

**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:**           **Lead-Safe Pilot**

<p><b><u>Project Description:</u></b>  <b>Construction Year</b> _____  <b>Number of Units:</b> _____  <b>Re-Work Yes</b> _____ <b>No</b> _____  <b>Has this unit been deferred? Yes</b> _____ <b>No</b> _____  <b>If yes, state the reason for the deferment</b> _____</p>
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<b>1 INTAKE SECTION</b>	<b>DATE</b>	<b>INITIALS</b>
Signed and Completed "Lead-Safe Pilot 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	_____	_____
Copies of Social Security Cards or Equivalent Documentation for all household members	_____	_____
Proof of Ownership (copy of mortgage deed, or rental agreement, or county tax record)	_____	_____
State Historic Preservation Office Documentation (if applicable)	_____	_____

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

<b>3 ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES</b>	<b>DATE</b>	<b>INITIALS</b>
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)	_____	_____

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

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

**Lead-Safe Pilot Program**

**Manager**

**Certification** \_\_\_\_\_

**Date** \_\_\_\_\_

<u>Point System</u>	
Pregnant Mother:	up to 1 pt. _____
Children (Ages 0-6):	up to 2 pt. _____
Deffered from WAP:	1 pt _____
<b>Total Points:</b> _____	

**For DCA Use Only:**

**Monitor's Initials:** \_\_\_\_\_

**File Reviewed Date:** \_\_\_\_\_

**Unit Inspected:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

**Grant:** Lead-Safe Pilot Program

**Comments:**