

LEAD-SAFE HOMES PROGRAM SELECTION (Addendum to Residential Grant Application)

<input type="checkbox"/> By marking this box and signing below, you acknowledge you are applying for the Lead-Safe Homes Program. Complete and sign attached Request for Lead Evaluation and Consultation Services.					
Applicant's Name			Co-Applicant's Name		
Applicant's Signature		Date	Co-Applicant's Signature		Date
For Office Use Only	Date Received	Application No.	District	Census Tract	Flood <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ <div style="text-align: right;"> Application Approved _____ Date _____ </div>					

Program Description

PURPOSE:	The Lead-Safe Homes Program provides grants to very low-income, disabled and/or Senior homeowners. Funds must be used for exterior house painting and other related lead-based paint hazards reduction services. Limited grants are available to families with children under age 6 and expectant mothers.		
REQUIREMENTS:			
LOCATION:	<ul style="list-style-type: none"> Property must be located in one of the seven Community Development Districts. 		
ELIGIBILITY:	<ul style="list-style-type: none"> A risk assessment for lead-based paint hazards must be performed at the property. All property owners on record must apply. Properties receiving grants are NOT eligible for further assistance for seven (7) years. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> The head of the household must be at least 62 years of age, or have a physical disability. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> There must be children age 6 or under and/or expectant mothers in the household. 		
MAXIMUM GRANT AMOUNT:	<ul style="list-style-type: none"> \$30,000 - Grants are limited to the amount needed to correct lead hazards, interior painting, exterior painting and/or soil treatment. 		
OCCUPANCY:	Owner-occupied		
INCOME:	<ul style="list-style-type: none"> Total household income must meet the Income Limits criteria. Income of all household members 18 or older, including house/roommates, will be considered to determine income eligibility. 		
INCOME LIMITS:	Household Size	Maximum Income (50%) Seniors/Disabled	Maximum Income (80%) Households w/ Children
	1	\$51,800	\$78,550
	2	\$59,200	\$89,750
	3	\$66,600	\$100,950
	4	\$73,950	\$112,150
	5	\$79,900	\$121,150
	6	\$85,800	\$130,100
	7	\$91,700	\$139,100
	8	\$97,650	\$148,050

It is the policy of the City of Oakland not to discriminate on the basis of disability in employment or any of its programs, activities, or services. Auxiliary aids and services may be provided upon request.

**REQUEST FOR
LEAD EVALUATION AND CONSULTATION SERVICES
Pre-1978 Residential Property**

From: City of Oakland
Community and Economic Development Agency
Residential Lending Services
250 Frank H. Ogawa Plaza, Suite 5313
Oakland, CA 94612

Contact Person: _____
or _____
Tel. No. _____
Fax No. _____
e-mail: _____

General Information

Owner's Name(s): _____ Phone: Home () _____
Name Work () _____

Owner's Name(s): _____ Phone: Home () _____
Name Work () _____

Property Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Ownership Type: ☐ Sole Proprietor ☐ Joint Tenancy ☐ Trust ☐ Tenants in Common ☐ Other _____

Property Information

The Property is: ☐ Owner-Occupied ☐ Rental ☐ Owner-Occupied and Rental

Number of residential units: _____ No. of vacant units: _____ How many bedrooms? _____ No. of occupants? _____

Is there any peeling paint? ☐ Interior ☐ Exterior

What is the overall condition of the home? ☐ Good ☐ Fair ☐ Poor

What **repairs** or **renovations** are you planning?: ☐ Minor Repairs ☐ Extensive Repainting
☐ Manor Renovations

Please describe repairs needing financial assistance through City of Oakland programs: _____

(or see attached Homeowner's List of Repairs).

No. of children under six years old living in the home _____

Do any children under six years old spend a significant amount of time visiting? ☐ Yes ☐ No

If yes, how many: _____

Child's full Name	Date of Birth	Relationship to Owner

Tenant-Occupied Unit(s) (for two to four units)

Provide the following information for each rental unit. Units that will receive federal loan funds must be assessed for lead hazards. You will need to talk with your tenants to help us gain access to their units.

Unit # or Address of Unit	Number of bdrms	Tenant's Name	Tenant's Tel. No.	No. of Children Under 6	Total Number of Occupants

Certification, Acknowledgement and Authorization

NOTE: If the property is in Trust or is owned by more than one person, all owners must sign, or attach a notarized statement, Affidavit of Trustee, indicating that the person(s) signing the request has the authority to act on behalf of the other owner(s).

Notice: Title X, the Residential Lead-Based paint Hazard Reduction Act of 1992, requires that all known lead hazards, records and reports be disclosed to potential buyers, to new tenants and current tenants, whenever there is a change in the rental contracts, including informal verbal leases. You must also provide the buyer and tenants with the pamphlet entitled "Protect Your Family from Lead in Your Home". As required by the California Department of Health Services, Title 17, Article 16 Emergency Regulations, effective March 30, 1998, DHS form 8552 will be forwarded to the California Department of Health Services. For more information, call the Alameda County Lead Poisoning Prevention Program InfoLine at (510) 567-8280.

1. I hereby certify that I (we) are the legal owner(s) of the property listed above and to the best of my (our) knowledge, all statements and representations made in this document are true and complete.
2. I (We) have received a copy of the EPA booklet entitled "Protect Your Family From Lead in Your Home".
If the property is two or more units, I/we have received one copy of "Protect Your Family From Lead in Your Home" for each unit to be given to the tenants.
3. I am (We are) requesting a lead hazard site evaluation and consultation from the City of Oakland's designated contracted risk assessor as part of our application for financial assistance from the City of Oakland. I authorize the risk assessor to send a copy of the assessment report to, and exchange information with, the City of Oakland's Community and Economic Development Agency.

Owner's Signature

Date

Co-Owner's Signature

Date