

**CITY OF COLUMBUS  
DEPARTMENT OF DEVELOPMENT  
LEAD SAFE COLUMBUS  
RESIDENTIAL OCCUPANT PROFILE**

Occupant Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Occupant \_\_\_\_\_ Tenant Occupant \_\_\_\_\_

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

**Please check (✓) one of the following regarding the occupant:**

Hispanic/Latino  Non Hispanic/Latino

**Please check (✓) all that apply regarding the occupant:**

White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

**If the occupant is female head of household please check (✓) this box:**

Female head of Household

Family Composition: NAME	RELATIONSHIP	AGE	SEX	RAC E	GROSS MONTHLY	INCOME SOURCE
	Head of the Household					

Percent of Median Income Status \_\_\_\_\_

Current Monthly Rent \$ \_\_\_\_\_

Total number of total rooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Date of occupancy \_\_\_\_\_

Are you receiving any housing assistance? (check one).

\_\_\_\_\_ No Assistance

\_\_\_\_\_ Section 8 Certificate

\_\_\_\_\_ Section 8 Voucher

\_\_\_\_\_ Other Assistance (explain below)

COMMENTS: \_\_\_\_\_

I hereby attest that to the best of my knowledge, the information provided herein is true and correct:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature Title

\_\_\_\_\_ Date \_\_\_\_\_  
City of Columbus Representative

