

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources**

File Content and Compliance Check List

Client Name: _____

Address: _____

City: _____

Client ID #: _____

Grant: _____

<p><u>Project Description:</u></p> <p>Construction Year _____</p> <p>Number of Units: _____</p> <p>Re-Work Yes _____ No _____</p> <p>Has this unit been deferred? Yes _____ No _____</p> <p>If yes, state the reason for the deferment _____</p>
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1	INTAKE SECTION	DATE	INITIALS
	Signed and Completed "Lead Assistance Program Application"	_____	_____
	"Right of Entry and Release of Information Form"	_____	_____
	"Confirmation of Receipt of Lead Pamphlet"	_____	_____
	Proof of Income	_____	_____
	Proof of Residence at Property	_____	_____
	For Lead Abatement Grants, an Order for Abatement from Health Department	_____	_____
	"Owner's Permission for Lead-Safe Remediation" Form	_____	_____
	"Landlord/Tenant Lead-Safe Remediation Agreement" Form	_____	_____
	Copy of Social Security Card or Equivalent Documentation for Homeowner.	_____	_____
	If HUD prog, copy of SSN or Equivalent Docs for all members of Household	_____	_____
	Proof of Ownership (copy of mortgage deed, or rental agreement, or county tax record)	_____	_____
	State Historic Preservation Office Documentation (if applicable)	_____	_____

2	FIELD PAPERWORK	DATE	INITIALS
	Results of Initial Lead Test Swabs/Dust Sample	_____	_____
	Lead Inspection/Risk Assessment Report by DCA Certified Lead Evaluator	_____	_____
	Scope of Work	_____	_____
	Contractor Bids/Quotes	_____	_____
	Lead Clearance Exam	_____	_____
	Pre & Post Pictures of Lead Remediation/Abatement Work	_____	_____
	Client Sign Off and Comments Form	_____	_____
	Invoices	_____	_____
	Temporary Relocation Documentation (if temporarily relocated, stipend, or waived)	_____	_____

3	ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES	DATE	INITIALS
	OLIEC Approval for Re-Work and Documentation of Prior Work	_____	_____
	If applicable, OLIEC Supervisor and/or Monitor approval for over expenditure	_____	_____
	Services for "Connected Applicant" Documentation	_____	_____
	Permits, if required by Municipality (if applicable)	_____	_____

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I hereby certify that all required documents listed above are located within the client file.

Lead Assistance Program

Manager

Certification _____

Date _____

Point System

Pregnant Mother: up to 1 pt. _____
Children (Ages 0-6): up to 2 pt. _____
Deffered from WAP: 1 pt _____

Total Points: _____

For DCA Use Only:

Monitor's Initials: _____

File Reviewed Date: _____

Unit Inspected: YES _____ NO _____

Inspection Date: _____

Grant: _____

Comments: