

# 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 1978 (priority for 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](http://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](mailto:Lead.Funds@acgov.org)

No. in Household	1	2	3	4	5	6	7	8
* Max Income	\$69,000	\$78,850	\$88,700	\$98,550	\$106,450	\$114,350	\$122,250	\$130,100



**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

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

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

# in household	<b>80% AMI</b>	1	2	3	4	5	6	7	8
Income Limit		\$69,000	\$78,850	\$88,700	\$98,550	\$106,450	\$114,350	\$122,250	\$130,100

**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 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**