Rebuilding Together Peninsula

Unleaded Homes San Mateo County

Service Application 2026-2027

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.

Applications are open to households that meet income eligibility as noted below.

Your Residence Is Eligible If…

✔ Your home is residential with at least one bedroom, and located within San Mateo County.

✔ Your housing complex is four units or less, and located within San Mateo County.

✔ Your residence was built before 1978.

✔ The residence's property insurance is current.

Note: Applicant households receiving WIC and/or Medi-Cal benefits, and/or with a child (under six years-old) in the home will have priority consideration, and/or whose household gross income qualifies as 'low-income' according to the table below.

Income Guidelines

To determine your household gross income, fill out the Household Income Worksheet on page 3 of the application and compare your total household income to the Income Table below. You qualify as 'low income' in San Mateo County if your total gross household income is below the following thresholds:

Household Size (adults and children)	1	2	3	4	5	6	7	8
San Mateo County Total Annual Income	$117,700	$134,500	$151,300	$168,100	$181,550	$195,000	$208,450	$221,900

What does gross household income include?

✪ Income from all adults ages 18 and over living in your house, including any adult renters. Adults receiving no income will need to complete a zero income affidavit – please contact RTP for a copy of this document.

✪ All income received, including salaries, pensions/annuities, income/dividends, SSI/SSDI, rent payments, and other contributions.

✪ Total income before taxes and other deductions are taken.

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 that is unrelated to the presence of lead-based paint.
- 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, but we will verify the documents during a site visit.

❑ Gather documents to prove your home ownership and/or residence, property insurance, and household income. 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.

❑ Detach and keep this page, along with copies of the completed application and documents, so that you can follow-up with RTP.

❑ Mail the signed application to RTP:

Rebuilding Together Peninsula
Attn: Lead Paint Program
841 Kaynyne Street
Redwood City, CA 94063

or

email 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 SERVICE APPLICATION**	FOR OFFICE USE ONLY DATE RECEIVED:

Full Name(s) of Applicant(s): write on the line above

Address (street)	City	State	Zip

Home Phone	Mobile (Cell) Phone	Work Phone

Checkbox Required:

☐ SMS Terms of Service: If providing a mobile contact phone through this form, I am opting into possible conversational SMS messages from REBUILDING TOGETHER PENINSULA regarding this application. Message frequency varies. Message and data rates may apply. See privacy policy / Terms of Service at https://rebuildingtogetherpeninsula.org/privacypolicy/. Message HELP for help. Reply STOP to any message to opt out.

Check if one is preferred: ❒ Home Phone ❒ Cell Phone ❒ Work Phone

Email Address: _____

Emergency Contact: _____ Phone #_____ Relationship:_____

List ALL persons living in the home including all children, starting with the lead applicant:

Name of household member(s)	Homeowner? (Checkmark if Yes)	Tenant (Checkmark if Yes)	Relationship (if not a Tenant)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*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.

Household Income Worksheet

Please record the total monthly gross income of ALL individuals 18 and over living in the home, including renters. This information will remain confidential to Rebuilding Together Peninsula (RTP). Supporting documentation must be provided for each of the areas that are completed.

Use the 'Confirm Attached' column to verify that each noted document is attached with the application.

Type of Income	Household monthly total from this source	Whose income? (Name & relationship to applicant)	Confirm Attached?
Salaries	$		
SSI or SSD	$		
Social Security	$		
Alimony/Child Support	$		
Interest and Dividends	$		
Pensions & Annuities	$		
Rental Income from Tenants	$		
Tax Return Income	$		
Other Income	$		
Total of all Income	$		

Please list any individuals 18+ living in the home who do NOT have any income and explain why - they will need to complete a zero income affidavit (please contact RTP for a copy of this document):

_____
_____
_____

Required Support Documents Checklist

Applications must include proof of income and ownership or residence. Referring to the income worksheet above, all income from all sources must be documented for all adults (ages 18+) living in the home, including renters.

INCOME	OWNERSHIP	RESIDENCE
From each adult, we require copies of the following to verify their income:	We require a copy of one of the following from the homeowner (if applicable):	We require copies of the following displaying the name & address of resident (if applicable):
❒ Most recent income tax return – first two pages only (preferred) OR ❒ Last two consecutive pay stubs (if applicable) OR ❒ Last two consecutive bank statements (if applicable)	❒ Most recent property tax bill displaying the name and address OR ❒ Deed to property (a copy – not the original) OR (for mobile homes only) ❒ Copy of Mobile Home Title or Copy of DMV Registration (RVs or trailers) ✪ NOTE: Black-out/white out ALL social security numbers or bank account numbers on your documents before submitting them–we only need it to show the name and/or address information.	Most recent bill from: ❒ PG&E OR ❒ Utility OR ❒ Cable AND ❒ Flood Insurance Statement (if applicable)

Statistical Information

✪ Please note: The information on this page is for grant reporting purposes only. It will <u>not</u> 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 4a or 4b 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 _____

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

_____

Authorization and Verification

All household members must agree and sign at the bottom.

- ✔ I am not planning nor do I intend within the next two years to sell my home.
- ✔ I understand and agree that the work on my home may be done by subcontractors secured by Rebuilding Together Peninsula (RTP).
- ✔ I authorize RTP to perform criminal and home ownership/residency background checks on myself and members of the household.
- ✔ I understand there is no fee required to apply for these programs.
- ✔ I understand applications are reviewed and selected according to program priorities.

I hereby certify under penalty of perjury that all information presented herein is true, complete and correct to the best of my (our) knowledge. I/we understand that making false declarations is a crime punishable by law. Upon request, I/we will provide the supporting documents necessary to verify this data (e.g. pay stubs, bank account statements, etc.).

_____

Applicant Signature Print Name Date

_____

Applicant Signature Print Name Date

_____

Applicant Signature Print Name Date

_____

Applicant Signature Print Name Date