



City of Oceanside  
COVID-19 Emergency Utility/Rental Assistance Program  
**APPLICATION**

**INSTRUCTIONS**

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**REQUIRED DOCUMENTATION**

**SUBMIT ALL** of the requested **documentation** or your application  
will be considered **INCOMPLETE**.

**INCOMPLETE APPLICATIONS WILL BE **AUTOMATICALLY DENIED****

**ACCURACY OF APPLICATION ENTRY**

The City is relying on the accuracy of the information you enter into this application.

We will be using the data you enter to identify those with the greatest need.

All submitted applications will be sorted based on applicant reported/entered income and expenses. Sorting will occur based on information reported by the application and not source documentation. Errors made by the applicant in the entry of income and/or expenses which results in their position on the list to become lower than if they had entered the correct information, will not be the responsibility of the City to make any corrections, change the position of the application on the list, nor will changes be allowed by the applicant once an application has been submitted.

If the documentation you submit does not support the data you entered then your application will automatically be denied.

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**SOCIAL SECURITY NUMBERS**

**HEAD OF HOUSEHOLD:**

- Must have a Social Security Number.
- Must be on the lease/rental agreement.

**ALL OTHER HOUSEHOLD MEMBERS:**

- Provide **Social Security** or Individual Taxpayer Identification Number (ITIN) or "111-11-1111" if you have neither of these numbers.
- Entering "111-11-1111" does not guarantee application acceptance.

**QUESTIONS?** Call: (760) 435-3385 or email: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org) for assistance.

# **DOCUMENTS TO SUBMIT WITH YOUR APPLICATION**

## **ALL HOUSEHOLD MEMBERS** - YOU HAVE DOCUMENTATION TO SUBMIT

### SUBMIT THE FOLLOWING DOCUMENTS THAT APPLY FOR EACH HOUSEHOLD MEMBER:

- 2019 Federal Income Tax Return (IRS Form 1040)\* (all pages and schedules)
- Valid Government Issued ID(s)\* (over age 18)
- Paystubs- **Working:** Most recent 2 month of paystubs.
- Paystubs- **Unemployed:** Last 2 month of paystubs before becoming unemployed.
- Evidence of all other income (child support, disability, worker's compensation, etc.)
- Unemployment (1) - If you were approved and are receiving unemployment or you were approved and have not received any unemployment yet PROVIDE copy of "Notice of Unemployment Insurance Award" EDD letter\*
- Unemployment (2) - If you have applied but have not been approved PROVIDE a copy of:
  - "Notice of Unemployment Insurance Claim Filed" EDD letter ; and/or
  - Layoff or Furlough Letter - Employer furlough or layoff letter including the date you were furloughed or laidoff.
  - If you don't have either of these, provide a written explanation stating your name, your employers name, address, type of business and the date you became unemployed due to COVID-19.
- Other COVID-19 Documentation\* - Other evidence of income and/or employment status you believe will demonstrate your income was affected by COVID-19. **DOCUMENTATION**

**REGARDING HOW YOUR HOUSEHOLD INCOME HAS BEEN REDUCED BY COVID-19 AND YOU ARE UNABLE TO PAY YOUR RENT IS REQUIRED.**

## **SELF EMPLOYED** - YOU HAVE ADDITIONAL DOCUMENTATION TO SUBMIT

- 2019 Federal Income Tax Return all pages (IRS Form 1040)\* - Personal and Business.
- BUSINESS - Profit & Loss Statement\* - October 2019 through December 2019 and January 2020 through July 2020 (10 months). (Click Here for Sample P&L).
- BUSINESS - Bank Statements all pages\* - October 2019 through December 2019 and January 2020 through July 2020 (10 months).
- BUSINESS LOSS - Explanation of business loss of income as related to COVID-19.\*

