Lead Safe Danville 427 Patton St, Suite 205 Danville VA, 24541



Intake / Screening Form

Date:					
Name (First):			(La	ast):	
Phone: (Cell):			(Н	ome):	
Email:			·	ŕ	
Street Address:			2	Zip:	
City:	\$	State:			
Was this home l	ouilt in 1978 or	earlier?	Yes □	No 🗆	I don't know □
Are you the: Property owner \square		Tenant □			
Is this property:	: Single Family	у 🗆	Multi Fa	mily 🗆	
Are there any children under the age of 6 residing at this address:					
	Yes □	No 🗆			
If No, are there a	ny children und	ler the age	of 6 that sp	end time	at this address:
	Yes □	No 🗆			
How many pers	ons are in your	· househol	d:		
Household Income at or below:					
\$41,100 □ \$46,950 □ \$52,800 □ \$58,650 □ \$63,350 □ \$68,050 □ More □					

You can expect to hear from our office within two business days of submitting this form.