



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



No. in Household	1	2	3	4	5	6	7	8
*Max Income	\$36,300	\$41,500	\$46,700	\$51,850	\$56,000	\$60,150	\$64,300	\$68,450

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 • www.fcdph.org

PRE-APPLICATION FOR LEAD HAZARD REPAIR FUNDS

GENERAL INFORMATION								
Property Owner Name(s)								
Contact Name								
						Home:		
						Day Time:		
						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 Section 8 program. *A unit must have at least one bedroom; however, some exceptions may cover zero bedroom units. **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. ***Low-income means that to the best of your knowledge the occupants' gross income is less than the following limits:								
# in Household	1	2	3	4	5	6	7	8
Income Limit	\$36,300	\$41,500	\$46,700	\$51,850	\$56,000	\$60,150	\$64,300	\$68,450
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 EnvironmentalHealth@fresnocountyca.gov or MAIL TO Fresno County Department of Public Health, Environmental Health Division, P.O. Box 11867, Fresno, California 93775								