



# No Cost Lead Paint Repair

For Property Owners in Fresno County

**The Department of Public Health, Environmental Health Division, is offering no cost grants for lead-based paint repairs**

## **Prevent Lead Poisoning in the Home**

Lead poisoning is a serious disease that causes brain damage and other serious conditions in children.

**Lead hazards are expensive to repair**

## **Does your property meet the following criteria?**

- ✦ Built before 1978
- ✦ Owner or tenant meets income standards listed below\*
- ✦ Unit must be home to a child under 6 or a pregnant woman, or is regularly visited by a child under 6.

**Grants of up to \$10,000 per housing unit are available for lead repair**

### **Qualified units may receive:**

- ✦ Grants up to \$10,000 for lead hazard repairs
- ✦ Complete project management services
- ✦ Free Lead Risk Assessment Testing
- ✦ Free clearance testing



### **How to Apply:**

Call Environmental Health at (559) 600-3357 for a free consultation

Or

Complete the pre-application on the other side of this form and fax, email, or mail to the Department of Public Health

**Tenant?** Have your landlord contact us at (559) 600-3357 for more information or email to [EnvironmentalHealth@fresnocountyca.gov](mailto:EnvironmentalHealth@fresnocountyca.gov)



No. in Household	1	2	3	4	5	6	7	8
*Max Income	\$49,250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200	\$92,800

*Promotion, preservation and protection of the community's health*

1221 Fulton Street / P. O. Box 11867, Fresno, CA 93775

(559) 600-3357 • FAX (559) 455-4646

The County of Fresno is an Equal Employment Opportunity Employer

[www.co.fresno.ca.us](http://www.co.fresno.ca.us) • [www.fcdph.org](http://www.fcdph.org)

## PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

GENERAL INFORMATION								
Property Owner Name(s)								
Contact Name					Home:			
					Phone		Day Time:	
					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 Section 8 program.                      *A unit must have at least one bedroom; however, some exceptions may cover zero bedroom units.</p> <p>**Owner-occupied units must be home to child under 6, have a pregnant occupant, or be regularly visited by another child under 6 at least 2 visits per week of at least 3 hours each.</p> <p>***Low-income means that to the best of your knowledge the occupants' gross income is less than the following limits:</p>								
# in Household Income Limit	1	2	3	4	5	6	7	8
	\$49,250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200	\$92,800
Total number of units on the property: _____								
Unit # (ex. "Unit 102" 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"/> _____	
				<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"/> _____	
How did you hear 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 Fresno County Department of Public Health, Environmental Health Division to perform a lead hazard evaluation at the property. All information provided herein is correct to the best of my understanding.								
Applicant's Signature						Date: / /		
Please complete and return your application by FAX to 559-455-4646 or SCAN AND EMAIL TO <a href="mailto:EnvironmentalHealth@fresnocountyca.gov">EnvironmentalHealth@fresnocountyca.gov</a> or MAIL TO Fresno County Department of Public Health, Environmental Health Division, P.O. Box 11867, Fresno, California 93775								