Extension Request Form

**I. PROPERTY OWNER CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Phone |
| Mailing Address | | | Suite/Apt. # |
| City | State | Zip Code | |
| Email address | | | |

**II. PROPERTY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Property Address | | DPHS Order No(s). | |
| City | State | | Zip Code |
| What is your current deadline? | Is the Property Vacant? Yes No | | |
| How many children under the age of six are living at the property? | | | |

**III. ORDER OF LEAD HAZARD REDUCTION PROOF OF PROGRESS**

|  |
| --- |
| Will you be using the HUD grant funding for this project?  Yes No (if Yes, please attach evidence of application acceptance) |
| Has a full risk assessment/lead inspection been completed for this property?  Yes No (if Yes, please attach Report) |
| Has a work plan for this project been developed?  Yes No (if Yes, please attach) |
| Has an occupant protection plan been developed for this project?   Yes  No (if Yes, please attach) |
| Has the lead hazard reduction work been scheduled?  Yes No (if Yes, please attach Notification of Work Form) |
| Do you have any other proof of progress toward satisfying the Order of Lead Hazard Reduction?  Yes No (if Yes, please attach other proof) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No | Yes  No |
|  |  |  |  | Yes  No | Yes  No |

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

**VI. SPECIFICS AND REASONING**

What is the requested deadline?

Please check if there are **circumstances beyond your control** that have prevented you from complying with the Order of Lead Hazard Reduction or taking some required action including:

□ Personal injury or serious illness of the person or immediate family member (explain below)

□ Death in person’s immediate family (explain below)

□ Other compelling reason or justification (explain below)

**VII. STATEMENT OF COMPLIANCE**

I certify that I have read, understand, and agree to comply with the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date:

Property Owner Signature

Print Name

The DHHS/HHLPPP may grant extensions for a reasonable period of time based on evidence of progress. The criteria for evidence of progress is described in detail in the *Administrative Order(s) of Lead Hazard Reduction*. This form, along with evidence of progress, must be received at the HHLPPP at least 5 business days prior to the expiration of the Order.

**VI. SUBMIT THE EXTENSION REQUEST FORM BY ONE OF THE FOLLOWING:**

Scan and email: [nhleadprogram@dhhs.nh.gov](mailto: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