

**MISSISSIPPI DEVELOPMENT AUTHORITY  
COMMUNITY SERVICES DIVISION  
HOMEBUYER ASSISTANCE PROGRAM  
CERTIFIED LEAD-BASED PAINT CLEARANCE**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Clearance Inspector** \_\_\_\_\_

**Certification Number** \_\_\_\_\_

**Date of Expiration** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Year Property Constructed** \_\_\_\_\_

**Date of Inspection/Clearance** \_\_\_\_\_

**Summary Clearance Results:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the property has been inspected and complies with Lead-Safe Housing Rule 24 CFR Part 35 and HOME Regulations at 24 CFR Part 92.355.**

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_