an individual the age of six (6) years or younger, or will be occupied by an individual the age of six (6) years or younger.
4. I understand that before occupancy by an individual the age of six (6) years or younger in any unit(s) listed above, I am obligated to amend the Rental License Program application by submission of a satisfactory lead-safe assessment report by a State of CT certified lead risk assessor for the unit(s) proposed to be so occupied.
5. I further understand that failure before occupancy of any unit by an individual the age of six (6) years or younger to timely file the necessary application amendment, or to submit a satisfactory lead-safe report as required, or to obtain an updated license, is in violation of the Rental Licensing Program, and may result in the suspension or revocation of the Rental License, in addition to other penalties applicable at law.

FURTHER AFFIANT SAYETH NOT.

State of Connecticut

County of _____ ss. _____ (Town/City)

I certify that I have reviewed the above affidavit and that it is true and accurate to the best of my knowledge and belief.

(Signed) _____

(Print name)

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public – My Commission Expires: _____