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|--|--|----------------------------|--|
| <b>Guide for Review of Lead-Based Paint Compliance in Properties Receiving Federal Rehabilitation Assistance</b> |  |                            |  |
| <b>Name of Program Participant:</b>  |  |                            |  |
| <b>Program Participant Staff Consulted:</b>  |  |                            |  |
| <b>Name of HUD Grant Program Reviewed:</b>   |  |                            |  |
| <b>Owner Name and Address of Assisted Project:</b>   |  | <b>Date Funds Awarded:</b> |  |
| <b>Name(s) of HUD Reviewer(s):</b>   |  | <b>Date of Review:</b>     |  |

**NOTE:** All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."

**Instructions:** This Exhibit is designed to monitor rehabilitation activities for the program overall and for individual rehabilitation projects. This Exhibit is divided into six sections to be used as follows:

- Section A, Program Reviews, is for reviewing the program's overall compliance;
- Section B, File Review, is for reviewing requirements that apply to all rehabilitation projects;
- Section C, Specific Requirements for Levels of Rehabilitation Assistance, applies based upon the amount of rehabilitation assistance provided for the project file selected for review. This section contains three levels: individual projects receiving rehabilitation assistance up to \$5,000 per project; projects receiving rehabilitation assistance over \$5,000 and up to \$25,000 per unit; and projects receiving rehabilitation assistance over \$25,000 per unit;
- Section D applies to HOME rental projects;
- Section E applies to rehabilitation in insular areas and
- Section F for a summary listing of any identified findings or concerns.

The definition of each level of assistance can be found at 24 CFR 35.915. If you select "NA" for your response, please explain why the question does not apply. Information on LBP sampling guidance and developing corrective actions is given in Chapter 24, Section 24-6. Copies of monitoring reports addressing lead-based paint, including completed Exhibits, are to be sent to the Office of Healthy Homes and Lead Hazard Compliance, per Section 24-6 of the introduction to this Chapter.

**Questions:**

A. PROGRAM REVIEW

1.

|  |   |
|--|---|
| Does the program consistently and accurately assess projects for possible exemption from the requirements of 24 CFR 35?<br>[24 CFR 35.115] | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b><br><br>  |   |

2.

|   |   |
|---|---|
| Does the program participant have staff that is knowledgeable about HUD's lead-based paint regulations? | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b><br><br>   |   |

3.

|  |   |
|--|---|
| Does the program ensure that lead safe work practices are used during rehabilitation work on painted surfaces larger than the <i>de minimis</i> amounts [specified in 24 CFR 35.1350(d)] that are known or presumed to have lead, and is all disturbed paint routinely and properly repaired?<br>[24 CFR 35.930(b)(2)] | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b><br><br>  |   |

4.

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|--|---|
| Where the Lead Safe Housing Rule requires temporary relocation, does the program ensure that occupants are relocated to units free of lead hazards and their belongings are protected?<br>[24 CFR 35.1345(a)(2)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b><br><br>  |   |

5.

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|--|--|
| <p>Does the program ensure that the Lead Safe Housing Rule's requirements regarding worker and occupant safety are shared with the entities and individuals who perform the rehabilitation work on painted surfaces, such as contractors and subrecipients (e.g., subgrantees, nonprofits, Community Housing Development Organizations, Community Development Corporations, and volunteer groups)?<br/>[24 CFR 35.900(a) and (b); 24 CFR 35.1350 and 24 CFR 35.1345]</p> | <p><input type="checkbox"/> <input type="checkbox"/><br/><b>Yes No</b></p> |
| <p><b>Describe Basis for Conclusion:</b></p>   |  |

B. INDIVIDUAL FILE REVIEW (Answer these questions for each project file reviewed.)

|  |
|--|
| <p><b>Name of Program Participant or Entity Carrying Out the Rehabilitation Project:</b></p> |
|--|

6.

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|---|--|
| <p>Was this specific rehabilitation project evaluated for applicability of the Lead Safe Housing Rule? (If the response is "yes" AND the project meets the regulatory exemption standards, STOP HERE. If "yes" and the project is <u>not</u> exempt, continue with the remaining questions in this Section B as well as the Section that applies to the level of rehabilitation assistance provided to this project.)<br/>[24 CFR 35.115]</p> | <p><input type="checkbox"/> <input type="checkbox"/><br/><b>Yes No</b></p> |
| <p><b>Describe Basis for Conclusion:</b></p>  |  |

7.

|   |  |
|---|--|
| <p>Was the level of rehabilitation assistance (or total amount of Federal housing assistance) for this project calculated correctly and documented in the project file?<br/>[24 CFR 35.915]</p> | <p><input type="checkbox"/> <input type="checkbox"/><br/><b>Yes No</b></p> |
| <p><b>Describe Basis for Conclusion:</b></p>  |  |

8.

