State of Alaska Emergency Solutions Grant (ES) Program HOMELESSNESS PREVENTION OR RAPID REHOUSING LEAD-BASED PAINT CERTIFICATION

	Name:			
Unit A	ddress: City, State & Zip:			
Follow	the steps below to conduct a lead-based paint screening for ESG Homelessness Prevention			
or Rap	oid Rehousing assistance. Once complete, include this form in the client file.			
	I have completed HUD's online visual assessment training and am a HUD-certified visual			
	assessor. https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm .			
	\square The household has received the pamphlet, "Protect Your Family from Lead in Your Home			
	https://www.epa.gov/lead/protect-your-family-lead-your-home.			
I.	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 according the federal ESG rule at 24 CFR 576.)			
	Yes - Conduct visual assessment			
	No – Do not conduct visual assessment (STOP; sign to certify below)			
II.	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 ESG 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 ESG standards, using			
	lead-safe work practices and clearance by an independent certified lead professional			

		uare feet on exterior surfaces; OR surface area of any small interior of	-	
	Follow-up assessment or clear	ance exam, if the unit did NOT pas	ss 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:				
	Evaluator's Name	Signature	Date	