



15230 Burbank Blvd #108

Sherman Oaks, CA 91411

Handyworker Program



Handyworker Program – Administered by AG Pacific Construction & Development Corp.
 15230 Burbank Blvd Suite #108 Sherman Oaks, CA 91411
 (323) 469-5161 Office (818) 646-0195 Fax www.AGPACIFIC.com
 License #B-908648

The Los Angeles Housing Department (LAHD) Handyworker Program provides free minor home repairs for low-income seniors and persons with disabilities to address basic health, safety, security, and accessibility needs to enable them to age at home.

Requirements:

- ✓ Property must be Owner-occupied in the City of Los Angeles.
- ✓ Homeowner be 62 years and older, or
- ✓ Homeowner living with a permanent disability, or
- ✓ Homeowner living with family members with a permanent disability (limited repairs)
- ✓ Renter, 62 years and older, or living with a permanent disability (limited repairs)
- ✓ All applicants must be low income.

Low Income Qualification:

Household Size	2022 Income Limits							
	1	2	3	4	5	6	7	8
Annual Household Income Limit	\$66,750	\$76,250	\$85,800	\$95,300	\$102,950	\$110,550	\$118,200	\$125,800

To begin the processing of your application, we need you to complete and return the attached application and submit **FULL-PAGE COPIES** of the following documents:

- ❖ **Proof of Homeownership** – **Current 2021-2022 Property Tax Bill** (Call 888-807-2111 if you do not have a current copy of your current property tax bill) or **Certificate of Ownership for Mobile Homes** (Call 800-952-8356 if you need a copy of it)
 - **Renters** – Please fill out the “**Property Owner Service Authorization Form/Waiver**” to meet this requirement
- ❖ **Proof of Residency** – Current month of **either LA Water and Power Bill or SoCal Gas Bill** only
 - Please make sure full-page copy displays your mailing address and service address
- ❖ **Current California Driver’s License or Identification Card** – This applies to all household members including yourself. **No Medical ID’s Please!**
 - **Minors 18 years or younger** – Provide a copy of a current school report card or any legal document displaying name and address.
- ❖ **Current Verification of Income** - This applies to all household members including yourself. Examples of this are, but not limited to: **SSA/or SSI Award Letters, Pension Award Letters/or Stubs, Pay Stubs if employed (Full Month), Self-Employment Business, Retirement, Insurance Disability, Unemployment, Worker’s Compensation, Alimony, Child Support, Rental Income**
 - If you own more than one property, please provide proof of rental income (rental agreements, rent receipts, etc.)
 - **Please do not submit copies of 1099 for SSA/Pension, W-2 for Wages, or Bank Statements as these are not acceptable forms to show proof of current income**
- ❖ **Documents should not be older than 3 to 6 months from Today’s Date. Submittal of outdated/ or incorrect paperwork will delay the processing of your application**
 - If you have any questions or need further assistance. Please feel free to contact us at (323)469-5161 press 1 when you hear the recording.

Please keep in mind this is a first come first serve program and certain areas service have longer waiting periods than others. All work is subject to program fund availability. Due to our long waiting periods, updated documents may be needed.

HANDYWORKER PROGRAM SERVICE REQUEST

Type of Home: _____

Are you a **Homeowner** _____ or **Renter?** _____

Are you a First Time Applicant? _____ If no, when was your approximate date of last service _____

Ethnicity Information for Statistic Purposes (Circle)
White Black/African America Asian Hispanic/Latino American Indian Other _____

Fill In

Applicant Information:

Applicant Name

Street Address

City

Zip Code

First Telephone Number

Second Telephone
Number

Email Address

Date of Birth

Age

Spouse (If applicable):

Spouse Name

Date of Birth

Age

Additional Household Members:

Name

Date of Birth

Age

Relationship to
Applicant

Name

Date of Birth

Age

Relationship to
Applicant

Name

Date of Birth

Age

Relationship to
Applicant

Name

Date of Birth

Age

Relationship to
Applicant

Number of Household Members (Yourself included) _____

Number of Household Members Under 18 _____

APPLICANT AND ALL HOUSEHOLD OCCUPANTS WILL HAVE TO SUBMIT SUPPORTING DOCUMENTS TO DETERMINE ELIGIBILITY

(SEE FIRST PAGE)

Verification of Income

Social Security Award (SSA)	\$	Pension	\$
Supplemental Income (SSI)	\$	Employment Wages	\$
Public Assistance	\$	Rental Income	\$
Other	\$		

PLEASE DO NOT SUBMIT 1099 FOR SSA/SSI OR PENSION, W-2 FOR WAGES, OR BANK STATEMENTS

Describe Work (Please be specific if you need safety devices or have urgent repairs)

Have you been cited with an Order to Comply/ or Courtesy Notice from Building and Safety?
If **yes**, please attach a copy of the citation.

Client Signature

Date

