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

CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION

,	te Lead (Z267)	State Lead (N26	31) Federal L	_ead Healthy Ho	mes DHHS	3	
Agency (CAA):				CAA Rep Name:			
				CAA Rep Title:			
				CAA Rep Phone:			
Project Type: Single-Far	mily Multi-Far	mily		CAA Rep Email:			
Applicant (Owner):	: Co-Applicant:						
Property:	Tenant:						
	Apt#:						
			,,,,,				-
INSTRUCTIONS: Return of	completed and sig	ned Certificat	ion to the abov	/e-named CAA.			
Date							
	_						
On your Application for f							
age spends a "significan hours a day on two sepa					nt of time" visit	ing is define	ed as, "three
nouro a day on two dope	nato dayo a woo	n and a tota	10100110010	por your.			
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 ar	e certifying that	this stateme	nt and inform	nation is true and	d correct.		
By signing below, you ar	e certifying that	this stateme	nt and inform	nation is true and	d correct.		
	e certifying that			a de uma e			
By signing below, you ar	e certifying that	Owner/O	ccupant Sigr	nature:	d correct.		
	e certifying that	Owner/O		nature:			
Date:	e certifying that	Owner/O Owner/O	ccupant Sigr	nature: ne:			
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