

PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

GENERAL INFORMATION

Property Owner Name(s)							
Contact Name		Phone	Home:				
			Daytime:				
		E-mail					
Property Address	Street	City	State	Zip			
Owner's Mailing Address	Street	City	State	Zip			

Total number of units on the property:

Unit # (ex. "Unit 402" or "Unit C")	Mark "X" if currently Section 8	# of Bedrooms *	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 below) ***	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"/> Owner occupant	<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"/> _____

* A unit must have at least one bedroom to qualify for financial assistance.
 ** Your property must be home to a child under 6, have a pregnant occupant, or be regularly visited by a 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 occupant's household income is less than the following limits:

# in household	1	2	3	4	5	6	7	8
Income Limit	\$50,150	\$57,300	\$64,450	\$71,600	\$77,350	\$83,100	\$88,800	\$94,550

How did you first 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:
------------------------	-------

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**