



The Grinnell Rental Application

The waiting list for 60% AMI Tax-Credit studio, and two (2) bedroom units at The Grinnell opens on March 13, 2024. This application must be returned by mail to PO Box #71027, Attn: The Grinnell Manager, Oakland, CA 94612. Applications returned by mail must be postmarked by March 20, 2024 AND received by the manager's office by 5:00 PM on March 27, 2024. A lottery will be conducted for all applications received by the deadline.

Only one application per household. Duplicate applications will not be entered into the lottery.

Applicants

List below all persons who will be living with you, including Live-In Aides.

| Name (please print) | Date of Birth | Social Security Number | Male/ Female | Relationship to Head of Household |
|------------------------|---------------|------------------------|--|--------------------------------------|
| 1. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Head of Household |
| 2. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 4. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 5. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Contact Information

| | | | | |
|------------------------------------|----------|------|--------|-----|
| Current Address: | | | | |
| | Unit # | City | State | Zip |
| Mailing Address: (if different) | | | | |
| | Unit # | City | State | Zip |
| Phone 1: | Phone 2: | | Email: | |

Alternate Contact Person

Examples may include case worker, relative, friend, etc.

| | | | | |
|----------|---------------|---------|-------|-----|
| Name: | Relationship: | Agency: | | |
| Address: | | | | |
| | Unit # | City | State | Zip |
| Phone : | Email: | Fax: | | |



Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

| Income Sources | | | |
|----------------|-----------------|-----------------|------------------------------------|
| 1 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |
| 2 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |
| 3 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |
| 4 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |
| 5 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |
| 6 | Applicant Name: | Type of Income: | Source (company/agency name): |
| | Address: | | |
| | Phone: | Fax: | Gross Monthly Income: \$ |

| Subsidy Information | |
|---|--|
| <p>Do you have a current, transferable Section 8 voucher or other similar subsidy?</p> <p>If yes, what agency is your subsidy through?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

| Assets | | | |
|--------|--|-------|------------------------|
| 1 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |
| 2 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |
| 3 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |
| 4 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |
| 5 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |
| 6 | Applicant Name: | | |
| | Account Type: | Bank: | Account #: |
| | If this is a joint account, please list other account holders: | | Current Balance: \$ |

Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History

Attach separate sheet if you have had additional residences.

| | | | | | |
|--|--------------------------|----------------|----------------------------|--|--|
| Current | Applicant Name: | | | | |
| | Current Address: | | | | |
| | Move-in Date: | Move-out Date: | Monthly Rent: \$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends | |
| | Current Landlord Name: | | Current Landlord Address: | | |
| | Current Landlord Phone: | | Current Landlord Fax: | | |
| Previous | Applicant Name: | | | | |
| | Previous Address: | | | | |
| | Move-in Date: | Move-out Date: | Monthly Rent: \$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends | |
| | Previous Landlord Name: | | Previous Landlord Address: | | |
| | Previous Landlord Phone: | | Previous Landlord Fax: | | |
| Previous | Applicant Name: | | | | |
| | Previous Address: | | | | |
| | Move-in Date: | Move-out Date: | Monthly Rent: \$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends | |
| | Previous Landlord Name: | | Previous Landlord Address: | | |
| | Previous Landlord Phone: | | Previous Landlord Fax: | | |
| If you do not have two years of residential history, please explain why below. | | | | | |

Household Information

| | |
|--|--|
| 1. Do you expect changes to your household size within the next 12 months? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is anyone in your household separated, but not divorced? If yes, please list names: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are any adult household members full-time students or planning to become full-time students within the next twelve months? If yes, please list names: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 35%;"> _____ _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Part-time <input type="checkbox"/> Part-time <input type="checkbox"/> Part-time </div> <div style="width: 30%;"> <input type="checkbox"/> Full-time <input type="checkbox"/> Full-time <input type="checkbox"/> Full-time </div> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you or anyone else in your household have any pets? If yes, please describe what type and how many: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The Grinnell Information

| | |
|---|--|
| 6. Are you applying for a studio unit? Please note that studio units are limited to households with 1 to 2 members. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you applying for a two-bedroom unit? Please note that one-bedroom units are limited to households with 2 to 5 members. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note: If you apply to a unit size that your household does not qualify for, your application will be processed for the appropriate unit size.

