



**Department of Inspectional Services
Worcester, Massachusetts**

Lead Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

APPLICATION FOR A CERTIFICATE OF FITNESS

Fee: \$110.00

I, _____, as the owner or designated representative
of the owner of the property located at _____,
apartment number (floor) _____ hereby apply for a Certificate of Fitness Inspection.

_____ Included with this application is a copy of the Lead Paint Certificate for this property. (Must
be included if a child under six (6) years of age resides in the apartment/unit being inspected.)

_____ The property was constructed after January 1, 1979, and contains no Lead Paint. I hereby
authorize the Department of Inspectional Services to verify this fact.

_____ The property has not been inspected for Lead Paint. A copy of a Request for a Lead Paint
inspection is included.

_____ No children under six (6) years of age reside in the unit.

Check one:

_____ This unit has occupants under the age of six (6) years. Proof of deleading is included.

_____ This unit was constructed after January 1, 1979 and has no lead paint violations.

_____ This unit is not occupied by anyone under the age of six (6) years. As the owner of this
property, I certify that I will notify the Department of Inspectional Services of
any change in this status.

Under the pains and penalties of perjury, I certify the above statement to be true and correct.

Signature

Date

E-mail address

Telephone number

Do not sign until told to do so by a Notary Public.

Applicant's signature

Date

On this _____ day of _____,
20_____, before me, _____,
the undersigned Notary Public personally appeared

who proved to me through satisfactory evidence of identity, which was/were:

to be the person(s) whose name(s) is/are signed on this document in my presence, and who swore
or affirmed to me that the contents of the document are truthful and accurate to the best of
his/her/their knowledge and belief.

Signature of Notary Public

Printed name of Notary Public

Expiration of Commission

AFFIDAVIT OF OCCUPANCY

I, _____, owner of the property located
Print Name
at _____, Apartment No. _____,
Print Address
certify that the above described housing unit is occupied by the
following tenants:

<u>NAME</u>	<u>D.O.B.</u>	<u>NAME</u>	<u>D.O.B.</u>
(1)	/ /	(6)	/ /
(2)	/ /	(7)	/ /
(3)	/ /	(8)	/ /
(4)	/ /	(9)	/ /
(5)	/ /	(10)	/ /

Tenants Name: _____

Tenants Telephone #: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone #: _____