## LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead) MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

## **CHILDREN UNDER 6 YEARS OLD VISITING CERTIFICATION**

Project Funding: Sta	te Lead		ealthy Homes	DHHS P		☐ Single-Family		
				CAA Rep Title:				
				CAA Rep Phone:				
				CAA Rep Email:				
Applicant (Owner):			Co-	Applicant:				
Property:			Ter	Tenant:				
				Apt#:				
INSTRUCTIONS: Return	completed and sign	ned Certificati	ion to the abov	re-named CAA.				
Date								
On your Application for age spends a "significa hours a day on two sep	nt amount of time parate days a wee	" visiting yoເ k and a tota	ur home. A "s I of 60 hours	ignificant amou per year."	ınt of time" vi	siting is define	ed as, "three	
Please fill in the table below, showing the number of hours per day a child under six years old visits your home:								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
# of hours per day								
If the number of hours	varies from week	to week, ple	ase explain:					
By signing below, you a	are certifying that	this stateme	nt and inforn	nation is true an	nd correct.			
Date: Owner/Occupant Signature:								
		Owner/O	Owner/Occupant Name:					
Date:		Co-Owner/Occupant Signature:						
		Co-Owne	er/Occupant	Vlamo:				