Additional Information

Reasonable Accommodations

1. Will you or any of your family members require a live-in aide to assist you?

- ☐ Yes If yes, please explain:
☐ No

2. Do you, or does any member of your family have a condition that requires: (check all that apply)

- ☐ Unit for mobility impairment ☐ Unit for hearing impaired
☐ Unit for vision impaired
☐ None of the above

3. Are there other reasonable accommodations that you require to provide you equal access to housing?

- ☐ Yes If yes, please explain:
☐ No

Supplemental Information

1. How did you find out about this property?

2. Do you own a vehicle?

- ☐ Yes. How many? _____
☐ No

3. Do you require translation or oral interpretation?

- ☐ Yes. Which language? _____
☐ No

4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.

- ☐ Yes If yes, please explain:
☐ No

Optional Information

Ethnic Categories

Please check **one** only:

- ☐ Not of Hispanic, Latino/a, or Spanish Origin
- ☐ Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
 - ☐ Puerto Rican
 - ☐ Cuban
 - ☐ Mexican, Mexican American, Chicano/a
 - ☐ Another Hispanic, Latino/a or Spanish origin
- ☐ Declined to Report

Racial Categories

Please check **all that apply**:

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian (select subcategory as well)
 - ☐ Asian India
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Japanese
 - ☐ Korean
 - ☐ Vietnamese
 - ☐ Other Asian
- ☐ Native Hawaiian or Other Pacific Islander (select subcategory as well)
 - ☐ Native Hawaiian
 - ☐ Guamanian or Chamorro
 - ☐ Samoan
 - ☐ Other Pacific Islander
- ☐ Other (Please Specify): _____
- ☐ Declined to Report

Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with tenant screening agencies, investigative consumer reporting agencies, law enforcement, or other public agencies, and to contact previous or current landlords or other sources for verification information which may be released by appropriate federal, state, local agencies, or private persons to the management. Information and reports obtained may include my rental housing and eviction (unlawful detainer) history, character, general reputation, personal characteristics, and mode of living, for the purposes of determining my eligibility for rental housing.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including convictions which may prohibit me/us from moving on to the property, where allowed by applicable law as stated in our Resident Selection Criteria.
5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
6. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
7. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
8. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.

☐ By checking this box, I indicate that I want to receive a copy of any investigative consumer report obtained by SAHA.

SAHA obtains investigative consumer reports from the following agency: NTN, Address: PO Box 6245, Concord, CA 94524; Phone: 925-688-1000/Toll-free: 800-800-5602; Website: www.ntnonline.com. I understand that NTN is required, during normal business hours, on reasonable notice, and upon presentation of proper identification, to make available to me the files and information contained in any report that it prepared on my account. I am entitled to visually inspect the files in person or by mail, or I may obtain a summary over the telephone. NTN is also required to provide trained staff to explain any information in my file and, if I choose to visually inspect my file, to provide a written explanation of any coded information therein. Upon my request and in compliance with established procedures, NTN must also allow me to be accompanied by one other person during my inspection.

[Signatures to follow on next page]

Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household: Name: _____

Signature: _____

Date: _____

Applicant 2: Name: _____

Signature: _____

Date: _____

Applicant 3: Name: _____

Signature: _____

Date: _____

Signature

Applicant 4:

Name: _____

Signature: _____

Date: _____

Applicant 5:

Name: _____

Signature: _____

Date: _____



NOTICE TO RENTAL APPLICANTS AND TENANTS

FAIR CHANCE ACCESS TO HOUSING

BERKELEY LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

On March 10, 2020, Berkeley City Council passed the Ronald V. Dellums Fair Chance Access to Housing Ordinance. (B.M.C. 13.106; [Ordinance No. 7,692-N.S.](#)). This notice provides information on the Fair Chance Ordinance regarding 1) the rights of tenants and tenant applicants and the requirements of Housing Providers; 2) instructions for submitting a complaint to the City; 3) other types of enforcement actions; and 4) community resources.

