

PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS WAITING LIST

1. General Information			
Please provide the following information about the property owner(s)			
Owner Name(s)			
Contact Name		Phone	Daytime:
			Home:
Property Address	Street	City	State
			Zi p
Owner's Mailing Address	Street	City	State
			Zi p

2. Tenants							
Total No. of Units:	Please provide information about each unit. Attach additional sheets as needed						
Unit #	Mark "X" if currently Section 8	# of Bed-rooms	Tenant Name & Phone # (write "vacant" if not occupied)	Primary Language	# of Children under 6	Total # of people in household	Low-income? (see chart below)
				<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			<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"/> Other _____			<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"/> Other _____			<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"/> Other _____			<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"/> Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

NOTE: A unit must have at least one bedroom to qualify for lead evaluation or financial assistance.

3. OWNER OCCUPANTS					
If one of the units is occupied by the property owner, please complete this section.					
Unit #	# of Bedrooms	Owner-occupant name	# of children under 6	Total # of people in household	Low-income?
					<input type="checkbox"/> Yes <input type="checkbox"/> No

*** 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	\$45,500	\$52,000	\$58,500	\$64,950	\$70,150	\$75,350	\$80,550	\$85,750

4. CERTIFICATION AND REQUEST FOR SERVICES	
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 Lead Poisoning Prevention Program 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, sign and return your application by: FAX to 510-567-8272 or mail to ACLPPPP, 2000 Embarcadero, Suite 300, Oakland, CA 94606 <i>Thank you! You will be contacted once funds become available for this program!</i>	