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: __________________________________________________________________________________________________

Property Address: ____________________________________________
Number and Street or Box Number City Zip Code No. Of Dwelling Units: ______

Year Built: _______________ If unknown – Was it built before 1978? Yes _____ No _____

<table>
<thead>
<tr>
<th>Unit Identity /Floor</th>
<th>Occupant Information</th>
<th>No. Of People in Household</th>
<th>Meets Income Eligibility *</th>
<th>Rent Per month</th>
<th>What Utilities Are Included?</th>
<th>No. of Bedrooms in unit</th>
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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.

Registration # ___________________________