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



Clie	nt Name:		
Unit Address:		City, State & Zip:	
		ad-based paint screening for ESG Homelessness Prev , include this form in the client file.	ention or Rapid
	]I have completed HUD's online ⊻	isual assessment training and am a HUD-certified visua	al assessor.
	The household has received the	pamphlet, " <u>Protect Your Family from Lead in Your Hom</u>	<u>າe</u> ."
I.	<b>Need for assessment:</b> 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 according the federal ESG rule at 24 CFR 576.)		
	☐ Yes – Conduct visual assess	ment	
	☐ No – Do not conduct visual assessment (STOP; sign to certify below)		
II.	Initial visual assessment:		
	$\square$ I conducted a lead-based paint visual inspection on (date):		
	☐ Unit and common areas pass	Init and common areas pass the lead-based paint visual assessment (STOP; sign below).	
	$\square$ No – The property fails assessment - problem surfaces are under de minimus levels and the landlor has been given information on how to repair the surfaces to meet ESG standards.		
	has been given information o	•	problem surfaces exceed de minimus levels and the landlord eps necessary to meet ESG standards, using lead-safe work endent certified lead professional.
		t on exterior surfaces; OR 2 square feet in any one intenterior or exterior surface, such as a window sill.)	rior space; OR
III.	Follow-up assessment or clea	rance exam, if the unit did NOT pass the initial asse	essment:
	$\square$ A follow-up visual assessment of the property was conducted on (date):		
	$\square$ All identified problems with the paint surfaces were repaired.		
	$\square$ Identified problems were repaired using certified safe work practices, if required.		
	☐ Not applicable; did not exceed de minimum levels.		
	$\square$ A clearance exam was conducted by an independent, certified lead professional, if required.		
	☐ Not applicable; did not exceed de minimum levels.		
	$\square$ The unit passed the clearance	e exam (include copy in client file).	
	$\square$ Not applicable; did not exc	eed de minimum levels.	
By s	signing below, I certify the above	e information is true:	
	Evaluator's Name	Evaluator's Signature	Date