



Unleaded Homes San Mateo County Service Application 2024-2025

San Mateo County and Rebuilding Together Peninsula (RTP) provide remediation for homes with unsafe levels of lead-based paint. Homeowners must apply for this service and homes will be addressed based on the health risks to occupants.

You are Eligible If ...

- ✓ The home is residential with at least one bedroom and located in San Mateo County.
- ✓ The housing complex is four units or less and located in San Mateo County.
- ✓ The residence was built before 1978.
- ✓ The residence's property insurance is current.
- Applications are open to households that participate in San Mateo County's Women, Infants and Children program (WIC) and / or households that receive Medi-Cal.

Note:

- This program is only for remediation of health hazards due to the presence of lead-based paint.
- The work will not include remodeling or repair of the residence.
- The work will be performed by licensed lead-based paint professionals and all work will follow the policies from the United States Environmental Protection Agency (EPA) and United States Department of Housing and Urban Development (HUD) lead-based paint remediation programs.
- Properties where imminent hazards or serious substandard conditions will remain after completion of the project may be ineligible for participation.

To Apply for the Unleaded Homes San Mateo County Program:

- Fill out all pages of the application. Any resident of the home may apply. Note: If the home is a rental, both the tenant(s) and the landlord(s) must agree to proceed with the application and service. The homeowner (landlord) will be responsible for approving paperwork on the project. If you are the tenant(s), please receive confirmation approval from your landlord(s) before submitting an application.
- Gather documents showing enrollment in Medi-Cal and/or Women, Infants and Children in San Mateo County (WIC), if applicable. These documents should not be mailed to us but we will verify the documents during a site visit.
- Gather documents to prove your home ownership, residence, and property insurance. Make copies of those documents. Black out all social security numbers and bank account numbers, as we only need the documents to show name and address. Include these documents with the application.
- Mail the signed application to RTP:

Rebuilding Together Peninsula
Attn: [Lead Paint Program](#)
841 Kaynyne Street
Redwood City, CA 94063

- or E-mail a scanned copy of the signed application in PDF format to: lbp@RTPeninsula.org.

Once RTP Receives Your Application...

RTP will follow up with you when we receive this application. If you do not receive a call within two weeks of mailing the application, please call us at 650-366-6597.

RTP is committed to providing equal opportunities for all applicants for the programs' services. All selection decisions are made without regard to unlawful considerations of race, sex, religion, national origin, age, sexual orientation, disability, or any other legally protected status.

Do You Have Questions? Contact us at:

Rebuilding Together Peninsula

841 Kaynyne Street

Redwood City, CA 94063

(650) 366-6597

Email: lbp@RTPeninsula.org

Web: www.rebuildingtogetherpeninsula.org/lead-paint-safety

**REBUILDING TOGETHER PENINSULA
LEAD-BASED PAINT APPLICATION
2024-2025**

FOR OFFICE USE ONLY
DATE RECEIVED: _____

Full Name(s) of Applicant(s) _____

Address _____ | City _____ | CA | State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Check one if preferred: Home Phone Cell Phone

Email Address _____

Emergency Contact: _____ Phone # _____ Relationship: _____

List **ALL** persons living in the home over 18 years old, starting with the Applicant:

Name of household member(s)	Relationship to applicant	Date of Birth mm/dd/yy	Age	Gender (M/F)	Disabled? (Y/N)
1.	Applicant	/ /			
2.					
3.					
4.					
5.					

*If there are more household members in your home please add their name, age, relationship, gender, and disability status on a separate piece of paper.

Is the applicant the homeowner? No Yes

→ If no, please list the homeowner (landlord) name(s), address, and phone number:

How many children under the age of 6 live in the home? _____

How many children under the age of 18 live in the home? _____

Type of Home? Single Family Mobile/RV Condo/Townhome

Other: _____

Year Built: _____ Year you moved in? _____

Total # of Rooms: ____ # Bathrooms ____ # Bedrooms ____ House sq. ft.: _____

Any additions? No Yes - If yes, what year was addition constructed? _____

Was the addition permitted? No Yes If yes, please describe the additions:

Do you have insurance on your home? No Yes (Please include a copy of the policy.)

Are any members of the household enrolled in Medi-Cal? No Yes

Prepare to show a current statement of benefits.

Are any members of the household enrolled in San Mateo County WIC? No Yes

Prepare to show a proof of enrollment.

Statistical Information

⊛ Please note: The information on this page is for grant reporting purposes only. It will **not** impact the consideration of your application.

1. What is the racial and ethnic background of the household? Note all household members, including children (please write the total number of each race in the columns to the right).

RACE	ETHNICITY	
	# Not Hispanic	# Hispanic
White		
Black/African American		
Asian		
American Indian/Alaska Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaska Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaska Native & Black/African American		
Other Multi-Racial		

2. Is the household a single parent household? (a single parent is responsible for full guardianship of at least one child under the age of 18) Yes No

3. Is English the primary language spoken in the home? Yes No → If “No,” please indicate the primary language spoken in the home: _____

4a. Is the Head of Household disabled? No Yes

4b. Is anyone else in the house disabled? No Yes

→ If “yes,” on either question 3a or 3b please provide: Total Number of disabled occupants: _____

Description of disability/disabilities: _____

5. Are/were any family members of the household a member of the military? No Yes

6. Are you the sole owner of the home? No Yes → If “No,” please list all the names on the house title and any necessary explanation: _____

7. Do you have any tenants living in your residence? No Yes → If “Yes,” how many _____

Names of Tenant(s)	Relationship to Head of Homeowner	Date of Birth mm/dd/yy	Age	Gender (M/F)	Disabled? (Y/N)
1.	Head of Household	/ /			
2.					
3.					
4.					
5.					

8. How did you hear about Unleaded Homes San Mateo County? Please include the name of the publication, friend, Senior Center, relative, etc.: _____