WHAT ARE THE RESTRICTIONS AND REQUIREMENTS OF THE FAIR CHANCE HOUSING ORDINANCE?

Protections/Prohibitions (B.M.C. 13.106.040A, 13.106.050A)

Housing Providers are prohibited (with some exceptions and exemptions - see below) from:

- Inquiring about Criminal History
- Requiring disclosure of or authorization to release their Criminal History
- Basing an “Adverse Action” (defined below) on Criminal History
- Indicating that persons with criminal backgrounds will not be considered for housing, including in rental advertisements, application materials, or orally

What qualifies as an Adverse Action (B.M.C. 13.106.030A)

If a Housing Provider takes any of the following actions based on the Criminal or Conviction History of the Applicant or Tenant or Close Family Member:

- Failing or refusing to rent
- Terminating a tenancy
- Reducing a housing subsidy
- Treating an Applicant or tenant differently (e.g. requiring a higher security deposit)
- Disqualifying someone from a rental assistance program (e.g. section 8)
- Failing to allow a close family member (spouse, registered domestic partner, child, sibling, parent, grandparent, grandchild) with a criminal or conviction history to occupy rental unit while tenant lives there

Exceptions (B.M.C. 13.106.040B, C)

- Subsidized housing. If state or federal laws require a Housing Provider to exclude tenants with certain types of Criminal History (e.g. violent sex crimes, meth production in some subsidized housing), a Housing Provider must:
 - Inform an Applicant that they will check for certain types of Criminal History and



- Either obtain an Applicant's written consent, or allow the Applicant to withdraw the application.
- Lifetime sex offenders. Housing providers may review the State of California Department of Justice's Megan's Law website registry of lifetime sex offenders in order to protect a "person at risk" (Cal. Pen. Code § 290.46(j)(1)). Prior to doing so, the Housing Provider must:
 - Include a statement in the rental application informing Applicants of the sex offender screening requirement;
 - Have already determined that an Applicant meets all other rental criteria;
 - Provided the Applicant with a conditional rental agreement;
 - Informed the Applicant in advance of checking the sex offender registry; and
 - Either obtain written consent from the Applicant or give the Applicant an opportunity to withdraw their application prior to conducting a search.

Exemptions (B.M.C. 13.106.030K)

- Owner-occupied properties with 1-3 units total on property
- Units under a rental agreement allowing owners to move back to their home in accordance with B.M.C. 13.76.130 A.10
- Units occupied by existing tenant(s) seeking to sublet or add/replace roommates

Requirements for Housing Providers

- Displaying this notice. Housing Providers must prominently display this notice (English, Spanish, Chinese) in application materials, on websites, and at rental/leasing offices. (B.M.C. 13.106.050.)
- Written notice and opportunity to respond. If a Housing Provider takes "Adverse Action" (defined on page 1) based on Criminal History, the Housing Provider must provide the Applicant/tenant a written notice and an opportunity to respond. (B.M.C. 13.106.040E.)
 - The written notice must include:
 - The reason(s) for the Adverse Action,
 - Instructions on how to file a complaint with the City of Berkeley (affordable Housing Providers must also include filing deadlines),
 - A list of local services providers with contact information, and
 - A copy of the Criminal History report, background check, or other information received that is the basis of the decision.
 - The Applicant/tenant must be given the opportunity to:
 - Respond prior to the Adverse Action being taken and
 - Present any rebutting or mitigating information, such as evidence that the information is incorrect, was remedied, or otherwise should not be used as a basis for the Adverse Action.
- Affordable Housing Providers must submit an annual certificate of compliance with the City of Berkeley. (B.M.C. 13.106.050.)
- Housing Providers shall keep, for at least three years, any record of Criminal History obtained, and keep confidential to the maximum extent permitted by law, (B.M.C. 13.106.070.)



