

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS DIVISION OF HOUSING
AND COMMUNITY RESOURCES

**Municipal Lead Abatement Program
Client Deferral Notification**

Address: _____

Date of Assessment: ____/____/____ (Notice must be provided to client within 7 days of audit)

The following observed condition(s) represent all identified reasons for deferral of lead abatement work on your home under the New Jersey Municipal Lead Abatement Program work cannot continue until the condition is corrected as described below:

Description of Condition	Correction Required for Lead Abatement	Potential Referral Assistance

The Municipal Lead Abatement Program cannot repair these items with program funds or return to the home until all the above conditions are resolved. Corrections must be performed in a professional manner, meet local code requirements, and may require completion by a licensed professional prior to the Municipality continuing work in your home. Please inform us when the corrections are completed, and we will send program staff to your home to perform an assessment. Program eligibility will need to be reestablished if it takes longer than a year to complete the corrections.

I hereby understand and have been informed of my rights and options.

Client's Printed Name: _____

Client's Signature: _____ **Date:** ____/____/____

If you feel this determination is in error, you may appeal within ten (10) business days to the Municipality, providing an explanation and support documentation for why lead abatement should continue in your home.

(Include Municipality Program Manager, Address, Email, and Phone Number)