**ANNUAL Request to Remove from the Residential Rental Market**

**I. PROPERTY OWNER CONTACT INFORMATION**

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

**II. PROPERTY INFORMATION**

|  |  |
| --- | --- |
| Street Address  | # of Units  |
| City | State | Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Unit # | Occupant(s) Names and Relation to Owner  | DPHSOrder NO(s) | Owner-Occupied\* (Y/N) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Owner-occupied as defined by RSA 130-A:1, XVIII and will remain so until the Order(s) has been satisfied.**

**Please read, understand, and be aware of this legal restriction.**

**III. CERTIFICATION STATEMENT**

I hereby certify as (check applicable box):

□ Owner(s)

□ Owner’s Agent (explain and provide documentation)

that the dwelling and/or dwelling unit(s) indicated above have been removed from the residential rental market and the information provided on this form is true and accurate to the best of my knowledge. I further 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) and acknowledge that any dwelling or dwelling unit(s) under an Order of Lead Hazard Reduction cannot be returned to the residential rental market until such time as the Order of Lead Hazard Reduction has been satisfied.

Date: Signature

 Print Name

**IV. SUBMIT THE ANNUAL REQUEST TO REMOVE FROM THE RESIDENTIAL RENTAL MARKET BY ONE OF THE FOLLOWING:**

Scan and email: nhleadprogram@dhhs.nh.gov

 Fax: 603-271-3991

 Mail: NH Department of Health and Human Services

 Healthy Homes and Lead Poisoning Prevention Program

 29 Hazen Drive

 Concord, NH 03301-6504

This certification statement is valid for one (1) year from the date of signature above. If the dwelling unit(s) is to remain off the residential rental market, **this certification statement must be submitted annually.** Failure to submit this certification annually shall result in a $1,000.00 Administrative Fine for noncompliance with an Order.

Please note that the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) has the right to conduct compliance checks of all properties under Order. If the dwelling unit or dwelling unit(s) is certified as owner-occupied and a non-owner is found to be living in the unit(s), without a valid Certificate of Compliance, the property owner shall be subject to fines of $5,000.00 per incidence.