



Metropolitan
Partnership for
Lead Safe Housing

Utility Verification

Applicant Name: _____

Street: _____

City, State, Zip Code: _____

The person listed above has applied for financial assistance from the Metropolitan Partnership for Lead Safe Housing Program. The owner's signature (below) gives the Metropolitan Partnership for Lead Safe Housing permission to verify if all utilities are paid and current. This would including electric, gas, and water.

Please forward the information requested below and mail or fax to:

Metropolitan Partnership for Lead Safe Housing
Children's Lead Poisoning Prevention
1907 Carpenter Avenue
Des Moines, Iowa 50314

Telephone: 515- 286-2115

Fax: 515- 286-3643

You are hereby authorized to furnish Polk County the information requested for a period not to exceed twelve (12) months from this date _____.

Signature: _____ Date _____

Signature: _____ Date _____

Utility: _____

Payment amount: _____ Payment current: _____
(Yes /No)

Signature _____ Title _____ Date _____