

Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

**HEALTHY HOMES ASSESSMENT AND INTERVENTION  
CERTIFICATION OF FINAL INSPECTION**

**APPLICANT (OWNER):**

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
First Name      MI      Last Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City                  Property State      Property Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**CONTRACT AMOUNT:** \_\_\_\_\_

**CO-APPLICANT (CO-OWNER):**

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
First Name      MI      Last Name

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

**LEAD IINSPECTOR:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACT DATE:** \_\_\_\_\_

I, the undersigned, hereby certify that the Contractor has satisfactorily completed the Healthy Homes work, including all change orders, as outlined in the Healthy Homes Intervention Contract Date written above between the Property Owner and the Contractor.

\_\_\_\_\_  
Lead Inspector Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date