250 Frank Ogawa Plaza, Suite 5313 Oakland, CA 94612 (510)-238-3909

ACCESS IMPROVEMENT PROGRAM SELECTION (Owner-Occupied) (Addendum to Residential Grant Application)

By marking this Occupied properties								s Improvement Pi atement.	ogram for	· Owner-	
Applicants Name				Со-Арр	Co-Applicantos Name						
Applicants Signature Date				Co-Applicantos Signature					Date		
For Office Use Only Date Received Applica		Application	ion No. District		District C		Census Tract	Flood ☐ Yes	□ No		
		I	ı	Program	Desc	rip	otion		□ Tes		
				OVEMENT PROGRAM (AIP) is a City of Oakland program that provides ty modifications to both owner-occupied and rental properties.							
				REQU	JIREME	NTS	3				
LOCATION:		ļ						nunity Developm			_
ELIGIBLE ITEMS	S:			nclude: whe d entry mod			ps or lifts, ba	athroom modifica	ation for v	vheelchair	
		OWNER	R-OCCI	JPIED				RENTAL PROP	ERTIES		
MAXIMUM GRANT AMOUNT:	 The maximum grant is \$15,000, excessin cases where a lift is required, to maximum amount is \$24,000. 										
OCCUPANCY	Applicant must occupy the property and maintain the access improvements for at least five years. If the owner sells the property, fails to occupy the property, or removes the access improvements within the five-year period, the Owner shall reimburse the City on a prorated basis.					Property owner must agree to rent unit(s) made accessible to disabled person(s) for a minimum of five years. If the owner (or his or her successor) terminates the agreement, the owner (or his or her successor) shall reimburse the City on a prorated basis. In the event of change of ownership, the obligation remains through the term of the Agreement.					
INCOME	Owner-Occupant's annual household income cannot exceed 80% of the area median income. Income of all household members who are 18 years or older will be considered to determine income eligibility.					Tenant's annual household income cannot exceed 80% of the area median income. Income of all household members who are 18 years or older will be considered to determine income eligibility of the tenant.					
					Family	Siz	е	Max	cimum Inc		
			1				\$45,750				
			2			\$52,300					
INCOME LIMITS	CURRENTLY IN			3				\$58,850			
EFFECT				<u>4</u> 5				\$65,350 \$70,600			
				6				\$70,000			
				7				\$81,050			
									\$86,300		
					8				. ,		

In accordance with Federal, State, and local disability-related laws and regulations, it is the policy of the City of Oakland not to discriminate on the basis of disability in employment or any of its programs, activities, or services. Auxiliary aids and services will be provided upon request

City of Oakland Community and Economic Development Agency Residential Lending and Housing Rehabilitation Services 250 Frank Ogawa Plaza, Suite 5313 Oakland, CA 94612 (510)-238-3909

Access Improvement Program (AIP) Physician's Statement

The City of Oaklands Access Improvement Program (AIP) provides grants for accessibility modifications to owner-occupied and rental properties located in the Citys seven Community Development Districts.

	Section I	
	To be completed by $oldsymbol{arOmega}$ the property owner only, if owner occupied, or	
	$oldsymbol{arOmega}$ both property owner and disabled tenant, if rental property.	
Property Owner: Address Tel. No.		
For rental property only	to be completed by disabled tenant.	
Name of disabled tenant	:	
Address:		
release of information re	signed by disabled property owner or by disabled tenant). The undersigned hereby a egarding my disability and accessibility needs to determine the property owner eligocess Improvement Program of the City of Oakland.	
	Signature	Date
	Section II (To be completed by Physician)	
Patientos Name:		
Brief description of patie	ntos disability:	
Patientos accessibility ne	eeds:	
5.		
Physicianos name (pleas	e print):	
Address:		

Tel. No.		
Signature	 Date	