

**Landlord Restoration Program
Enrollment Form**

The Landlord Restoration Program (Program) is a voluntary compliance program for eligible rental property owners to comply with the Vermont Lead in Housing Law, Title 18, Chapter 38. The program runs from September 1, 2017 through September 1, 2018.

Owner name*:	Last Name, First Name	Co-owner:	Last Name, First Name
Mailing address*:	Street Address, City/Town, ST, ZIP		
Phone number*:	Phone Number	Email*:	Email Address
Owner DOB*:	Date of Birth	* Required	

A. List addresses for all properties that you wish to enroll (attach additional sheet if necessary):

1.	Street Address, City/Town, ST, ZIP
2.	Street Address, City/Town, ST, ZIP
3.	Street Address, City/Town, ST, ZIP
4.	Street Address, City/Town, ST, ZIP
5.	Street Address, City/Town, ST, ZIP

B. I wish to enroll the above property/ies in the Landlord Restoration Program because: *I require more than 30 days to comply with the Lead Law. I have completed the attached “**Extension of Time Agreement**”. The compliance deadline will be a date set by the Department of Health.*

C. I do not need to enroll in the Landlord Restoration Program because (pick one):

I do not own any pre-1978 residential rental property.

I am ready to file my EMP statement and do not require additional assistance or enrollment in the Landlord Restoration Program. I will list my properties using the online form.

Signature: _____

Date: _____

Submit this form and your Extension of Time Agreement to:
Vermont Attorney General’s Consumer Assistance Program
Attn: Landlord Restoration Program
109 State St
Montpelier, VT 05609-1001