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|---|
| <p style="text-align: center;">HOW CAN I SUBMIT A COMPLAINT TO THE CITY ABOUT A POSSIBLE VIOLATION OF THE FAIR CHANCE HOUSING ORDINANCE?</p> |
|---|

Administrative Complaints to the (B.M.C. 13.106.90, A.R. 1.18)

- Complaints.
 - The City of Berkeley has designated the Berkeley Rent Stabilization Board to hear and decide complaints from tenants and tenant applicants (“Applicants”) who believe they have been discriminated against in violation of the Ordinance. A close family member (spouse, registered domestic partner, child, sibling, parent, grandparent, or grandchild) can submit a complaint on behalf of the Applicant.
 - Complaints are only heard with respect to Adverse Actions, and not other violations of the Ordinance. (See list of Adverse Actions on page 1.)
 - A complaint must be filed no more than one year from when the Applicant submitted a rental application to the Housing Provider or the date of the alleged discriminatory conduct, whichever is earlier.
 - The City’s complaint form must be used and include a copy of any supporting documents.
 - The complaint will be initially reviewed for sufficiency in alleging facts showing that there was a violation of the Ordinance. If the complaint is accepted, the Housing Provider will be notified and have the opportunity to file an answer to the complaint and participate in the hearing.
- Hearings.
 - A hearing will be scheduled within 90 calendar days from the date an acceptable complaint was submitted.
 - At the hearing, parties will be able to testify, present witnesses, have documents included in the record, and cross-examine the opposing party and their witnesses.
 - A party has the right to have an advocate of their choosing represent them at the hearing, and an interpreter if necessary and reasonably available.
- Decisions.
 - After the hearing, a written decision will be promptly mailed to all the parties. The decision will contain a determination of whether there were any Adverse Actions taken in violation of the Ordinance.
 - If any violations are found, an administrative citation (monetary penalty) will be imposed on the Housing Provider.
- Appeals.
 - If a party disagrees with the hearing officer’s determination, the party may file an appeal in court under California Code of Civil Procedure Section 1094.6 within 90 days of the final decision.
 - Before a decision is considered final, the Housing Provider is allowed to appeal the amount of the monetary fine with the City.



Berkeley Rent Stabilization Board
2125 Milvia Street, Berkeley, CA 94704
510-981-7368
rent@cityofberkeley.info

**BESIDES FILING A COMPLAINT TO THE CITY, WHAT OTHER ACTIONS
CAN BE TAKEN TO ENFORCE THE FAIR CHANCE HOUSING ORDINANCE?**

Possible Violations that are not Adverse Actions

- Individuals may report possible violations that are not Adverse Actions (e.g. advertising that Providers will not rent to someone with a Criminal History) to the Berkeley Rent Stabilization Board's Public Information Unit.

City Attorney Actions (B.M.C. 13.106.100B, E, F)

- The City Attorney's Office can bring an action on behalf of the City and seek injunctive relief and civil penalties against the Housing Provider. The decision to do this is solely within the discretion of the City Attorney's Office.
- Housing Providers shall be subject to civil penalties of at least \$1,000 and up to \$10,000 for each violation.

Private Right of Action (13.106.100C, D, F)

- Individuals can sue in court for injunctive relief, actual damages or statutory damages up to three times the amount of one month's rent, punitive damages, and attorney's fees.

