

ATTENTION: Sacramento County Residents

Paint made before 1978 can have lead and can seriously harm young children.

Protect Your Family: Get a Free Home Lead Inspection and Free Lead Hazard Repairs *for those who qualify*

Apply today if you:

- Live in Sacramento County in a home or apartment built before 1978 AND
- Have a child under 6 years old OR
- Care for a child under 6 years old in your home OR
- Are pregnant

Project Limitations:

- Project-based and public housing units do not qualify.
- Income limitations apply.



Contact Us To See
if You Qualify:

Phone: (916) 440-1317
Email: leadfunds@shra.org

www.shra.org/lhrp

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	
<p>Priority for units with a child under six living in or regularly visiting or a pregnant occupant, units built before 1960, home child-cares, and units in the HCV program.</p> <p>* 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.</p> <p>** 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.</p> <p>*** Low-income means that to the best of your knowledge the occupants' gross household income is less than the following limits:</p>									
# in household	80%	1	2	3	4	5	6	7	8
Income Limit	AMI	\$60,050	\$68,600	\$77,200	\$85,750	\$92,650	\$99,500	\$106,350	\$113,200
Total number of units on the property: _____									
Unit # (ex. "Unit 402" or "Unit C")	Mark "X" if Currently Section 8	# of Bedroom *	Total # of people in household	Is there a child under 6 years old in the home? **	Occupant Name & Phone # (write "vacant" if unoccupied)	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"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> _____		
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				<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"/> 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 Sacramento Housing Redevelopment Agency to perform a lead evaluation at the property. All information provided herein is correct to the best of my understanding.									
Applicant's Signature							Date: ____/____/____		
<p>Please complete and return your application by: FAX TO 916-492-2704</p> <p>or SCAN AND E-MAIL TO LeadFunds@shra.org</p> <p>OR MAIL TO SHRA, 801 12th Street, Sacramento, CA 95814</p>									