

PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

1. GENERAL INFORMATION

Please provide the following information about the applicants

Owner Name(s)					
Contact Name		Phone	Home:		
			Daytime:		
Property Address	Street	City	State	ZIP	
	Owner's Mailing Address	City	State	ZIP	

2. TENANTS

Total number of units:

Please provide the following information about each unit. *Attach additional sheets as needed.*

Unit #	Mark "X" if currently Section 8	# of Bedrooms	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"/> _____			<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"/> 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"/> 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"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

NOTE: a unit must have at least one bedroom to qualify for financial assistance.

3. OWNER OCCUPANT

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	\$46,350	\$53,000	\$59,600	\$66,250	\$71,550	\$76,850	\$82,150	\$87,450

4. AGREEMENT

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.

Applicants Signature:	Date:
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Please complete, sign and return your application by:

FAX to 510-567-8272 or mail to ACLPPP, 2000 Embarcadero, Suite 300, Oakland, CA 94606

Thank you! You will be contacted once we receive your application to discuss the next steps and to answer any questions you may have.