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| Does the project file include the following documents (to be kept for at least three years) necessary to demonstrate compliance with the requirements of the Lead Safe Housing Rule: |   |
| a. Documentation of receipt by homeowner or occupant of the Lead Hazard Information Pamphlet?<br>[24 CFR 35.910(b)]  | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

|   |   |
|---|---|
| b. Notices to Residents: Notice of Lead Hazard Evaluation (if paint testing was performed) or a Notice of Presumption (if no paint testing was performed). ( <u>Note</u> : If interim controls or abatement are electively performed at this level of rehabilitation assistance, then a Notice of Lead Hazard Reduction must be provided to the residents.)<br>[24 CFR 35.910(a)] | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

|  |   |
|--|---|
| c. A paint testing report (if testing was performed) performed by a certified inspector or risk assessor?<br>[24 CFR 35.930(b)(1)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

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|--|---|
| d. A clearance report showing the unit, or the worksite if it was contained, passed clearance (if lead-based paint is known or presumed to be in the unit and the amount of material to be disturbed is above the <i>de minimis</i> threshold)?<br>[24 CFR 35.1340(c)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

9.

|   |   |
|---|---|
| a. Was work performed on painted surfaces where lead-based paint was known or presumed present in the work area above the <i>de minimis</i> threshold amount? (If the answer is no, skip the rest of question 9.) | <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

|  |   |
|--|---|
| b. Based on your review, were occupants and their belongings protected during work (e.g., documentation of relocation, language in rehabilitation contract, homeowners' agreement, or other appropriate document)?<br>[24 CFR 35.1345] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

|   |   |
|---|---|
| c. Based on your review, were workers (including volunteers) trained or supervised and did workers use lead safe work practices on work larger than the <i>de minimis</i> amounts (e.g., on-site reviews during work , a signed certification by the contractor)? (Note that intent to use practices does not satisfy this requirement.)<br>[24 CFR 35.930(b)(2)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

C. SPECIFIC REQUIREMENTS FOR REHABILITATION ASSISTANCE (Select the question that applies to the level of assistance provided.)

10. For Rehabilitation Assistance Up To and Including \$5,000 Per Unit

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|--|---|
| Did the project include repair of all painted surfaces disturbed during rehabilitation?<br>[24 CFR 35.930(b)(2)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes</b> <b>No</b> <b>N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

11. For Rehabilitation Assistance Over \$5,000 and Up To \$25,000 Per Unit

|  |   |
|--|---|
| a. Was a risk assessment report obtained (unless lead-based paint hazards were presumed)?<br>[24 CFR 35.930(c)(2)]   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |
| b. Were interim controls (or standard treatments, if hazards are presumed) conducted for all lead-based paint hazards identified in the risk assessment for the property?<br>[24 CFR 35.930(c)(3)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>  |   |

12. For Rehabilitation Assistance Over \$25,000 Per Unit

|   |   |
|---|---|
| a. Was a risk assessment report obtained (unless lead-based paint hazards were presumed)?<br>[24 CFR 35.930(d)(2)]  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |
| b. Was abatement conducted of all lead-based paint hazards identified by the risk assessment (or presumed to be present) for the property?<br>[24 CFR 35.980(d)(3)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

D. FOR HOME RENTAL PROJECTS ONLY

13.

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|---|---|
| During its monitoring for compliance with housing quality standards during the period of affordability, does the program participant review HOME rental project owners' records to ensure that ongoing lead-based paint maintenance is being performed in accordance with 24 CFR 35.1355(a)? [24 CFR 92.504(d)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

E. FOR INSULAR AREAS ONLY (Answer the question below for projects covered by the Lead Safe Housing Rule. Additional files may need to be selected in order to review for lead-based paint compliance in projects that are covered.)

14.

|   |   |
|---|---|
| a. Based on this review, were workers (including volunteers) trained or supervised and did workers use lead safe work practices (e.g., on-site reviews during work or a signed certification by the contractor)? (Note: Intent to use lead safe work practices does not satisfy this requirement.) [24 CFR 35.940(a) or 24 CFR 35.940(b)(2); 24 CFR 35.1350(b)] | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |
| b. If the rehabilitation assistance was above \$5,000 per unit, was a visual assessment for the deteriorated paint performed, and was all deteriorated paint stabilized? [24 CFR 35.940(b); 24 CFR 35.1340]   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |
| c. Did the clearance report show the unit (or the worksite, if it was contained) passed clearance (if lead-based paint is known or was presumed to be in the unit and the amount of material to be disturbed was above the <i>de minimis</i> threshold)? [24 CFR 35.940(a)(2) or 24 CFR 35.940(b)(3); 24 CFR 35.1340]   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yes No N/A</b> |
| <b>Describe Basis for Conclusion:</b>   |   |

**F. EXHIBIT SUMMARY:**

For any findings or concerns identified in this Exhibit, list the number of the question below in the appropriate column:

| <b>Finding Question #:</b> | <b>Concern Question #:</b> |
|----------------------------|----------------------------|
|                            |                            |