

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

**Agency (CAA):** \_\_\_\_\_  
 \_\_\_\_\_  
 CAA Rep Name: \_\_\_\_\_  
 CAA Rep Title: \_\_\_\_\_  
 CAA Rep Phone: \_\_\_\_\_  
 CAA Rep 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:** \_\_\_\_\_