## **RETIRED** - YOU HAVE ADDITIONAL DOCUMENTATION TO SUBMIT

- Social Security Award Letter\*
- Pension Statement\*
- Retirement Distribution Statements\* - (401k, IRA etc.)
- Other Retirement Income



you need assistance: CALL: (760) 435-3385 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)

### PART I: HOUSEHOLD INFORMATION

<b>Household Size*</b>	<b>Household Type*</b>	<b>Rent*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Applicant Race</b>	<b>Applicant Ethnicity</b>	<b>Head of Household - Social Security #*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### HOME ADDRESS

<b>Street Address*</b>	<b>Unit Number</b>
<input type="text"/>	<input type="text"/>

<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Head of Household Email*</b>	<b>Head of Household Email*</b>
<input type="text"/>	<input type="text"/>

### PART II: APPLICANT NAME AND INCOME

#### APPLICANT- HEAD OF HOUSEHOLD

HEAD OF HOUSEHOLD (Must be on lease/rental agreement.)

<b>On Lease?*</b>	<b>Title*</b>	<b>First Name*</b>	<b>Last Name*</b>	<b>Gender*</b>	<b>Date of Birth*</b>
<input type="text"/>					

<b>Marital Status*</b>	<b>Contact Phone*</b>	<b>Working/Unemployed/Retired?*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Employer Name*</b>	<b>Employer Phone*</b>	<b>Employer Email</b>
<small>Current Employer or Previous Employer if Unemployed</small>		
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>How Often Paid*</b>	<b>Most Recent - Gross Pay-stub Amount*</b>
<small>weekly / bi-weekly / monthly</small>	<small>Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.</small>
<input type="text"/>	<input type="text"/>

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

**2019 - Total Income\***  
(Line 7b of IRS 1040)

**CHILD SUPPORT - MONTHLY AMOUNT:**  
(Enter the amount received for each household member. Enter "0" if None.)

**DISABILITY - MONTHLY AMOUNT:**  
(Enter the amount received for each household member. Enter "0" if None.)

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January - 2020\*

February - 2020\*

March - 2020\*

April - 2020\*

May - 2020\*

June - 2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 ).

**Date Stopped Working:\***  
(Business owner - Use date business shutdown.)

**Date Returned to Work\***  
(Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened - If business remains closed use "Date Stopped Working".)

**WEEKLY - State of California Unemployment:\***

**WEEKLY - Federal Pandemic Unemployment\***

**ADDITIONAL INFORMATION\***

Please add any additional information that may explain your household situation



If you need assistance: CALL: (760) 435-3385 or EMAIL: Oceanside-ERUAP@oceansideca.org

## HEAD OF HOUSEHOLD

### HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### COVID-19 (Select One)\*

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1)</b> - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.) |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2)</b> - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER</b> (due to COVID-19) - Please explain below.   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? Please provide other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**PART II: OTHER HOUSEHOLD MEMBERS AND INCOME (list all household members):**

List all household members and include current gross income for those 18 years and older. Include current gross income from employment/unemployment and other types of assistance.

**HOUSEHOLD MEMBER#2**

Spouse of Head of Household?: **x** \*

Yes  No

<b>On Lease*</b>	<b>Title*</b>	<b>First Name*</b>	<b>Last Name*</b>	<b>Gender*</b>	<b>Date of Birth*</b>
<input type="text"/>					

<b>Relationship to Applicant*</b>	<b>Student?*</b>	<b>Social Security#*</b>	<b>Do You Receive any Income or Benefits?</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Employer Name*</b> Current Employer <u>or</u> Previous Employer if Unemployed	<b>Employer Phone*</b>	<b>Employer Email</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>How Often Paid*</b> Weekly, Monthly, Bi-Weekly, Twice a Month:	<b>Most Recent - Gross Pay-stub Amount*</b> Gross Paycheck Amount = Before <u>Any</u> Deductions. Current or Last Paycheck Received.
<input type="text"/>	<input type="text"/>

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

<b>2019 - Total Income*</b> (Line 7b of IRS 1040)	<b>CHILD SUPPORT - MONTHLY AMOUNT:</b> (Enter the amount received for each household member. Enter "0" if None.)	<b>DISABILITY - MONTHLY AMOUNT:</b> (Enter the amount received for each household member. Enter "0" if None.)
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

<b>January-2020*</b>	<b>February-2020*</b>	<b>March-2020*</b>	<b>April-2020*</b>	<b>May-2020*</b>	<b>June-2020*</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: **01/01/2001** and Benefit Amounts: **0** ).

