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CITY OF NORTHAMPTON

MASSACHUSETTS 01060

DEPARTMENT of
HEALTH & HUMAN SERVICES



212 MAIN STREET
NORTHAMPTON, MA 01060

APPLICATION FOR HOUSING INSPECTION AND CERTIFICATION OF FITNESS FOR
MASSACHUSETTS RENTAL VOUCHER PROGRAM

Name of Property Owner: _____ Date: _____

Address of Property Owner: _____ Tel: _____

(1) I herewith request a **Housing Code Inspection** and **Certification of Fitness for Human Habitation** for the following () apartment(s). (Give the total number of apartments to be inspected)

(2) **Was dwelling Constructed Prior to 1978?** Yes No _____ **Signature of Owner**

(3) **Street Address:**

(A) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:
(B) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:
(C) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:
(D) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:
(E) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:
(F) Apartment #: _____ Children under six (6) years old Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupant's Name & Phone #:

(If necessary, attach additional sheets to this application if more apartments are to be listed.)

(4) Enclosed is a check for \$ _____ for _____ inspections. (@ \$75.00 per apartment.)

(5) **NOTE:** If the dwelling(s) to inspected were constructed **prior to 1978** and any children **under the age of six (6) years** reside there, **you MUST have a Licensed Lead Paint Inspector certify, in writing, that the property is in compliance with the State Lead Paint Laws – 760 CMR 49.04 (13). A Copy of this Lead Paint Certification Report must be filed with the Board of Health prior to issuance of the MRVP Certification letter.**

(6) Return this application to: **Northampton Department of Health & Human Services
212 Main Street
Northampton, MA 01060**

MAKE CHECKS PAYABLE to the CITY OF NORTHAMPTON