# Extension Request Form

## I. PROPERTY OWNER CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Suite/Apt. #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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<td>Email address</td>
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</tbody>
</table>

## II. PROPERTY INFORMATION

<table>
<thead>
<tr>
<th>Property Address</th>
<th>DPHS Order No(s.)</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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</table>

What is your current deadline? Is the Property Vacant? □ Yes □ No
How many children under the age of six are living at the property?

## III. ORDER OF LEAD HAZARD REDUCTION PROOF OF PROGRESS

Will you be using the HUD grant funding for this project?
☐ Yes ☐ No (if Yes, please attach evidence of application acceptance)

Has a full risk assessment/lead inspection been completed for this property?
☐ Yes ☐ No (if Yes, please attach Report)

Has a work plan for this project been developed?
☐ Yes ☐ No (if Yes, please attach)

Has an occupant protection plan been developed for this project?
☐ Yes ☐ No (if Yes, please attach)

Has the lead hazard reduction work been scheduled?
☐ Yes ☐ No (if Yes, please attach Notification of Work Form)

Do you have any other proof of progress toward satisfying the Order of Lead Hazard Reduction?
☐ Yes ☐ No (if Yes, please attach other proof)
IV. TENANT INFORMATION (Attach an additional sheet if more space is needed)

<table>
<thead>
<tr>
<th>Unit No.</th>
<th>First and Last Names of all Adults and Children Residing in the Unit</th>
<th>Tenant Mailing and Physical Address</th>
<th>Tenant Telephone Number and Email Address</th>
<th>Are there any Children Under the Age of 6 residing in this Unit?</th>
<th>Are you aware of any pregnant tenants residing in this unit?</th>
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<tbody>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
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</tbody>
</table>

VI. SPECIFICS AND REASONING

What is the requested deadline? ____________________________

Please check if there are circumstances beyond your control that have prevented you from complying with the Order of Lead Hazard Reduction or taking some required action including:

- Personal injury or serious illness of the person or immediate family member (explain below)
- Death in person’s immediate family (explain below)
- Other compelling reason or justification (explain below)

NH DHHS, Division of Public Health Services
Extension Request (ER-1)
May 2020
VII. STATEMENT OF COMPLIANCE

I certify that I have read, understand, and agree to comply with the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date: ___________________________                     Property Owner Signature

Print Name

The DHHS/HHLPPP may grant extensions for a reasonable period of time based on evidence of progress. The criteria for evidence of progress is described in detail in the Administrative Order(s) of Lead Hazard Reduction. This form, along with evidence of progress, must be received at the HHLPPP at least 5 business days prior to the expiration of the Order.

VI. SUBMIT THE EXTENSION REQUEST FORM BY ONE OF THE FOLLOWING:

Scan and email: nhleadprogram@dhhs.nh.gov

Fax to: 603-271-3991

Mail to: NH Department of Health and Human Services
Division of Public Health Services
Healthy Homes and Lead Poisoning Prevention Program
29 Hazen Drive
Concord, NH 03301-6504