



## Housing Emergency Solutions Program Property Owner Lead Certification Form

The HESP *Lead-Based Paint Property Owner Certification Form* is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance *is* required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant's file.

### INSTRUCTIONS

To prevent lead-poisoning in young children, the HESP program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving HESP assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?  
☐ Yes  
☐ No
2. Have all identified problems with paint surfaces been repaired using safe work practices?  
☐ Yes  
☐ No  
☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimis levels.
3. Was a clearance exam conducted by an independent, certified lead professional?  
☐ Yes  
☐ No  
☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimis levels.
4. Did the unit pass the clearance exam?  
☐ Yes  
☐ No  
☐ Not Applicable – The area of paint to be stabilized did not exceed the de minimis levels.

Name of Tenant _____	
Address _____	Unit Number _____
City _____	State _____ Zip _____
Name of Property Owner/Manager _____	
Property Owner/Manager Signature _____	Date _____
Name of HESP Program Staff _____	
HESP Program Staff Signature _____	Date _____

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources