



**Lead Hazard Reduction Demonstration Grant
Healthy Homes Inspection Certification**

Property Address: _____

Sub-Recipient: _____

Award Number: _____ HHS Funding amount _____

Sub-Recipients Project Manager's Statement:

I certify the Healthy Homes repairs are complete and in accordance with all LHRD policies, local, State, and/or Federal building code requirements.

Printed Name

Signature

Date

IHCDA's Project Manager's Statement:

I have reviewed the Scope of Work and determined the Healthy Homes Supplemental repairs are in accordance with the LHRD policy guidance.

Printed Name

Signature

Date

*** Please attach this form with all HHS funding claims.**



ADDRESS 30 South Meridian Street, Suite 900, Indianapolis, IN 46204
PHONE 317 232 7777 **TOLL FREE** 800 872 0371 **WEB** www.ihcda.IN.gov

EQUAL OPPORTUNITY EMPLOYER AND HOUSING AGENCY

State of Indiana
Lieutenant Governor
Suzanne Crouch

