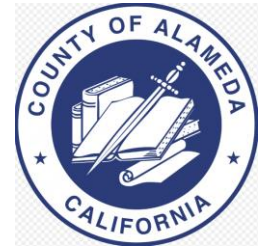




ALAMEDA COUNTY
Healthy Homes Department



Rental Housing Providers:

- **Lead Paint Grants up to \$10,000 per unit and**
- **Housing Repair Grants up to \$5,000 per unit for participating units**

How To Apply:

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

or

Go Online at www.achhd.org/programs/leadfunding.htm

or

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

Funds to help maintain your property:

- **Preserve your investment!**
- **Make your property safer!**
- **Repair grants at no cost to you!**
- **Free lead safety inspection!**

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

***You Can Help
Prevent Childhood Lead Poisoning!***

Income Limits for Occupied Units:

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

Contact us to find out if your pre-1960 rental property qualifies.

Some restrictions and limitations apply. See www.achhd.org/programs/leadfunding.htm for more information.

Also See Our Grant Programs for Homeowners:

<https://www.achhd.org/programs/housing-rehab/index.htm>



ALAMEDA COUNTY | Community Development Agency
HEALTHY HOMES DEPARTMENT

2000 Embarcadero, Suite 300, Oakland, California 94606
Phone 510.567.8280 • fax 510.567.8272 • www.achhd.org

PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

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

Units must be built before 1960 or have identified lead hazards if built from 1960 to 1977.

* 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' household income is less than the following limits:

# in household:	1	2	3	4	5	6	7	8
Max. Income:	\$74,200	\$84,800	\$95,400	\$106,000	\$114,500	\$123,000	\$131,450	\$139,950

Total number of units on the property: _____

Unit # (ex. "Unit 402" or "Unit C")	Mark "X" if Currently Section 8	No. of Bedrooms *	Total # of people in household	Children under six in the home? **	Occupant Information	Income Eligible? (see chart above)	Primary Language
				<input type="checkbox"/> Child under 6 resides or visits** or Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know <input type="checkbox"/> No children under six	<input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occupied	<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 or visits** or Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know <input type="checkbox"/> No children under six	<input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occupied	<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 or visits** or Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know <input type="checkbox"/> No children under six	<input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occupied	<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 or visits** or Occupant is pregnant <input type="checkbox"/> Childcare business** <input type="checkbox"/> Don't know <input type="checkbox"/> No children under six	<input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Owner-Occupied	<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

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, 200 Embarcadero, Suite 300, Oakland, CA 94606**