Maine State Housing Authority (MaineHousing) Lead Hazard Reduction Demonstration Grant Program

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION FORM

Property Address:						Apt. #:	
On your application for f (LHRD), you indicate the home. A "significant amodays a week and a total	at a child unde ount of time" v	r six years isiting for th	of age spen	ds a "significan	t amount of t	ime" visitin	g your -
Please fill in the table be	low, showing	the numbe	r of hours pe	er day a child ur	nder six years	s old visits	your home:
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							
If the number of hours va	aries from wee	ek to week,	please exp	ain:			
By signing below, you are certifying that this statement and information is true and correct.							
Date:		Owner/Occupant Signature:					
		Owner	r/Occupant l	Name:			
Date:		Co-Ov	vner Signatı	ıre:			
		Co-Ov	vner Name:				