New Jersey Department of Community Affairs
Lead Assistance Program

File Content and Compliance Checklist

Agency: _____ **Grant:** _____

Lead Program Manager: _____

Project Information

Client Name: _____ **File ID:** _____

Address: _____ **Unit Number:** _____

City and Zip Code: _____ **County:** _____

Construction Year: _____ **Number of Units:** _____ **Number of Household Members:** _____

☐ Owner-Occupied ☐ Rental Unit ☐ Vacant Unit ☐ Remediation ☐ Abatement ☐ Income Eligible ☐ Categorically Eligible

☐ Deferred Unit **Deferral Reason:** _____

Intake Documentation

Select the NA checkbox if the document is not applicable to this application. Documents required for all projects do not have an option to select NA.

Document	NA	Agency Staff Initials	Completed Date
Lead Assistance Program Application (printed from CRM)		_____	_____
Confirmation of Receipt of Lead Pamphlet Form		_____	_____
Right of Entry Form		_____	_____
Owner's Permission for Lead Remediation Form		_____	_____
Proof of Identity (see Chapter 1, Section 1.1)		_____	_____
Certification of No Social Security Number Form	☐	_____	_____
Proof of Income or LRAP Income Self Certification Form (see Chapter 1, Section 2)	☐	_____	_____
Certification of No Income Form	☐	_____	_____
Zero Income Verification email confirmation from DCA	☐	_____	_____
Proof of Categorical Eligibility (see Chapter 1, Section 3)	☐	_____	_____
Proof of Residence at Property (see Chapter 1, Section 1.1)		_____	_____
Tenant Lease Verification Form	☐	_____	_____
Landlord Tenant Lead-Safe Remediation Agreement Form	☐	_____	_____
Vacant Unit Certification Form	☐	_____	_____
Proof of Ownership (see Chapter 1, Section 1.1)		_____	_____
Connected Applicant documentation (see Chapter 1, Section 12)	☐	_____	_____

Fieldwork Documentation

Select the NA checkbox if the document is not applicable to this project. Documents required for all applications do not have an option to select NA.

Document	NA	Agency Staff Initials	Completed Date
Initial Lead Test Form and Color Photo(s) of Testing Swab		_____	_____
LCM's Color Photos of <u>Entire</u> Property <u>BEFORE</u> Remediation/Abatement Work		_____	_____
Lead Inspection Risk Assessment (LIRA) Report		_____	_____
Scope of Work (SOW) signed and dated by LCM and Contractor		_____	_____
All Contractor Bids/Quotes		_____	_____
LCM's Color Photos of <u>Entire</u> Property <u>AFTER</u> Remediation/Abatement Work		_____	_____
All Lead Clearance Exams Results		_____	_____
HESWAP Final Inspection Report		_____	_____
Lead Client Sign Off Form		_____	_____
All Contractor Invoices		_____	_____
Rework Approval Form	☐	_____	_____
Approval to Exceed Maximum Allowable Cost Per Unit	☐	_____	_____
Property Owner Self-Certification for Over-Expenditure Request	☐	_____	_____
Alternative Wage Report	☐	_____	_____
Work Permits (if required by Municipality)	☐	_____	_____
Notice of Violation from Health Department (for abatement projects)	☐	_____	_____
NJDCA Notification of Lead Hazard Abatement Form	☐	_____	_____
Temporary Relocation and Stipend documentation	☐	_____	_____

By signing below, the Agency's Lead Program Manager certifies that all required documents are included in the client file. All documents are complete and legible with all required information and signatures.

Lead Program Manager Signature: _____ **Date:** _____

This section to be completed by DCA State Monitor only.

DCA State Monitor: _____ **Date:** _____

Unit inspected? ☐ No ☐ Yes **Inspection Date:** _____ **Checklist Review:** _____ **Date:** _____

Comments: