

Mayor's Office of Housing and Community Development
City and County of San Francisco



London N. Breed
Mayor

Kate Hartley
Director

OWNER-OCCUPIED APPLICATION
Lead Hazard Control Program Application

To be filled out by the property owner who resides on the property.

****Applications that are not complete and are missing information will be returned to the client****

Property Address		Unit #	
Zip Code		Number of Bedrooms	

Confirmation of Receipt of Protect Your Family Booklet

I have received a copy of the booklet, Protect Your Family from Lead in your Home, informing me of the potential risks of the lead hazard exposure from renovation activities to be performed in my unit. I confirm that I have received this pamphlet before the beginning of the lead hazard remediation.

Print Name of Head of Household

Signature

Date

Household Information

To be fill out by Head of Household			
First Name		Home Phone	
Last Name		Work Phone	
Number of People in Household		Cell Phone	
Total Household Income (please include all earning for members 18 and over)		Email Address	

Source of Income

Please attach one of the following for every adult 18 years old and over:

Most current year's tax return, or

TWO current & consecutive pay stubs, or

A copy of another current document verifying income (i.e. Social Security letter, etc.)

Please check all that apply:

- Employment Wages SSI Other: _____

Certification for Child Modified Occupancy

Do you operate a Home-based Childcare in of your home? (If yes, please have each parent fill out the “Child Lead Testing Certification” and return all of them with your application.)

Yes No

Are there any children that spend a significant amount of time in the property? **Please do not include children that live in the property full-time.**

Yes No

Please provide information for each child that spends time on the property **only**.

Child’s Name	Age	Child’s Address	Parent’s Contact Phone #	Relationship to Head of Household	Hours per week the child spends on the property	Medi Cal Yes/No

Under penalties of perjury, I (We) declare that this claim and all statements regarding eligibility and any additional information provided to the Mayor’s Office of Housing are, to the best of my knowledge, true, correct and complete.

Head of Household Signature

Lead Hazard Control Program Check List	Attached
1) Completed Lead Hazard Control Program Application	<input type="checkbox"/>
2) Income Verifications (Current year’s tax return or two months’ current pay stubs, or copy of other current document verifying income.)	<input type="checkbox"/>
3) Home-Based Childcare ONLY – please include a completed Child Lead Testing Certification for each child under your care.	<input type="checkbox"/>

Please mail or drop off at:
Mayor’s Office of Housing
Lead Hazard Control Program
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103
or fax to
(415) 701-5501

For information regarding the various programs offered by the Mayor’s Office of Housing, please call (415) 701-5500