

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): _____

Technician Name: _____
Technician Phone: _____
Technician Email: _____

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.

CAA Technician Signature

Date

CAA Technician Name

Acknowledged by:

Applicant Signature

Date

Co-Applicant Signature

Date