

# 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: \_\_\_\_\_