Owner LBP Certification Form
Tenant Based Rent Assistance Program

For ______________________________ (print tenant’s name)   ID# (subsidy #) __________________

I, ______________________________ (printed name), owner (or representative) of __________________________ (unit or address), certify that all deteriorated paint identified in the HAKC housing quality standards inspection report dated ________ was stabilized and that safe work practices were followed. Items 1A-1E were adhered to, in compliance with Federal, State and local regulations, except in cases where the work was exempt from safe work practice requirements as described in item 2. I also certify that I will conduct ongoing maintenance as described in item 3 below.

Check Number 1 or 2 and Number 3

1. The following practices were followed as appropriate (check all that apply).

☐ A. The prohibited work methods listed below were not used.
   = Open flame burning or torching
   = Machine sanding or grinding without a high-efficiency particulate air (HEPA) local exhaust control.
   = Abrasive blasting or sandblasting without HEPA local exhaust control
   = Heat guns operating above 1,100 degrees Fahrenheit, or those that operate high enough to char paint.
   = Dry sanding or dry scraping. (For exceptions, see 24CFR 35.140 (e).)
   = Paint stripping in an inadequately ventilated space using a volatile stripper that is a hazardous substance in accordance with regulations of the Consumer Product Safety and Health Administration at 29 CFR 1010.1200 or 1926.59, as applicable to the work.

☐ B. Workers performing the work were qualified to do so, in compliance with 24 CFR part 35.
   = Workers were supervised by a certified abatement supervisor; or
   = Workers have successfully completed a HUD-approved training on Lead Safe work practices (see www.hud.gov/offices/lead/lbptraining for approved courses) Provide HAKC with a copy of training certificate.

☐ C. Protection of occupants and preparation of the worksite as described below.

   • Occupant Protection
     = Occupants were not permitted to enter the worksite during hazard reduction activities until final clearance was achieved.
     = Occupants were temporarily relocated before and during hazard reduction activities, if necessary.
     = Dwelling unit and worksite were secured against unauthorized entry, and occupants’ belongings were protected from contamination by dust-lead hazards and debris during hazard reduction activities.
     = Occupants were properly notified in advance of the start of hazard reduction activities, and notified of the completion of such activities, and the results of any clearance testing done after completion of repairs.

   • Worksite preparation
     = Worksite was prepared to prevent release of leaded dust, and paint chips and other debris from hazard reduction activities were contained within the worksite.

☐ D. Specialized cleaning after hazard reduction activities including:

   = Used HEPA vacuum cleaners; or other method of equivalent efficacy; and
   = Lead-specific detergents or equivalents (such as TSP, etc.).

☐ E. Clearance of unit was achieved before reoccupancy was permitted.
2. Safe work practices and clearance were **not required** because maintenance or rehab hazard reduction activities **did not disturb** painted surfaces above the de minimis threshold levels as defined below:

- 20 square feet (accumulative) on exterior surfaces;
- 2 square feet (accumulative) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as windowsill, window trough, step, handrail, trim, etc.)

3. I **will comply** with **ongoing maintenance** requirements, for the term of the HUD assistance including:

- Perform visual assessments for deteriorated paint, bare soil and lead hazard control failures of all lead-based paint in units, annually and at unit turnover.
- Repair all deteriorated paint above de minimis (threshold) levels using Lead-Safe Work Practices.
- Repair all encapsulated or enclosed areas that are damaged or failing using appropriate interim controls or abatement methods (if applicable).
- Request in writing that occupants of units monitor lead-based paint surfaces and notify me regarding any new potential lead hazards. (For units that are newly leased during this monitoring period.)

________________________  ____________  ________________________________
Owner (or representative) Signature    Date    HAKC Representative        Date

______________________________
Owner (or representative) Printed Name

______________________________
HAKC Representative Printed name