

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

**CERTIFICATE OF FINAL INSPECTION**

**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>Contractor:</b> _____
_____	<b>Contract Amount:</b> \$ _____
	<b>Contract Date:</b> _____

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