



NIAGARA COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
RENTAL REGISTRY PROGRAM
TROTT ACCESS CENTER, ROOM H-2016
1001 11TH STREET
NIAGARA FALLS, NY 14301
Phone: (716)-278-8480 Email: rental.registry@niagaracounty.gov



Owner Attestation Form

Dwellings with 2 or more units that were built prior to 1980 will need to be registered and have a lead assessment performed by the Rental Registry program. However, there are exceptions with owner occupied/ immediate family occupied units. Please fill out the attached form based on which situation applies to you, sign and mail to:

Niagara County Department of Health Rental Registry

1001 11th St, Niagara Falls 14301 Room H-2016

Or fax to:

716-278-8646

***** Please register your property on LeadSafeNY through the QR code or by visiting**

https://www.health.ny.gov/environmental/lead/lead_rental_registry/lead_safe_ny.htm



For the owner occupancy and/or immediate family member exemption, **YOU MUST** provide proof of residency: Examples of accepted documents are: (COPIES ONLY)

- Valid NYS driver's license, learners permit or Non-drivers ID. OR
- Bank statement showing your name and mailing address only. (Please delete or obscure any financial data).

***Please note that exemption from a lead assessment is only for the units in which the owner or owner's immediate family member(s) reside, or short-term rentals. All other units must have a lead assessment performed to verify lead safe status. All buildings/units must be registered regardless of occupancy.**

***Immediate family is defined as parents, siblings, or children.**

Please complete and check which option(s) specifically apply to you:

I attest that I am the owner of _____.
(Property Address)

- I reside in unit _____.
- My immediate family member(s) reside in unit _____.
- Other unit(s) are occupied by non-immediate family.
- The other unit(s) are vacant, and I attest that they will remain unoccupied.
- One or more units are used as short-term rental.

Name (Print)

Signature

Date

By signature and submission of this form, the owner of the aforementioned address attests that all information provided is true and correct. The owner further understands that any change in status of residency and/or ownership of this property or conversion of property requires notification to the Niagara County Rental Registry Program within 30 days. This form must be filled out and submitted every three years.

FOR OFFICE USE ONLY	
Proof of residency: <input type="checkbox"/> Driver's License <input type="checkbox"/> Bank Statement	
Verified by: _____	on _____
(employee signature)	(date)