

EA 6-8 COMPLIANCE - INTERVIEW

Please print ALL information

This interview is conducted to establish property owner compliance with State rental residential regulations and laws.

STREET ADDRESS: _____ APT/FLOOR # _____
CITY/TOWN: _____ MD, ZIP: _____ DATE & TIME OF INTERVIEW: _____
SITE OF INTERVIEW: (circle) Subject Property or Telephone or Other (specify) _____

Agency conducting interview: _____ Person conducting interview _____

TENANT NAME: _____ TENANT PHONE #: _____
(please print full name)

Month and year that you moved into this property: _____

Do you still live at the property? _____ If no, when did you move **out**? (be specific) _____

Do you have a written lease agreement? _____ from: _____ to: _____

If no written lease, What are the rental agreement terms? (month to month, etc) _____

Do you pay rent? **Yes or NO** Name of person you pay rent to _____

Is that person the owner? **Yes or NO or do not know**

If NO, What is the person's relationship to the owner? (property manager, etc) _____

What address do you send rent or letters to? (if different person than above, who? _____

Landlord Name (person & company if applicable) _____

ADDRESS: _____ CITY _____ STATE _____

ZIPCODE _____ PHONE NUMBER _____

Before you move into a pre-50 property, State law requires the landlord to provide certain information.

Were you given the EPA pamphlet *Protect Your Family From Lead In Your Home*? _____

Were you given the State's lead document titled *Notice of Tenant's Rights*? _____

Were you given a copy of a **Lead Inspection Certificate** prior to moving in? _____

Have you been given a copy of a **Lead Inspection Certificate** since you moved into the property? _____

Are there children residing or spending significant amounts of time at the property? _____

Names and ages of children: _____

Comments: _____

Interviewer Name (Print) _____ Interviewer Signature _____

Interviewer Phone #: _____ Date _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT
LEAD POISONING PREVENTION PROGRAM

1800 WASHINGTON BLVD., STE. 630

BALTIMORE, MARYLAND 21230

VIA FAX: 410-537-3825

**COALITION TO END CHILDHOOD LEAD POISONING
REFERRAL FOR ENFORCEMENT**

Enforcement Requested: registration non-compliance risk reduction non-compliance

Date of request: 3/31/04

CECLP Code # _____

Property address: _____

Property Date of Construction: _____

Property Owner Name: _____ Owner# _____

Telephone: _____ Alternate telephone: _____

Address: _____

Company: _____

Agent: _____

Address: _____

Is Property Registered? no yes Date Confirmed Not Registered: _____ (confirmation attached)

Was Full Risk Reduction Standard Met Prior to Occupancy? no yes

Did Tenant Receive the "Notice of Tenant's Rights" and "Protect Your Family From Lead In Your Home" no yes

Is there an existing Health Department Lead Violation? no yes

Has Notice of defect been sent? no yes, sent on _____ and rec'd by landlord on _____

Has Owner received other Notice? no yes, from _____

on _____ regarding _____

Is property occupied? no, but it is advertised "FOR RENT" sign in window newspaper _____

yes, date of occupancy: _____

Tenant name: _____

Telephone: _____ Cell/Alternate telephone: _____

Alternate contact information for tenant in the event of tenant relocation: _____

Rental relationship established by:

Lease: month-to-month verbal month-to-month written one year written one year written now converted to month-to-month other _____ **Does tenant have copy of lease?** yes no

Amount of Rent: \$ _____ per _____ due on _____ Security Deposit: \$ _____

Form of Payment: money order cash personal check bank check other _____

Does tenant have rent receipts? yes no



The following children ≤ 6 and/or pregnant women spend 24 hrs/week or more in the premises:

| Name | Date of Birth or Due Date | BLL (if applicable) |
|------|------------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Others Residing at Premises: _____

IF NEEDED THE TENANT STATES S/HE COULD PROVIDE (or CECLP has copy of):

- Notice of Defect/EBL Copy with Certified Mail Return Receipt
- lease for Affected Property
- rent Receipts
- photographs or other evidence of conditions
- dust test results
- health department violation notices
- housing department violation notices
- _____
- _____

referred by:

| |
|---------------------------------------|
| REFERRER'S ADDITIONAL NOTES/COMMENTS: |
|---------------------------------------|

Maryland Lead Poisoning Prevention Program Registration/Compliance Confirmation Request

Maryland Department of the Environment
1800 Washington Blvd. Ste.630
Baltimore, MD 21230
Via Fax: 410-537-4112
Phone: 410-537-4199

Date of request: 3-30-04

To whom it may concern:

A request that MDE investigate the Registration and Compliance Status of the following address under the Maryland Lead Poisoning Prevention Program:

Property Address

Owner/Landlord Address

Thank you for your assistance.

Sincerely,

Coalition to End Childhood Lead Poisoning
Fax: (410) 534-6475/ (410) 534-6447

Information requested:

1. Is there any registration found pertaining to the property & owner listed above? Yes No
2. Property Owner # _____
3. Property Owner Address _____
4. How Did Owner Opt? In Out Before 1950
5. Date Registered _____
6. Last Renewal Date _____
7. Dates of Inspections/Certifications _____
8. Certification # and Types (i.e., Risk Reduced, Lead Safe, etc.)
_____ # _____
_____ # _____
9. Is the above referenced property in compliance with Maryland Rental Property Law? Yes No

I, _____ here-by certify that the information provided above accurately reflects the information found in the records maintained by the MDE in conjunction with the requirements of the Lead Poisoning Prevention Program.

Signature

Date