

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

CERTIFICATE OF FINAL INSPECTION

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes DHHS
Agency (CAA): _____

CAA Rep Name: _____
CAA Rep Title: _____
CAA Rep Phone: _____
CAA Rep Email: _____

Project Type: Single-Family Multi-Family

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

1. The CAA Technician certifies and the Applicant(s)/Owner(s) acknowledges that the Contractor has satisfactorily completed the lead-hazard work, including all change orders, as outlined in the *Construction Contract* ("Contract") for the herein referenced Property, and final cleaning that passed HUD lead dust wipe clearance standards as outlined in the Contract between the Applicant(s) and the Contractor on the above written Contract Date.
2. The Applicant(s)/Owner(s) acknowledges that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.

Lead Designer Signature

Date

Lead Designer Name

Acknowledged by:

Applicant Signature

Date

Co-Applicant Signature

Date