Attachment 10-19

Sample Elderly Waiver for Relocation

GRANTEE/AGENCY LETTERHEAD

The following sample certification reflects policies that could be adopted for an elderly waiver provision. No policy should be adopted without consideration by legal counsel.

I, _____, the undersigned,

☐ choose to remain in my home while rehabilitation work by [__(Agency/Grantee___] is being performed.

☐ choose to relocate to another unit while the work is being performed.

I have made this choice having read and understood the following:

1. I am at least 62 years old.
2. My home was built before 1978.
3. I have received the pamphlet "Protecting Your Family from Lead in Your Home" and I am aware of the health hazards that are posed by lead-based paint.
4. I have been given a description of work that will be done in my home and understand that during the course of the work, lead hazards may be created in the work area. These hazards will be fixed before the job is considered complete.
5. I may stay in my home but I may not enter the work area while work is being performed.
6. I certify that no children under age six or women of childbearing age currently live in the unit or spend significant amounts of time in the unit.
7. I understand that allowing children under age six or women of childbearing age to visit my home while work is being done may pose a risk to their health.
8. I waive rights to all damages. I agree to hold harmless the [__(Agency/Grantee___] for any damages due to lead poisoning that occur on these premises during the course of the work.

Signed:

_____ _____

Name Date Name Date