



Indiana Housing & Community Development Authority

**Lead Hazard Reduction Demonstration Grant  
Clearance Examination and Final Inspection Review Certification**

Property Address \_\_\_\_\_ Sub-Recipient \_\_\_\_\_

Award Number \_\_\_\_\_ Clearance Date \_\_\_\_\_ Clearance Cost \_\_\_\_\_

Final Inspection Date \_\_\_\_\_

***Contractor's Statement:***

I certify, under penalty of perjury, that I have satisfactorily completed all work according to the contract and in accordance the LHRD Policy and Procedures, Indiana State Building Code, and 410 IAC 32 Lead Based Paint Program.

\_\_\_\_\_  
Printed Name Signature Date

***Clearance Examiner's Statement:***

I certify a Clearance Examination has been performed in accordance with the LHRD Policy and Procedures and Clearance has been achieved.

\_\_\_\_\_  
Printed Name Signature Date

***Sub-Recipients Project Manager's Statement:***

I certify the Scope of Work has been developed in accordance with all LHRD policies, local, State, and Federal guidelines and is based solely on the Lead Inspection Risk Assessment and the Healthy Homes Assessment (if applicable).

\_\_\_\_\_  
Printed Name Signature Date

***IHCDA's Project Manager's Statement:***

I have reviewed the Scope of Work and determined the Scope of Work is in accordance with LHRD policy guidance.

\_\_\_\_\_  
Printed Name Signature Date



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