**WHAT COMMUNITY RESOURCES ARE AVAILABLE
TO ASSIST APPLICANTS AND TENANTS REGARDING AN ALLEGED VIOLATION OF
THE FAIR CHANCE HOUSING ORDINANCE?**

Counseling services, including with respect to the administrative complaint process

Berkeley Rent Stabilization Board

Public Information Unit

2125 Milvia Street, Berkeley, CA 94704
510-981-7368
rent@cityofberkeley.info

Limited scope advice for low-income tenants/tenant applicants

East Bay Community Law Center

Clean Slate Unit

1950 University Avenue, Suite 200, Berkeley, CA 94704
510-548-4040 (Select Clean Slate – menu option 5)

Outreach and community education

Just Cities

fairchance@justcities.work

HEALTH EFFECTS OF SECONDHAND SMOKE

The Surgeon General's 2006 report on the health effects of secondhand smoke (HHS, 2006) came to the following conclusions:

- There is no risk-free level of exposure to secondhand smoke.
- Exposure to secondhand smoke, a carcinogen that contains more than 50 cancer-causing chemicals, leads to disease and premature death in nonsmoking adults and children.
- Eliminating smoking in individual units and common areas is the only way to guarantee full protection from secondhand smoke indoors. Cleaning the air with air cleaning systems cannot prevent exposure. Shared heating, ventilating, and AC systems can circulate secondhand smoke throughout a residential building.
- Exposed children are more likely to suffer sudden infant death syndrome (SIDS), acute respiratory infections, more severe asthma, and ear problems.

The Surgeon General's most recent report on the Health Consequences of Smoking (HHS, 2014) adds the following information:

- Since the first Surgeon General's report was published in 1964, 20 million Americans have died from smoking. 2.5 million of these deaths were nonsmokers who died from exposure to second hand smoke; 100,000 of those deaths were babies.
- Nearly half a million Americans die prematurely from smoking each year.
- 1 out of 3 cancer deaths is caused by smoking.
- Smoking impairs the functioning of the immune system.
- The tobacco epidemic was initiated and has been sustained by the tobacco industry, which deliberately misled the public about the risks of smoking cigarettes.

WHERE SMOKING IS PROHIBITED IN BERKELEY

Berkeley Municipal Code 12.70 prohibits smoking in the following places:

- Multi-unit housing including common areas
- Indoor and outdoor worksites with more than two employees.
- Recreational areas, such as parks, athletic fields, hiking trails, bike paths and in other outdoor venues such as stadiums and parking garages
- Within 25 feet of doorways, windows, and vents of any building open to the public and within 25 feet of bus stops and other transit stops, service areas such as at ATMs, ticket lines, and cab stands
- Within 50 feet of any building used as a health care facility, hospital, licensed child or adult-care facility or senior center
- Bingo and gaming parlors
- Inside all public transit, including taxis, while operating in Berkeley.
- Restaurants, including any outdoor seating area provided by or attached to a restaurant
- Commercial Area Sidewalks on: (1) Shattuck Avenue between Rose Street and Dwight Way; (2) Telegraph Avenue between Bancroft Way and Parker Street; (3) College Avenue between Russell Street and Webster Street; (4) Solano Avenue between The Alameda and Tulare Avenue, (5) 4th Street between Virginia Street and Addison Street; (6) Bancroft Way between College Avenue and Shattuck Avenue; (7) San Pablo Avenue between Channing Way and Parker Street; (8) Adeline Street between Fairview Street and 62nd Street; (9) Euclid Avenue between Hearst Avenue and Ridge Road; (10) Gilman Street between San Pablo Avenue and 4th Street; and (11) 10th Street between Gilman Street and Camelia Street, (12) University Avenue between Oxford Street and 4th Street, (13) Addison Street between Oxford Street and MLK Jr. Way, (14) Center Street between Oxford Street and MLK Jr. Way, (15) Allston Way between Oxford Street and MLK Jr. Way, and (16) Kittredge Street between Oxford Street and Milvia Street.

Smoke-free laws in Berkeley:

What you need to know about Berkeley's new smoking ordinance.

CITY OF BERKELEY

<http://www.ci.berkeley.ca.us/>



This is an informational brochure only.
Please see Berkeley Municipal Code 12.70
for the ordinance in full.

NEW ORDINANCE

The Berkeley City Council adopted an ordinance regulating secondhand smoke in all multi-unit residences and common areas.

