Iowa Housing Opportunities for Persons with AIDS (HOPWA) Program

***Tenant-Based Rental Assistance (TBRA) &***

***Short Term Rent, Mortgage, Utility Assistance (STRMU)***

LEAD-BASED PAINT CERTIFICATION

Client Name:

Unit Address:       City, State & Zip:

[ ]  I have completed [HUD’s online visual assessment training](http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm) and am a HUD-certified visual assessor.

[ ]  The household has received the pamphlet, “[Protect Your Family from Lead in Your Home](http://www2.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure)”

1. **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 exemptions apply; if applicable, document the exemption.)

[ ]  Yes – Conduct visual assessment

[ ]  No – Do not conduct visual assessment (STOP; sign to certify below)

1. **Initial visual assessment:**

[ ]  I conducted a lead-based paint visual inspection on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  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 standards.

[ ]  No – The property fails assessment - problem surfaces exceed de minimus levels and the landlord has been given information on the steps necessary to meet 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.)*

1. **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:**

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Evaluator’s Name Signature Date