

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

**RESIDENTIAL LENDING AND REHABILITATION SERVICES**

250 FRANK H. OGAWA PLAZA, SUITE 5313

OAKLAND, CALIFORNIA 94612-2034

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CITY OF OAKLAND

**EARTHQUAKE SAFE HOMES PROGRAM (ESHP)  
Intent to Proceed with Design Development**

<b>SITE ADDRESS:</b>	_____
OWNER/APPLICANT:	_____
MAILING ADDRESS:	_____
EMAIL:	_____ PHONE: _____

If your project has been selected to proceed with seismic retrofit design activities performed in accordance with ESHP Program Guidelines and you want to reserve funding for reimbursement of eligible design costs, complete the following steps and return this form with the required documentation to the address or email above.

**Owner certification:**

- I/We own the subject property and are authorized to complete this retrofit.
- I/We have reviewed the ESHP guidelines and materials at the website, including the [Retrofit Process Summary, Design, Construction, and Reimbursement Guidelines](#), and [Owner Instructions](#). I/We believe this project is eligible for reimbursement and intend to proceed with retrofit design.
- I/We confirm that at least one unit in the subject property has been occupied by all owners as their primary residence since purchase or for at least two years, subject to any clarification provided in section 6 below.
- I/We understand that submission and approval of this form does not guarantee reimbursement for any services and that bids for any eligible costs must be submitted to ESHP to be approved for reimbursement at each stage.
- I/We certify under penalty of perjury under the laws of the State of California that the information provided in this document and as attachments to it are true and correct.

_____	_____	_____
PRINT OWNER NAME	OWNER SIGNATURE	DATE

_____	_____	_____
PRINT OWNER NAME	OWNER SIGNATURE	DATE

<b>ESHP STAFF USE ONLY</b>	
Receive Date: _____	Reviewed by: _____
Approved Date: _____	Bids Due: _____ Design/Permit Application Due: _____
Comments: _____	

2. Provide preferred alternate contact information if different than shown above (name, address, phone, email).

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3. What is your preferred method of communication?

Email  Phone  Other/Comments: \_\_\_\_\_

4. How will you finance your project?

ESHP reimburses up to 75% of approved retrofit expenses once the project is complete, so you must be able to finance all project costs up-front. Limited assistance for up-front project costs and the 25% owner-match may be available for low-to-moderate income households **earning less than 80% of the Area Median Income**. Find more information about income qualifications here: <https://www.oaklandca.gov/resources/rent-and-income-limits-for-affordable-housing>

**Please check all that apply:**

- I have a source of funds.
- Now that I have been selected, I will find a source of funds.
- I do not have a source of funds and am not sure how I will finance my project. I DO NOT think I will qualify for income-based assistance.
- I do not have a source of funds and believe my household income qualifies for assistance. Please forward an application. Household income: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

5. How soon can you proceed with your project?

Immediately:

- I have not gotten bids or assessments yet but I will start that process now.
- I have started/completed the bid process but no design work has begun.
- Design work is in progress/completed and I will submit the required bid documentation.
- Design work is in progress/completed but I do NOT have the required bid documentation.

Postponement Required:

I expect to be able to start the bid/design process by: \_\_\_\_\_

Please explain the circumstances: \_\_\_\_\_

I have bids but can't start the design and/or construction process until: \_\_\_\_\_

Please explain the circumstances: \_\_\_\_\_

## 6. Owner Eligibility:

Include documentation for each requirement below to confirm ESHP eligibility. Check all that apply. Some items may serve more than one purpose. If the required documents are not available for any section, explain why in the area provided and provide alternative support if available.

a. Owner-Occupancy (two required). *If ownership is a trust, the trust agreement is required.*

Driver License or Identification Card for each person with an ownership interest showing the site address as residence.

Evidence of mail sent to the owner(s) at the site address over the last 24 months. Personal correspondence may be redacted. *Utility bills do not qualify.*

If both of the above are not available, explain and provide additional support:

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Property is owned in a trust and Trust Agreement is included.

b. Citizenship or Lawful Permanent Residency (two required):

Driver License or Identification Card for each person with an ownership interest.

Social Security Card, Passport (current or expired), birth certificate, alien registration card, or naturalization/citizenship certificate

One or both are not available. Explain: \_\_\_\_\_

c. Current Property Taxes:  Evidence Taxes Paid for Most Recent Period

d. Current Mortgage Payment:  Last Mortgage Statement

e. Fire Insurance:  Current Evidence of Coverage