

**AFFIDAVIT OF NO ACCESS TO PERFORM ANNUAL INVESTIGATION
FOR LEAD-BASED PAINT HAZARDS**

I, _____ (print name), swear or affirm under penalty of perjury as follows:

I am the owner/managing agent for the building located at: _____
(address) ("Premises").

I or my employee, or an individual hired by me for this purpose, attempted to conduct a visual inspection for lead-based paint hazards in dwelling units where a child under the age of six resides that are required to be inspected annually under Administrative Code section 27-2056.4.

I understand that effective January 2020, the NYC Childhood Lead Poisoning Prevention Act (Local Law 1 of 2004) was amended so that the word "resides" now means that a child under six years of age lives in the dwelling unit in a pre-1960 building, OR a child under six years of age routinely spends 10 or more hours per week in such a dwelling unit. In either case, the child is considered to "reside" in the unit for purposes of compliance with the law.

A visual inspection was not completed in certain dwelling units due to failure to gain access for the inspection, despite attempts to gain access and written notification to the occupant of the dwelling unit regarding the need for access for inspection.

In support of this Affidavit, I am attaching any of the records which I have in my possession for each year of the audit period that reflect:

- The dwelling units in which a visual inspection may have been required but was not conducted, and for each such unit:
 - Copies of the written notice provided by certified, registered or first-class mail to the occupant of such units regarding the need to access the unit for inspection, including the date of mailing with proof of mailing, or similar documentation;
 - The dates an attempt was made to gain access; and
 - The reason(s) that the inspection was not conducted (for example, no response to the annual notice regarding lead-based paint hazards, refusal to allow access, or no response to owner's notification of need for access for inspection).

(PrintName)

(Signature)

State of New York, County of _____

Stamp

Sworn to before me this _____ day of _____, 20_____

(Notary Signature)