

**RHODE ISLAND HOUSING RESOURCES COMMISSION**  
**AFFIDAVIT OF COMPLETION OF VISUAL INSPECTION**

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**1. DWELLING OR PREMISES:**

Street: \_\_\_\_\_ Floor#: \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip \_\_\_\_\_ Apartment/Unit#: \_\_\_\_\_

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**2. OWNER OF DWELLING OR PREMISES:**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**3. TENANT INFORMATION:**

Name: \_\_\_\_\_ Year(s) resided in the unit: \_\_\_\_\_ Children under 6: Yes  No

**4. INDIVIDUAL WHO CONDUCTED THE VISUAL INSPECTION:**

\_\_\_\_\_ Owner      \_\_\_\_\_ Designated Person

Print Name of Individual or Firm performing the Visual Inspection \_\_\_\_\_

Date Completed the Lead Hazard Seminar Training: \_\_\_\_\_ Course Certificate#: \_\_\_\_\_

\_\_\_\_\_ RI Licensed Lead Inspector/Technician      RI License No: \_\_\_\_\_

**5. IDENTIFIED INDIVIDUAL/FIRM WHO CONDUCTED THE INDEPENDENT CLEARANCE INSPECTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last Independent Clearance Inspection:** \_\_\_\_\_

(Please attach a copy of the most recent Independent Clearance Inspection)

**6. DESCRIBE LEAD HAZARD CONTROL MEASURES UNDERTAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. AFFIDAVIT OF VISUAL INSPECTION:**

**The dwelling or premises in Item 1 above is certified to be in compliance with the visual inspection requirements established in accordance with the Lead Hazard Mitigation Standards as of the Certification Date specified below. Compliance is contingent upon routine maintenance of the property. This Affidavit of Completion of Visual Inspection shall be valid for two years or until the next turnover of the dwelling unit, whichever is shorter. If turnover occurs within the two years period, this Affidavit shall be invalid and a Clearance Inspection shall be required within 30 days prior to the dwelling unit is re-occupied.**

I certify that I have conducted the visual inspection specified in Item 4 above in accordance with the RI Rules and Regulations for Lead Hazard Mitigation, and have determined that the dwelling or premises identified above is in conformance, as defined by these regulations.

\_\_\_\_\_  
(Signature) (Type or Print Name) Date

Date of Inspection: \_\_\_\_\_

**Notary Public Acknowledgements**

**I, \_\_\_\_\_ do hereby under oath depose and say that:**

\_\_\_\_\_ subscribed and sworn before me in \_\_\_\_\_, Rhode Island  
(Signature)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_ My Commission expires on: \_\_\_\_\_  
(Signature of Notary Public, title)

Please include the following documents with your certification application:

- Copy of the most recent Independent Clearance Inspection
- Certification of completion of the 3 hours Lead Awareness Seminar

*Note to Notary Public: This Affidavit must be signed within 30 days after the Visual Inspection identified in Section 3. If more than 30 days have elapsed , please do not sign this Affidavit.*