

THDA's Blight Elimination Program (BEP)

**Post-Demolition
Contractor Certification**

BEP Loan #: _____

Date(s) of Demolition: _____

Property Address: _____

I _____ (name) employed or authorized representative of _____ (company name) hereby certify that the requirements of all applicable Federal, State, and local laws, statutes, ordinances and regulations, including, without limitation, those related to environmental, lead-based paint, and asbestos removal and disposal, were met in connection with demolition that occurred at the property address referenced above.

Contractor Name: _____

By: _____

Name: _____

Title: _____

Contract or License # _____

Date: _____

** PLEASE PROVIDE THIS FORM WITH THE FINAL INVOICE FOR DEMOLITION TO
THDA FOR PAYMENT.