<b>Date Stopped Working:*</b> (Business owner - Use date business shutdown.)	<b>Date Returned to Work*</b> (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened - If business remains closed use "Date Stopped Working".)
<input type="text"/>	<input type="text"/>

<b>WEEKLY - State of California Unemployment:*</b>	<b>WEEKLY - Federal Pandemic Unemployment*</b>
<input type="text"/>	<input type="text"/>



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## **HOUSEHOLD MEMBER #2**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1) - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.)</b> |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2) - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.</b>  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**HOUSEHOLD MEMBER #3**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040)

CHILD SUPPORT - MONTHLY AMOUNT: (Enter the amount received for each household member. Enter "0" if None.)

DISABILITY - MONTHLY AMOUNT: (Enter the amount received for each household member. Enter "0" if None.)

\$ [input] \$ [input] \$ [input]

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 .

Date Stopped Working\* (Business owner - Use date business shutdown.)

Date Returned to Work\* (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened - If business remains closed use "Date Stopped Working".)

[input]

[input]

WEEKLY - State of California Unemployment\*

WEEKLY - Federal Pandemic Unemployment\*

[input]

[input]



If you need assistance: CALL: (760) 435-3385 or EMAIL: Oceanside-ERUAP@oceansideca.org

### **HOUSEHOLD MEMBER #3**

#### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1) - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.)</b> |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2) - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.</b>  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**HOUSEHOLD MEMBER 4**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040) CHILD SUPPORT - MONTHLY AMOUNT: DISABILITY - MONTHLY AMOUNT:

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 ).

Date Stopped Working\* Date Returned to Work\* (Business owner - Use date business shutdown.)

WEEKLY - State of California Unemployment\* WEEKLY - Federal Pandemic Unemployment\*



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## **HOUSEHOLD MEMBER #4**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1) - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.)</b> |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2) - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.</b>  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**HOUSEHOLD MEMBER 5**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040) CHILD SUPPORT - MONTHLY AMOUNT: DISABILITY - MONTHLY AMOUNT:

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 )

Date Stopped Working\* (Business owner - Use date business shutdown.) Date Returned to Work\* (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened - If business remains closed use "Date Stopped Working".)

WEEKLY - State of California Unemployment\* WEEKLY - Federal Pandemic Unemployment\*



if you need assistance: CALL: (760) 435-3385 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)

## **HOUSEHOLD MEMBER #5**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |  |
|--|--|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1)</b> -I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.) |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2)</b> - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income. |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>  |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**HOUSEHOLD MEMBER 6**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040) CHILD SUPPORT - MONTHLY AMOUNT: DISABILITY - MONTHLY AMOUNT:

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 ).

Date Stopped Working\* Date Returned to Work\* (Business owner - Use date business shutdown.) (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened-If business remains closed use "Date Stopped Working".)

WEEKLY - State of California Unemployment\* WEEKLY - Federal Pandemic Unemployment\*



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## **HOUSEHOLD MEMBER #6**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1) - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.)</b> |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2) - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.</b>  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



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**HOUSEHOLD MEMBER 7**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040) CHILD SUPPORT - MONTHLY AMOUNT: DISABILITY - MONTHLY AMOUNT:

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 ).

Date Stopped Working\* (Business owner - Use date business shutdown.) Date Returned to Work\* (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened - If business remains closed use "Date Stopped Working".)

