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 which contains occupant's name and property address. Please submit COPIES ONLY. Examples of accepted documents are:

- Government issued ID with occupant name and property address
- Bank or credit statement (dated within the past 6 months)
- Utility bill (dated within the past 6 months)
- Tax bills or documentation issued by the State or local government

***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.

Providing false information is a violation of Title 10 of the New York State Sanitary Code Subpart 67-5. By signature and submission of this form, the owner of the aforementioned address attests that all information provided is true and correct, **under penalty of perjury**. 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.

_____

Name (Print)

_____ _____

Signature Date

FOR OFFICE USE ONLY

Proof of residency:
☐ Government issued ID with occupant name and property address
☐ Bank or credit statement (dated within the past 6 months)
☐ Utility bill (dated within the past 6 months)
☐ Tax records or documentation issued by the State or local government

Verified by: _____ on _____
(Employee signature) (Date)

Exemption Expires on _____
(Date)