

**Naugatuck Valley Health District's (NVHD) NauVEL Program  
OWNER PRE-APPLICATION**

*Office Location:* 98 Bank Street, Seymour, CT 06483  
*Phone:* (203) 881-3255 *Fax* (203) 881-3259 <http://www.nvhd.org>  
**\* In Partnership with Connecticut Children's Medical Center**

**Name of Owner/Applicant(s):** \_\_\_\_\_

*Trust, Corporation, Partnership, Individual* (Circle one)

**Telephone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E mail:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Name of Authorized Signatory(s):** \_\_\_\_\_

**Mailing Address of Owner:** \_\_\_\_\_

*Number and Street or Box Number* *City Zip Code*

**Property Address:** \_\_\_\_\_ **No. Of Dwelling Units:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_ **If unknown – Was it built before 1978?** Yes \_\_\_\_\_ No \_\_\_\_\_

Unit Identity /Floor (Please photocopy for more units)	Occupant Information	No. Of People in Household	Meets Income Eligibility *	Rent Per month	What Utilities Are Included?	No. of Bedrooms in unit
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	
	Name: _____ Phone: _____ Cell: _____		Yes ___ No ___ Section 8 _____		___ Heat ___ Water ___ Electric ___ None	

How many children under six years of age live in the building? \_\_\_\_\_

Have any of the resident children (under age 6) been found with lead levels of 5µg/dL or above? ( ) YES ( ) NO ( ) Unknown.

Would you like information on weatherization programs available in your community? ( ) YES ( ) NO

\*A Connecticut Children's Healthy Home Program (CCHHP) coordinator will contact you for additional information.

Please indicate BEST contact phone # : \_\_\_\_\_

\* See attached for town acceptable income levels for NauVEL.