WEEKLY - State of California Unemployment\* WEEKLY - Federal Pandemic Unemployment\*



**you need assistance: CALL: (760) 35-33854 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)**

## **HOUSEHOLD MEMBER #7**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |   |
|--|---|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1) - I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.)</b> |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2) - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income.</b>  |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19) - Please explain below.</b>   |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**



If you need assistance: CALL: (760) 435-3385 or EMAIL: Oceanside-ERUAP@oceansideca.org

**HOUSEHOLD MEMBER 8**

Spouse of Head of Household?: **x** \*

Yes  No

On Lease (2)\* Title\* First Name (2)\* Last Name (2)\* Gender (2)\* Date of Birth (2)\*

Relationship to Applicant (2)\* Student (2)\* Social Security# (2)\* Do You Receive any Income or Benefits? (2)\*

Employer Name\* Current Employer or Previous Employer if Unemployed Employer Phone\* Employer Email

How Often Paid\* Most Recent - Gross Pay-stub Amount\* Gross Paycheck Amount = Before Any Deductions. Current or Last Paycheck Received.

Enter your 2019 "Total Income" from line 7b on your Federal Income Tax Return IRS form 1040 in the box below:

(If you are not required to file - Enter "0".)

2019 - Total Income\* (Line 7b of IRS 1040) CHILD SUPPORT - MONTHLY AMOUNT: DISABILITY - MONTHLY AMOUNT:

PLEASE ENTER YOUR MONTHLY GROSS INCOME IN THE BOXES BELOW.

If you did not earn anything during any of these months enter: 0 for that month.

Do NOT include any unemployment benefits. Include ONLY WORKING income, if none enter "0".

January-2020\* February-2020\* March-2020\* April-2020\* May-2020\* June-2020\*

PLEASE ENTER YOUR WEEKLY UNEMPLOYMENT AMOUNTS IN THE BOXES BELOW

If you are not receiving unemployment benefits enter: Benefit Filing Date: 01/01/2001 and Benefit Amounts: 0 ).

Date Stopped Working\* Date Returned to Work\* (Business owner - Use date business shutdown.) (Not working - Use "Date Stopped Working". Business Owner - Use date business re-opened-If business remains closed use "Date Stopped Working".)

WEEKLY - State of California Unemployment\* WEEKLY - Federal Pandemic Unemployment\*



If you need assistance: CALL: (760) 435-3385 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)

## **HOUSEHOLD MEMBER #8**

### **HOW HAS YOUR HOUSEHOLD INCOME BEEN AFFECTED BY COVID-19?**

Briefly describe the current household situation relevant to seeking assistance.

**PLEASE DO NOT DISCLOSE ANY PERSONAL MEDICAL INFORMATION.**

**Due to the current COVID-19 pandemic, my employment and income have been significantly affected and I need assistance paying my rent and/or utilities. I have experienced the following:**

#### **COVID-19 (Select One)\***

- |  |  |
|--|--|
| <input type="checkbox"/> I was laid-off and I remain laid-off  | <input type="checkbox"/> <b>SELF-EMPLOYED (1)</b> -I own a business that was mandated to completely/partially shut-down (retail/restaurant/hair or nail salon, etc.) |
| <input type="checkbox"/> I was laid-off but now I have gone back to work with the same hours         | <input type="checkbox"/> <b>SELF-EMPLOYED (2)</b> - I own a business that that was not partially/completely shut-down but has suffered a significant loss of income. |
| <input type="checkbox"/> I was laid-off but I have gone back to work with reduced hours or less pay. | <input type="checkbox"/> <b>OTHER (due to COVID-19)</b> - Please explain below.  |

Please explain your income situation in relation to COVID-19.\*

**(Describe your current employment status. Are you still unemployed? How long have you been unemployed? Is your job permanently gone? Will you go back at some point? Did you go back but your hours were reduced? or other employment information. If self-employed explain what your work is and why you suffered a dramatic loss in income. Detailed explanations will help the City evaluate your need.)**

### PART III: HOUSEHOLD ASSETS

Enter the total assets for **all household** members in this section.

