

Iowa Statewide Emergency Solutions Grant (ESG) Program HOMELESSNESS PREVENTION OR RAPID REHOUSING LEAD-BASED PAINT CERTIFICATION

Unit Address: City, State & Zip: Follow the steps below to conduct a lead-based paint screening for ESG Homelessness Prevention Rapid Rehousing assistance. Once complete, include this form in the client file. I have completed HUD's online visual assessment training and am a HUD-certified visual assessor. The household has received the pamphlet, "Protect Your Family from Lead in Your Home." I. Need for assessment: Was the leased property constructed before 1978, AND will a child under the age of six or a pregnant woman be residing in the unit? (Certain other exemption apply; if applicable, document the exemption according the federal ESG rule at 24 CFR 576 Yes – Conduct visual assessment No – Do not conduct visual assessment (STOP; sign to certify below) II. Initial visual assessment: Unit and common areas pass the lead-based paint visual assessment (STOP; sign below). No – The property fails assessment - problem surfaces are under de minimus levels and the landlord has been given information on how to repair the surfaces to meet ESG standards.
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□ No – The property fails assessment - problem surfaces exceed de minimus levels and the landlord has been given information on the steps necessary to meet ESG standards, using lead-safe work practices and clearance by an independent certified lead professional.
(De minimus levels are: 20 square feet on exterior surfaces; OR 2 square feet in any one interior space; OR 10% of the surface area of any small interior or exterior surface, such as a window sill.)
III. Follow-up assessment or clearance exam, if the unit did NOT pass the initial assessment:
 A follow-up visual assessment of the property was conducted on (date): ☐ All identified problems with the paint surfaces were repaired. ☐ Identified problems were repaired using certified safe work practices, if required. ☐ Not applicable; did not exceed de minimum levels. ☐ A clearance exam was conducted by an independent, certified lead professional, if required ☐ Not applicable; did not exceed de minimum levels. ☐ The unit passed the clearance exam (include copy in client file). ☐ Not applicable; did not exceed de minimum levels. By signing below, I certify the above information is true:
Evaluator's Name Signature Date