



**Lead Hazard Reduction Demonstration Grant
Lead Inspection/Risk Assessment (LIRA) Healthy Homes Assessment Certification**

Property Address: _____

Sub-Recipient: _____

Award Number: _____ LIRA Cost _____ HHS Assessment Cost _____

Sub-Recipients Project Manager's Statement:

I certify the Lead Inspection Risk Assessment and Healthy Homes Assessment has been conducted in accordance with all LHRD policies, local, State, and Federal guidelines. The Scope of Work will be developed based solely on the Lead Inspection Risk Assessment and if applicable the Healthy Homes Assessment and the Lead Inspector Risk Assessor is currently licensed in the State of Indiana.

Printed Name Signature Date

IHCDA's Project Manager's Statement:

I have reviewed the Lead Inspection Risk Assessment (LIRA) and the Healthy Homes Assessment (if applicable), and have determined the documents are in accordance with LHRD policy guidance.

Printed Name Signature Date



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