**CHECK ALL THAT APPLY:**

**Checking Account(s) (HOUSEHOLD)\***

Yes - I have a Checking Account(s)

No - I have NO Checking Account(s)

**Savings Account(s) (HOUSEHOLD)\***

Yes - I have a Savings Account(s)

No - I have NO Savings Account(s)

**Investment Account(s) (HOUSEHOLD)\***

Yes - I have investment Account(s)

No - I have NO Investment Account(s)

**Retirement Account(s) (HOUSEHOLD)\***

Yes - I have Retirement Account(s)

No - I have NO Retirement Account(s)

**Property (HOUSEHOLD)\***

Yes - I own Property

No - I do NOT own Property

**Savings Accounts**

**All Savings Accounts (1) - Balance**

**Checking Accounts**

**All Checking Accounts (1) - Balance**

**Other Investment Accounts**

**All Stocks, Bonds, CDs, etc. (1) - Value**

**Retirement Accounts**

**IRA (1) - Value**

**401K (1) - Value**

**All Other Retirement Accounts - Value**

**Property I Own**

**Property Owned Address**

**Outstanding Mortgage**

## PART IV: RENT & UTILITY EXPENSES:

### Rental Information

**Management Company (if no management company: enter name of owner)\***

Enter the name you are entered into your lease/rental agreement with.

**Contact Name\***

**Monthly Rent\***

**Behind on Rent?\***

Yes  No

**Amount Overdue\***

**Property Management Address\***

Enter the business address from your rental agreement.

**Phone\***

**Landlord Email Address**

### Utility Information

**ELECTRIC BILL\***

Amount Due from Billing Statement

**WATER BILL\***

Amount Due from Billing Statement

**TRASH BILL\***

Amount Due from Billing Statement

**GAS BILL\***

Amount Due from Billing Statement

**SUBMIT COPIES OF UTILITY BILLS\***

### Utility Information

(If you **DO NOT** pay any of these bills directly, enter "0" otherwise enter the amount due from your most recent billing statement)

**Please make sure the following information appears on the uploaded UTILITY bill statements:**

(We **DO NOT** want copies of your entire bill, please make sure the following information shows.)

- **Company Name Account**
- **Holder Name Account**
- **Hold Address Monthly Payment Amount**

(We **DO NOT** need a copy of your entire bill.)



If you need assistance: CALL: (760) 435-3385 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)

## PART V: CERTIFICATIONS (Terms of Assistance)

THE APPLICATION MUST BE SIGNED BY THE HEAD OF HOUSEHOLD AND ALL HOUSEHOLD MEMBERS OVER AGE 18 OR IT WILL BE CONSIDERED INCOMPLETE.

### APPLICATION ACCURACY\*

- I have checked and verified that the information I have entered is correct. I will not hold the City of Oceanside responsible for inaccurate entries in my application. I understand that my submitted application will be sorted based on the income and expenses that I entered. Sorting will occur based on information reported by me and not source documentation. Errors made by my entries of income and/or expenses which negatively affect my application position on the list is not the responsibility of the City to make any corrections, change the position of the application on the list, nor will changes be allowed by the applicant (me) once an application has been submitted.

### SUPPORTING DOCUMENTATION\*

- I understand that If I cannot SUBMIT supporting documentation, My application will be considered INCOMPLETE and will NOT be considered. Call if you need assistance (760) 435-3385 on or before 5:00 p.m., Monday, September 7, 2020.

### LEAD-BASED PAINT PAMPHLET\*

- I have received and read the "[Protect your Family from Lead in Your Home](#)" pamphlet.

