Tenant Roster Form

**I. PROPERTY OWNER CONTACT INFORMATION** (Attach an additional sheet if more space is needed)

|  |  |
| --- | --- |
| Name of Owner (Individual, Corporation, LLC, or Trust) | Telephone |
| If LLC, Corporation, or Trust, Name of Manager/Incorporators/Trustees  | Alternate Telephone |
| Physical Address | Suite/Apt. # |
| Mailing Address  | Suite/Apt. # |
| City | State | Zip Code |
| Email Address:  |

**II. PROPERTY INFORMATION**

|  |  |
| --- | --- |
| Property Address | # of Units: |
| City | State | Zip Code |

**III. TENANT INFORMATION** (Attach an additional sheet if more space is needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit No.** | **First and Last Names of all Adults and Children Residing in the Unit** | **Tenant Mailing and Physical Address** | **Tenant Telephone Number and Email Address** | **Are there any Children****Under the Age of 6 residing in this Unit?** | **Are you aware of any pregnant tenants residing in this unit?** |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit No.** | **First and Last Names of all Adults and Children Residing in the Unit**  | **Tenant Mailing & Physical Address** | **Tenant Telephone Number and Email Address** | **Are there any Children****Under the Age of 6 residing in this Unit?** | **Are you aware of any pregnant tenants residing in this unit?** |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
|  |  |  |  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |

***An administrative fine of $250 shall be issued for failure of an owner or owner’s agent to submit a complete TR-1 “Tenant Roster” to the department at least 24 hours prior to an environmental investigation as required by He-P 1606.01(i)(12).***

**IV. CERTIFICATION**

 I certify as an owner**\*** of the property that all information contained herein is true and correct to the best of my knowledge and belief.

DATE: Signature

 Print Name

**V. SUBMIT THE TENANT ROSTER FORM BY ONE OF THE FOLLOWING:**

Scan and email: nhleadprogram@dhhs.nh.gov

Fax to: 603-271-3991

Mail to: NH Department of Health and Human Services

 Division of Public Health Services

 Healthy Homes and Lead Poisoning Prevention Program

 29 Hazen Drive

 Concord, NH 03301-6504

**\***Owner means “owner” as defined in RSA 130-A:1, XVIII.