

STATEMENT OF COMPLETION AND CLEARANCE

To be submitted with Certification of Completion and Final Inspection

Project Name and Address: _____

1. If inspection/risk assessment performed:

Name of Inspector/Risk Assessor _____

Organization _____

2. Were all lead-based paint hazards corrected during rehab?

Yes No

3. Date Clearance achieved: _____

Yes No

4. Date home reoccupied: _____

5. Did homeowner receive a copy of the Clearance Report?

Yes No

If yes, date provided to homeowner: _____

6. Has a copy of the Clearance Report and the Risk Assessment been submitted to THDA?

Yes No N/A Already submitted

Administrator: _____

Signature: _____

Date: _____