

**Lead Paint Owner's Certification
Housing Choice Voucher Program**

The undersigned hereby certifies that the property located at: (give full address, include apartment number) is in compliance with all housing quality standard (HQS) requirements related to lead-based paint as indicated below.

(Mark ALL appropriate boxes)

- The described property, including dwelling units, common areas and exterior painted surfaces, has been found to be free of lead-based paint by a certified lead-based paint inspector. The lead-based paint inspector's report is either attached or has already been provided to the PHA.
- The described property was inspected by a certified lead-based paint inspector and lead-based paint was identified. All identified lead-based paint has been removed from the property, and the reports of the lead based paint inspector and the certified lead-based paint abatement supervisor are attached or have already been provided to the PHA.
- Ongoing lead-based paint maintenance activities have been incorporated into regular building operations in accordance with 24 CFR 35.1355(a).
- Corrective action to address lead-based paint hazards at the described property that were required by the PHA to meet HQS have been completed in accordance with all requirements established by 24 CFR Part 35, including:

The boxes below do not apply when paint stabilization is below de minimus levels.

- The work was completed by person(s) trained to conduct lead-based reduction activities or was supervised by a certified lead-based paint abatement supervisor.
- Occupants of the dwelling unit(s) and their belongings were protected during the course of the work.
- The lead hazard worksite was properly prepared and maintained during the course of their work.
- A person certified to conduct clearance examinations performed a clearance test and the results indicate that clearance was achieved.
- Occupants have been properly notified of the results of any lead-based paint hazard evaluation and reduction, including the results of the clearance examination.

Owner/Agent Signature: _____ Relationship to owner: _____

Type or Print Name: _____

Date: _____

** Form may be signed by a second party i.e. repairman / contractor / property manager.

**If signed by anyone other than the owner please indicate the relationship to the owner (repairman etc)