### LEAD-BASED PAINT DISCLOSURE\*

- I understand that lead-based paint hazards have to be addressed prior to receiving City assistance and/or I have informed my landlord that lead-based paint hazards found in my property need to be addressed. Households with children under the age of 6.

### LANDLORD NOTIFICATION\*

- I have informed my Landlord that if approved for assistance, an agreement between the City of Oceanside and my landlord has to be executed.

### CERTIFICATION\*

- "I/We certify that this information contained on this application form is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the City of Oceanside (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form authorizes the City to verify all sources of incomes and/or including, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any unemployment benefits currently being received.
- WARNING:** The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government."

### Head of Household Signature\*

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Co-Applicant or Household Member #2 Signature\*

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**ADDITIONAL HOUSEHOLD MEMBERS OVER 18 MUST SIGN NEXT PAGE.**



If you need assistance: CALL: (760) 435-3385 or EMAIL: [Oceanside-ERUAP@oceansideca.org](mailto:Oceanside-ERUAP@oceansideca.org)

**CERTIFICATION - HOUSEHOLD MEMBERS SIGNING BELOW CERTIFY THE FOLLOWING: \***

"I/We certify that this information contained on this application form is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the City of Oceanside (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form authorizes the City to verify all sources of incomes and/or including, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any unemployment benefits currently being received.

**WARNING:** The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government."

Household Member # 3 Signature\*

Household Member # 4 Signature\*

Household Member # 5 Signature\*

Household Member # 6 Signature\*

Household Member # 7 Signature\*

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Household Member # 8 Signature\*

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# IMPORTANT!

## Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).



# Protect Your Family From Lead in Your Home

**&EPA** United States Environmental Protection Agency

 United States Consumer Product Safety Commission

 United States Department of Housing and Urban Development

## Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Consumer Product Safety Commission (CPSC)

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### CPSC

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772

[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

## U. S. Department of Housing and Urban Development (HUD)

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact to Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### HUD

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698

[hud.gov/lead](http://hud.gov/lead)

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This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

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USEPA Washington DC 20460  
U.S. CPSC Bethesda MD 20814  
U.S. HUD Washington DC 20410

EPA-747-K-12-001  
January 2020

## U.S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 906-6809

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (LL-17J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 353-3808

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10 (20-C04)  
Air and Toxics Enforcement Section  
1200 Sixth Avenue, Suite 155  
Seattle, WA 98101  
(206) 553-1200

## Simple Steps to Protect Your Family from Lead Hazards

### If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](https://www.epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## Lead Gets into the Body in Many Ways

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### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

## For More Information

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### The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/safewater](http://epa.gov/safewater) for information about lead in drinking water.

### Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

## Other Sources of Lead, continued

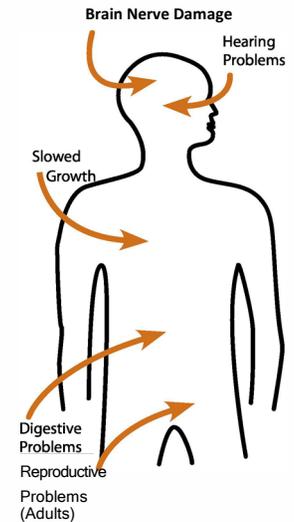
- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal or lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**:" used to treat an upset stomach.

## Health Effects of Lead

**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



**While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.**

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

## Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**

## Other Sources of Lead

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### Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

### Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800-424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](https://www.epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

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\*Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## Renovating, Repairing or Painting a Home with Lead-Based Paint

**If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:**

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100° F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

## Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

**Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm<sup>2</sup>), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

## Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips-which you can see-and lead dust-which you may not be able to see-both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

## Reducing Lead Hazards, continued

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**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  for interior windowsills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

## Reducing Lead Hazards

**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](https://www.epa.gov/lead), or call **1-800-424-LEAD** (5323) for a list of contacts in your area.<sup>3</sup>

## What You Can Do Now to Protect Your Family

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**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

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<sup>3</sup>Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.