



ALAMEDA COUNTY
Healthy Homes Department

No Cost Lead Paint Repair Funds

FOR PROPERTY OWNERS IN ALAMEDA COUNTY

Grants of up to \$12,000 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:

- ☐ Up to \$12,000 grant per unit for lead hazard repairs
- ☐ Additional grant 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	\$87,550	\$100,050	\$112,550	\$125,050	\$135,100	\$145,100	\$155,100	\$165,100



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

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, home-based child-care, 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:										
		80% AMI	1	2	3	4	5	6	7	8
Income Limit		2025	\$87,550	\$100,050	\$112,550	\$125,050	\$135,100	\$145,100	\$155,100	\$165,100
Total number of units on the property: _____										
Unit # or street address	Mark "X" if Now Sec. 8	# of Bedroom *	Total # in household	Child under 6 years old in the home? **				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"/> Owner-Occupied <input type="checkbox"/> Rental/Tenant Occupied <input type="checkbox"/> Vacant			<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"/> Owner-Occupied <input type="checkbox"/> Rental/Tenant Occupied <input type="checkbox"/> Vacant			<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"/> Owner-Occupied <input type="checkbox"/> Rental/Tenant Occupied <input type="checkbox"/> Vacant			<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"/> Owner-Occupied <input type="checkbox"/> Rental/Tenant Occupied <input type="checkbox"/> Vacant			<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? <input type="checkbox"/> Flyer <input type="checkbox"/> Web search <input type="checkbox"/> Presentation <input type="checkbox"/> Community Event <input type="checkbox"/> 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										