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| **Administrator:** | **Contract/RSP Number:** |
| **Beneficiary Name:** | |
| **Project Address:** | |

**Under Title X of the Community and Housing Development Act, certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP).** **All homeowners, homebuyers, and/or tenants should receive the 17-page booklet “Protect Your Family from Lead in Your Home,” which contains information about the hazards of lead-based paint.**

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| **Receipt of Lead-Based Paint Notice** | | | | | |
| I have received, read, and understand the booklet *“Protect Your Family From Lead in Your Home.”* | | | | | |
|  |  |  |  | |  |
|  | Beneficiary Signature |  | Date |  | |

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| **Receipt of Lead-Based Paint Evaluation (only if evaluation is required)** | | | | |
| I have received and understand the notification of lead-based paint evaluation. The evaluation was completed on         /      /      and I received the notice on        /      /     . | | | | |
|  | Beneficiary Signature |  | Date |  |

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| **Receipt of Notification of Lead-Based Paint Hazard Reduction (only if hazard reduction is required)** | | | | |
| I have received and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on        /      /      and I received the notice on        /      /     . | | | | |
|  | Beneficiary Signature |  | Date |  |

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| **Receipt of Notification of Lead-Based Paint Clearance (only if clearance is required)** | | | | |
| I have received and understand the notification of lead-based paint clearance. The clearance was completed on        /      /      and I received the notice on        /      /     . | | | | |
|  | Beneficiary Signature |  | Date |  |

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| *Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.* | | |
|  | **Texas Department of Housing and Community Affairs**  Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov |  |