

Lead Assistance Programs

Owner's Permission for Lead Hazard Reduction (For Tenant and Owner-Occupied Applicants)

Client Name: _____

Address: _____

Lead Hazard Reduction Measures to be installed:

I _____, authorize _____ to install or sub-contract the installation of lead hazard reduction measures listed above to my property located at

_____.

I also understand that under the State Procurement Guidelines, the scope of work is to be bid out and awarded to the lowest responsible bidder or provided to the next contractor in the Request for Qualifications, Round Robin process. I, as the property owner, understand that the contractor and lead evaluator is not chosen by me, but by the Lead Assistance Program Agency, as per the NJ State Procurement Laws.

I further certify that the house or building at the above location is not in foreclosure or scheduled for demolition within the 12 months from the date of lead hazard reduction work.

(Signature of Owner or Authorized Agent)

Date