

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

Lead Assistance Programs

Approval Form to Exceed Maximum Allowable Cost Per Unit

Agency Name: \_\_\_\_\_

Lead Program and Program Year for Request: \_\_\_\_\_

Client Name: \_\_\_\_\_ File ID: \_\_\_\_\_

Address: \_\_\_\_\_ Year Built: \_\_\_\_\_

Date of Expected Lead Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Awarded Contractor: \_\_\_\_\_

Is Temporary Relocation Needed?  Yes  No

Amount Exceeding Average Cost Per Unit (Total Cost – ACPU): \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Proposed Scope of Work & Justification to Exceed Cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the following document(s):

- Copy of Contractor Bids/Quotes  Copy of Lead Evaluation  
 Copy of Scope of Work

DCA USE ONLY:

**Reviewed By:**

**Monitor Signature:** \_\_\_\_\_

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

**OLIEC Supervisor Signature:** \_\_\_\_\_  Approved  Denied

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