

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

**Project Funding:**    State Lead    Federal Lead    Healthy Homes

**Project Type:**    Single-Family    Multi-Family

**Agency (CAA):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAA Contact Name: \_\_\_\_\_  
 CAA Contact Title: \_\_\_\_\_  
 CAA Contact Phone: \_\_\_\_\_  
 CAA Contact Email: \_\_\_\_\_

<b>Applicant (Owner):</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____ _____	<b>Tenant:</b> _____ <b>Apt#:</b> _____

**INSTRUCTIONS:** Return completed and signed Certification to the above-named CAA.

**Date** \_\_\_\_\_

On your *Application* for funding through MaineHousing's Lead Programs, you indicate that a child under six years of age spends a "significant amount of time" visiting your home. A "significant amount of time" visiting is defined as, "three hours a day on two separate days a week and a total of 60 hours per year."

Please fill in the table below, showing the number of hours per day a child under six years old visits your home:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
# of hours per day							

If the number of hours varies from week to week, please explain:

By signing below, you are certifying that this statement and information is true and correct.

Date: \_\_\_\_\_

Owner/Occupant Signature: \_\_\_\_\_

Owner/Occupant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Owner/Occupant Signature: \_\_\_\_\_

Co-Owner/Occupant Name: \_\_\_\_\_