

# HANDYWORKER PROGRAM

Sponsored by the City of Los Angeles Housing Department

Administered by AG Pacific Construction & Development

4711 Oakwood Ave. Suite 202 Los Angeles, CA 90004

Office: (323) 469-5161 Fax: (323) 469-5163

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Year House Built: \_\_\_\_\_  
Type of Unit: \_\_\_\_\_

### PLEASE CHECK the FOLLOWING:

First Time Applying to HandyWorker Program \_\_\_\_\_

Reapplying to Program: \_\_\_\_\_

Completion Date of Last Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*If you had service/s by: WATTS, PACE, Rebuilding Together you are considered a RETURNING CLIENT\***

### ETHNIC INFORMATION FOR STATISTIC PURPOSES (CIRCLE)

Hispanic African-American Asian Caucasian American-Indian Other: \_\_\_\_\_

### CLIENT INFORMATION

Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Age: \_\_\_\_\_

### SPOUSE INFORMATION

Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Age: \_\_\_\_\_

### GENERAL INFORMATION

Family Household: \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children under 18: \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VERIFICATION of INCOME REQUIRED

Social Security Award (SSA): \$ \_\_\_\_\_  
Supplemental Income (SSI): \$ \_\_\_\_\_  
Public Assistance: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_  
Wages: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

Describe Work Requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

*\*PLEASE attach this page along with the documents we are requesting\**