

LEAD HAZARD REDUCTION PROGRAM



DOES YOUR HOME HAVE CHIPPED, PEELING, OR OLD PAINT?

If so, there may be hidden health hazards in your home.

Protect the health and safety of your household.

GRANTS OF UP TO \$10,000 MAY BE AVAILABLE!

FREE HOME INSPECTIONS!

QUALIFIED UNITS MAY RECEIVE

- Free lead risk assessment testing
- Free clearance testing
- Grants up to \$10,000 per unit for lead hazard repairs
- Additional funds for other safety or housing issues may be available

Eligible Properties Include:

Rental Properties	Owner Occupied Properties
Must be located in Sacramento County and built before 1978.	Must be located in Sacramento County and built before 1978.
Tenant may initiate process but property owner must submit application.	Must be home to, or regularly visited by a child under six, or home to a pregnant woman.
If a rental property, unit must be occupied by a low-income tenant or if unit is vacant landlord must give preference to low-income family. Small multifamily complexes are also eligible.	If lead is present in the home, children will have their blood level tested free of charge.
Temporary relocation may be provided if needed.	Temporary relocation may be provided if needed.



CHANGING LIVES

CONTACT US



916-440-1317



leadfunds@shra.org



801 12th Street
Sacramento, CA 95814



INCOME LIMITS TABLE

No. in Household	1	2	3	4
Max Income	\$56,750	\$64,850	\$72,950	\$81,050

Contact us to inquire about larger household limits.

www.shra.org/lhrp

Sponsored by the Sacramento Housing and Redevelopment Agency with a grant from the United States Department of Housing and Urban Development

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

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.

* 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.

** 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.

*** Low-income means that to the best of your knowledge the occupants' gross household income is less than the following limits:

# in household	80%	1	2	3	4	5	6	7	8
Income Limit	AMI	\$56,750	\$64,850	\$72,950	\$81,050	\$87,550	\$94,050	\$100,550	\$107,000

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?

☐ Flyer ☐ Web search ☐ Presentation ☐ Community Event ☐ 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: ____/____/____
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Please complete and return your application by: FAX TO **916-492-2704**
 or SCAN AND E-MAIL TO **LeadFunds@shra.org**
 OR MAIL TO **SHRA, 801 12th Street, Sacramento, CA 95814**