



No Cost Lead Paint Repair Funds

FOR PROPERTY OWNERS IN ALAMEDA COUNTY

Grants of up to \$10,000 per housing unit for Lead Paint Repairs Help Prevent Lead Poisoning!

Lead poisoning is a serious disease that causes brain damage and other serious problems for children and adults and can be expensive to repair.

Does your property meet the following criteria?

- Built before 1960
- Is home to a low-income family*
- If a unit is a studio it must be home to a child under 6 or a pregnant woman
- If a unit is occupied by the owner it must either be home to a child under 6, a pregnant woman, or is regularly visited by a child under 6.

Qualified units may receive:

- Grants up to \$10,000 for lead hazard repairs
- Additional funds for other safety/housing issues
- Complete project management services
- Free Lead Risk Assessment Testing
- Free clearance testing



How Owners Can Apply:

Call us at (510) 567-8280 for a free consultation

or

Online at www.achhd.org

or

Complete the pre-application on the other side of this form and fax, e-mail, or mail to the Healthy Homes Department

Tenants: Have your landlord contact us at (510) 567-8280 for more information, or email us at Lead.Funds@acgov.org

No. in Household	1	2	3	4	5	6	7	8
* Max Income	\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100	\$139,100	\$148,050



PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

GENERAL INFORMATION

Property Owner Name(s)			
Contact Name		Phone	Home:
			Daytime:
		Email	
Property Address	Street	City	Zip
Owner's Mailing Address	Street	City	Zip

Priority for units with a child under six living in or regularly visiting or a pregnant occupant, units built before 1960, home child-cares, and units in the Section 8 program.

* A unit must have at least one bedroom except studio units may be eligible if there is a child under six living in the unit.

** Owner-occupied units must be home to child under 6, have a pregnant occupant, or be regularly visited by a child under 6 at least 2 times per week, 3 hours each visit.

*** Low-income means that to the best of your knowledge the occupants' gross household income is less than the following limits:

# in household	80% AMI	1	2	3	4	5	6	7	8
Income Limit		\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100	\$139,100	\$148,050

Total number of units on the property: _____

Unit # (ex. "Unit 402" or "Unit C")	Mark "X" if Currently Section 8	# of Bedroom *	Total # of people in household	Is there a child under 6 years old in the home? **	Occupant Name & Phone # (write "vacant" if unoccupied)	Low-income? (chart above)***	Primary Language
				<input type="checkbox"/> Child under 6 resides <input type="checkbox"/> Child under 6 visits** <input type="checkbox"/> Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
				<input type="checkbox"/> Child under 6 resides <input type="checkbox"/> Child under 6 visits** <input type="checkbox"/> Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
				<input type="checkbox"/> Child under 6 resides <input type="checkbox"/> Child under 6 visits** <input type="checkbox"/> Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____
				<input type="checkbox"/> Child under 6 resides <input type="checkbox"/> Child under 6 visits** <input type="checkbox"/> Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____

How did you hear first about this program?
 Flyer Web search Presentation Community Event Other: _____

I certify that I am the owner or authorized owner's representative and that I am submitting this pre-application for lead hazard repair funds and authorize the Alameda County Healthy Homes Department to perform a lead evaluation at the property. All information provided herein is correct to the best of my understanding.

Applicant's Signature	Date: ____/____/____
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Please complete and return your application by: FAX TO **510-567-8272**
 or SCAN AND E-MAIL TO **LeadFunds@acgov.org**
 OR MAIL TO **ACHHD, 2000 Embarcadero, Suite 300, Oakland, CA 94606**

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