

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

<input type="checkbox"/> By marking this box and signing below, you acknowledge you are applying for the Access Improvement Program for Owner-Occupied properties . Have you Physician complete and sign the attached Physician Statement.					
Applicant's Name			Co-Applicant's Name		
Applicant's Signature		Date	Co-Applicant's Signature		Date
For Office Use Only	Date Received	Application No.	District	Census Tract	Flood <input type="checkbox"/> Yes <input type="checkbox"/> No

Program Description

PURPOSE:	The ACCESS IMPROVEMENT PROGRAM (AIP) is a City of Oakland program that provides grants for accessibility modifications to both owner-occupied and rental properties.			
REQUIREMENTS				
LOCATION:	<ul style="list-style-type: none"> Property must be located in one of the seven Community Development Districts. 			
ELIGIBLE ITEMS:	<ul style="list-style-type: none"> Eligible repairs include: wheelchair ramps or lifts, bathroom modification for wheelchair accessibility, and entry modifications. 			
	OWNER-OCCUPIED		RENTAL PROPERTIES	
MAXIMUM GRANT AMOUNT:	<ul style="list-style-type: none"> The maximum grant is \$15,000, except in cases where a lift is required, the maximum amount is \$24,000. 		<ul style="list-style-type: none"> For existing construction, the maximum grant is \$15,000 per unit, except in cases where a lift is required, the maximum amount is \$24,000. For new construction, the maximum grant is \$4,000 per unit or \$16,000 per 4 unit property. 	
OCCUPANCY	<ul style="list-style-type: none"> <u>Applicant must occupy the property and maintain the access improvements for at least five years.</u> <i>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.</i> 		<ul style="list-style-type: none"> <u>Property owner must agree to rent unit(s) made accessible to disabled person(s) for a minimum of five years.</u> <i>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.</i> 	
INCOME	<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> 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. 	
INCOME LIMITS CURRENTLY IN EFFECT	Family Size		Maximum Income	
	1		\$45,100	
	2		\$51,550	
	3		\$58,000	
	4		\$64,400	
	5		\$69,600	
	6		\$74,750	
	7		\$79,900	
8		\$85,050		

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

Access Improvement Program (AIP) Physician's Statement

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

Section I

*To be completed by the property owner only, if owner occupied, or
 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: _____
Tel. No. _____

Authorization: *(To be signed by disabled property owner or by disabled tenant).* The undersigned hereby authorizes the release of information regarding my disability and accessibility needs to determine the property owner's eligibility for financial assistance under the Access Improvement Program of the City of Oakland.

Signature

Date

Section II

(To be completed by Physician)

Patient's Name: _____

Brief description of patient's disability: _____

Patient's accessibility needs: _____

Physician's name (please print): _____

Address: _____

Tel. No. _____

Signature

Date