

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 participating in the Section 8 program.
 * A unit must have at least one bedroom to qualify for financial assistance
 ** 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 occupant's household income is less than the following limits:

# in household	80% AMI	1	2	3	4	5	6	7	8
Income Limit		52,650	60,150	67,650	75,150	81,200	87,200	93,200	99,200

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 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"/> 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"/> _____
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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**