As of May 1st, 2014, smoking will be prohibited in 100% of multi-unit housing with two or more units (e.g. apartments, co-ops, condominiums, common interest developments, etc).

This also includes common areas such as private decks, balconies, and porches of units. The use of medical cannabis by a person for whom using medical cannabis is not a crime under California law is exempt from this law. This pamphlet provides an overview of the ordinance and compliance duties.

FILING A COMPLAINT

You may report incidences of smoking occurring inside a unit or in a common area of your building. Pre-printed forms are available at the address below or downloaded from the Smoke-free Multi-Unit Housing website:

http://www.cityofberkeley.info/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

Mail completed forms to:
City of Berkeley, Public Health
Tobacco Prevention Program
1947 Center Street, 2nd Floor
Berkeley, CA 94702.

TIPS TO AID COMPLIANCE COMMERCIAL AND PUBLIC BUILDINGS

Owners and managers of buildings open to the public must post “No Smoking” sign(s) on their buildings, as follows:

1. Buildings open to the public, located in any commercial zone, must post a sign stating: “No Smoking in this Commercial Zone”
 2. Buildings open to the public, which are not located in one of the zones noted below, must post a sign stating: “No Smoking within 25 feet of Doorways, Operable Windows or Vents”
 3. Hospitals, health facilities (including doctor’s offices), mental health facilities, licensed childcare centers and senior centers must post a sign stating: “No Smoking within 50 feet of Doorways, Operable Windows or Vents”
- Inform your employees, customers, clients and/or office building tenants of the updated smoke-free ordinance.
 - Do not allow smoking of cigarettes, pipes, cigars, etc. anytime inside your workplace or in outdoor restricted areas.

NO SMOKING SIGNS

No smoking signs can be downloaded and printed from the Smoke-free Multi-Unit Housing website:
http://www.ci.berkeley.ca.us/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

Printed signs are available to businesses free of charge, while supplies last. Please contact the City of Berkeley Tobacco Prevention Program to inquire about availability 510-981-5330.

TIPS TO AID COMPLIANCE MULTI-UNIT RESIDENTIAL PROPERTIES WITH 2+ UNITS

All property owners must:

- Notify all existing tenants of the new ordinance no later than March 1, 2014 and offer a **voluntary** non-smoking lease addendum
- Post “No Smoking” signage no later than May 1, 2014 in common areas consistent with the signposting requirements of Berkeley Municipal Code Section 12.70.060. Signs can be downloaded from the City’s website at: http://www.ci.berkeley.ca.us/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx
- Notify all potential tenants after May 1, 2014 about the ordinance at the time of application
- Include non-smoking provisions for all new leases initiated after May 1, 2014

CONDOMINIUMS

- Disclosure about the ordinance must be included in all condominium sales contracts after May 1, 2014

FREE SMOKING CESSATION SERVICES

- 8-session classes are available to the public for free several times a year
- Utilizes the American Lung Association’s Freedom From Smoking curriculum
- For more information or to register call/email: (510) 981-5330 or quitnow@cityofberkeley.info
- The California Smokers’ Helpline provides free phone cessation services to California smokers at: 1-800-NO-BUTTS, www.nobutts.org



Information on Dampness and Mold for Renters in California

Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



Beginning January 1, 2022, residential landlords shall provide this booklet to prospective residential tenants prior to entering the rental or lease agreement, in accordance with the 2001 Toxic Mold Protection Act (HSC #26148). This booklet, which explains the potential health risks and health impacts that may result from exposure to mold, was produced by the California Department of Public Health (CDPH) in 2020, in both English and Spanish versions.

Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air.*



Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout



Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is “minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use.”

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see www.cdph.ca.gov/iaq/mold. To see an animated video series, Mold in the Home, visit www.cdph.ca.gov/mold.

Property owners must provide a rental unit that is safe and healthy for the people living in it.

Tenants must notify property owners of any dampness or mold problems.