

**ALAMEDA COUNTY
HEALTHY HOMES DEPARTMENT**

TENANT ACCESSIBILITY

APPLICATION CHECKLIST

Tenant's Name: _____
(First) (Last) (MI)

Property Address: _____
(Number and Street) (Unit Number)

(City) (Zip Code)

Thank you for your interest in the Alameda County Healthy Homes Department's Tenant Accessibility Program.

In order to process your request for assistance, please complete the forms included in this application package and attach all necessary documents. The checklist below is provided for your convenience.

If you have any questions regarding the forms or require assistance in completing them, please call **(510) 567-8295**. We look forward to assisting you with your grant needs soon.

Have you read, completed, signed and dated the application forms attached?

- Application
- Landlord Consent Form (below)

Have you included copies of the following?

- Pay stubs for two consecutive pay periods or other current proof of income (including, but not limited to social security, disability, retirement, pension, TANF, etc.)
- If self-employed, previous two years income tax returns (including all attachments and schedules).
- All current checking and/or savings account and other financial statements for 2 recent months. Please include ALL pages of statement, even if it is blank.
- Copy of Lease Agreement.

**ALAMEDA COUNTY
HEALTHY HOMES DEPARTMENT**

TENANT ACCESSIBILITY APPLICATION

Tenant's Name: _____
(First) (Last) (MI)

Property Address: _____
(Number and Street) (Unit Number)

(City) (Zip Code)

Daytime Telephone Number: () _____ Evening Telephone Number: () _____

Please describe work needed: _____

TENANT INFORMATION

Please complete the following information about all members of the household age 18 and older:

Tenant's Name: _____

Tenant's Name: _____

Tenant's Name: _____

Tenant's Name: _____

Income from all sources (wages, social security, disability, retirement, pension, TANF, etc.)

Source of Income: _____ Monthly Amount: \$ _____

Source of Income: _____ Monthly Amount: \$ _____

Source of Income: _____ Monthly Amount: \$ _____

Source of Income: _____ Monthly Amount: \$ _____

Assets/Accounts (checking, savings, pension, IRA, stocks, etc.)

Bank Name and Type of Account: _____

Current Balance: \$ _____ Annual Interest Rate: _____%

Bank Name and Type of Account: _____

Current Balance: \$ _____ Annual Interest Rate: _____%

Bank Name and Type of Account: _____

Current Balance: \$ _____ Annual Interest Rate: _____%

Program Information

How did you hear about the program for which you are applying?

Please furnish the following information for head of the household?

Sex: Male Female
Age: Under the age of 62 62 or older

Race:
 White Black/African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native AND White
 Asian AND White Black/African American AND White
 Other: _____

Hispanic/Latino Ethnicity: Yes No
 Yes, Mexican/Chicano Yes, Cuban
 Yes, Puerto Rican Yes, Other Hispanic/Latino: _____

The Alameda County Healthy Homes Department offers rehabilitation financing. To assist with this goal, I agree to release information regarding INCOME and/or BANK ACCOUNT(S). I give my permission to use copies of this consent form in obtaining the required information and hereby certify that to the best of my knowledge, all information given is true and complete. I have read the EPA booklets *Protect Your Family from Lead in Your Home* and *Renovate Right* available at <http://www.achhd.org/programs/housing-rehab>

Tenant Signature

Date

Alameda County Healthy Homes Department
2000 Embarcadero, Suite 300
Oakland, CA 94606-5300
(510) 567-8295

**ALAMEDA COUNTY
HEALTHY HOMES DEPARTMENT
TENANT ACCESSIBILITY PROGRAM
LANDLORD CONSENT FORM**

I hereby authorize a Housing Rehabilitation Specialist employed by Alameda County, to inspect unit # _____ located at: _____ and occupied by: _____ (Who is/are the legal tenant(s) and currently obligated to this unit by a one year lease) to determine the need for accessibility improvements in the unit.

I also, agree to consider the installation of additional improvements up to a maximum cost of \$5,000.00, contingent upon my approval of the specific improvements. I understand the cost of the improvements including the cost of permits and smoke detectors, when required by the building code, will be paid through a grant provided by the Alameda County Healthy Homes Department. In addition, I understand that the unit must be repaired if necessary to meet Housing Quality Standards when the grant amount exceeds \$1,000.00. These repairs will also be paid through the grant.

Should the grant amount exceed \$1,000.00, I hereby agree to the following:

Should the existing tenant move out of the unit, I agree to notify the Alameda County Healthy Homes Department immediately.

I agree to give low-income persons priority to rent the unit for an affordable amount. Affordable means that I agree to rent the unit at or below the current "Fair Market Rents" as set forth by the Alameda County Housing Authority.

Should a suitable, low-income tenant not be found after advertising the unit for a minimum of thirty (30) days, I understand that I may rent the unit on a month to month tenancy while I continue to advertise the unit.

When a tenant is replaced, I agree to notify the Alameda County Healthy Homes Department in writing and provide such Department with a copy of the lease agreement and household's annual income.

Disabled and/or low-income persons shall be given priority to rent the unit for a minimum of five (5) years.

I have read the EPA booklets *Protect Your Family from Lead in Your Home* and *Renovate Right* available at <http://www.achhd.org/programs/housing-rehab>

OWNER'S NAME AS IT APPEARS ON TITLE OF SUBJECT PROPERTY

OWNER'S ADDRESS:	CITY	STATE	ZIP CODE
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OWNER'S TELEPHONE NUMBER

OWNER'S SIGNATURE (or authorized representative)

DATE