

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)**  
**LEAD-PAINT HAZARD DISCLOSURE AND PRESUMPTION NOTICE**

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

**CAA Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**Applicant Name:** \_\_\_\_\_

**Property:** \_\_\_\_\_  
(Street, City, State, Zip)

**Contractor:** \_\_\_\_\_

**Contract Amount:** \_\_\_\_\_

**CAA Technician Name:** \_\_\_\_\_

**CAA Technician Phone:** \_\_\_\_\_

**CAA Technician Email:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_  
(Street, City, State, Zip)

**Contract Date:** \_\_\_\_\_

**Applicant/Owner Disclosure**

*Completed by the Applicant*

Complete both items A & B below and check appropriate box.

(A) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead paint hazards are present in this dwelling (explain below).

Owner has no knowledge of lead-based paint and/or lead paint hazards in this dwelling.

(B) Records and reports available to the owner (check one below)

Owner has provided the CAA Lender with all available records and reports pertaining to lead-based paint and/or lead paint hazards in this dwelling (list these documents below).

Owner has no reports or records pertaining to lead-based paint and/or lead hazards in this Dwelling

I certify, to the best of my knowledge, that the information provided is true and accurate.

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date

**Presumption Notice to Owner**

*Completed by the Rehab Tech*

In lieu of performing a lead based paint inspection and risk assessment in pre-1978 homes, the U.S. Department of Housing and Urban Development (HUD) requires the person performing your Property inspection to presume that all painted interior and exterior surfaces contain lead. Any interior room containing more than two square feet of chipping or peeling paint is presumed to be a lead paint hazard. Building components such as windows with more than 10 percent of surface area containing chipping or peeling paint is presumed to be a hazard. If there is more than 20 square feet of chipping and peeling paint on the exterior of your home or more than nine square feet of bare soil that contains paint chips, these too are presumed to be a lead based paint hazards.

All information related to lead-based paint generated from participation in the Program must be submitted to any future buyer of the property. This information includes a copy of the *Single Family Lead Hazard Presumption Notice*, the *Lead Inspection* report and the *Summary of Lead Paint Hazard Reduction Activity* report.

**Types of Presumption** (check all applicable)

Lead based paint is presumed to be present

Lead-based paint hazards are presumed to be present

A copy of the pamphlet "Renovate Right: Important Lead Hazard Information for Families, Childcare Providers, and Schools" has been provided to the homeowner.

## Summary of Presumption of Lead Based Paint Hazards

Item	Location of Painted Surface Presumed to be Lead-Based Paint	Presumed to be a Lead Hazard		
<b>1. Bare Soil</b> <i>Bare soil in excess of 9 square feet and containing paint chips is presumed to be a lead hazard.</i>		Yes	No	N/A
<b>2. Lead Dust Location</b> <i>Presume visible chips and dust on floor and window sills to be a lead hazard.</i>		Yes	No	N/A
<b>3. Building Components (e.g., windows)</b> <i>If 10% or more deteriorated paint, presume to be a lead hazard.</i>		Yes	No	N/A
a. Windows & Trim		Yes	No	N/A
b. Doors		Yes	No	N/A
c. Floors		Yes	No	N/A
d. Walls		Yes	No	N/A
e. Baseboards		Yes	No	N/A
f. Exterior Siding		Yes	No	N/A
g. Exterior Porches/Steps		Yes	No	N/A
h. Other		Yes	No	N/A

### Contact person for more information about the presumption:

Contact: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, Zip)

Phone Number: \_\_\_\_\_

## Certification of Accuracy

The following parties have reviewed the information contained in the presumption notice and certify, to the best of their knowledge, that the information provided is true and accurate.

### Presumption prepared by:

CAA Rehab Tech Signature

Date

Rehab Tech Name

Date

### Signed by all owners of the property:

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date