

LEAD-BASED PAINT REGULATION REQUIREMENT WORKSHEET

Address: _____ Unit: _____
 City: _____ Zip: _____

I. Determining Per Unit Level of Assistance (24 CFR 35.915)

a. For Development where all units are HOME assisted

Federal Funding Per Unit _____
 Total Estimated Rehab Hard Cost Per Unit _____
(not including acquisition, soft costs and the cost of lead evaluation and reduction)

b. For Development with HOME assisted & non HOME assisted units

Total Estimated Rehab Hard Cost of HOME Units _____
 Number of HOME Units _____

Rehab hard cost for common areas & exterior surfaces _____
 Total units in development + _____

Per Unit Rehab Cost _____

II. Strategy Required (Lesser of I (a) or Per Unit Rehab Cost I (b))

- \$1 - \$5,000 - Test and Repair Damaged Paint
- \$5,001 - \$25,000 - Risk Assessment and Interim Controls
- \$25,001 and above - Risk Assessment and Abatement

III. Hazard Reduction Exemptions

	Yes	No
Elderly Occupant (Relocation Waiver)	<input type="checkbox"/>	<input type="checkbox"/>
National Historic Residence (Interim Control Only But Monitoring Required)	<input type="checkbox"/>	<input type="checkbox"/>
Less than Diminimus		
Exterior 20 SF	<input type="checkbox"/>	<input type="checkbox"/>
Interior Rooms 2 SF _____	<input type="checkbox"/>	<input type="checkbox"/>

(No Safe Work Practices or Clearance Required)		
Soil (9 SF) – (No soil treatments to yard)	<input type="checkbox"/>	<input type="checkbox"/>

Calculated by _____ Date _____

I have evaluated the site, the specifications, estimated the rehab hard costs and interviewed the occupants. In my professional opinion, this project meets the above requirement for federal lead hazard reduction.

Signature

Date