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

NJDCA Lead Program File Content and Compliance Check List

Client Name: _____

Address: _____

City: _____

Client ID #: _____

Grant: _____

Agency: _____

Project Description:

Construction Year _____ Number of Units: _____ Re-Work Yes ____ No ____

Has this unit been deferred? Yes _____ No _____

If yes, state the reason for the deferment _____

1	INTAKE SECTION	DATE	INITIALS
	Signed and Completed "Lead Assistance Program Application" or a copy of the online application		
	"Right of Entry and Release of Information Form"		
	"Confirmation of Receipt of Lead Pamphlet"		
	Proof of Income, if Self-Certification Form if applicable		
	Proof of Residence at Property		
	For Lead Abatement Grants, an Order for Abatement from Health Department (NOV)		
	"Owner's Permission for Lead-Safe Remediation" Form		
	"Landlord/Tenant Lead-Safe Remediation Agreement" Form		
	Proof of Ownership (copy of mortgage deed, or rental agreement, or county tax record)		
	Vacant Unit Form (if applicable)		
	State Historic Preservation Office Documentation (if applicable)		

2	FIELD PAPERWORK	DATE	INITIALS
	Results of Initial Lead Test Swabs/Lead Spray		
	LIRA Report by DCA Certified Lead Evaluator (Isles Pool of Evaluators)		
	Scope of Work (Signed and dated by LCM and Contractor)		
	Contractor Bids/Quotes		
	Lead Clearance Exam		
	Pre & Post Color Pictures of Lead Remediation/Abatement Work by LCM		
	Hancock Final Inspection Report (LCM Pass/Fail)		
	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 See Chapter 1 Section 12		
	NJDCA Notification of Lead Hazard Abatement Form		
	Alternative Wage Reporting Forms		
	Permits, if required by Municipality (if applicable)		

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

Lead Assistance Program Manager Certification _____ **Date** _____

For DCA Use

Monitor Initials: _____

Unit Inspected: YES_____ NO _____ **Inspection Date:** _____

Grant:

Monitor Signature: _____

Comments: