



## Handyworker Home Improvement Application

1. Name of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_  
 2. Property Address: \_\_\_\_\_  
 3. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
 4. Total Number of Related Persons in Household (including yourself): \_\_\_\_\_

List household members other than yourself:

<u>Name</u>	<u>Age</u>	<u>Income</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Total Annual Household Income: \_\_\_\_\_
- |   |  |
|---|--|
| a. Last year's wages and/or Salaries \$ _____ | f. Rental Income \$ _____                      |
| b. Social Security \$ _____                   | g. Pension and/or Retirement Benefits \$ _____ |
| c. Supplemental Security _____                | h. Welfare and/or County Aid \$ _____          |
| d. Interest on Savings \$ _____               | i. Disability Insurance \$ _____               |
| e. Dividends from Stocks & Bonds \$ _____     | j. From Family \$ _____                        |

Other Source(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. How long have you owned the proposed property to be improved? Years: \_\_\_\_\_  
 7. Is there a mortgage? \_\_\_\_\_

**8. THE QUESTIONS IN THIS BOX PERTAIN TO THE HEAD OF HOUSEHOLD**

Name (if same as Homeowner, write "same"): \_\_\_\_\_

Age: \_\_\_\_\_ ( ) Male \_\_\_\_\_ ( ) Female \_\_\_\_\_

- |  |  |
|--|--|
| ( ) White  | ( ) American Indian or Alaska Native AND White               |
| ( ) Black/African American                         | ( ) Asian AND White  |
| ( ) Asian  | ( ) Black/African American AND White                         |
| ( ) American Indian or Alaska Native Black/African | ( ) American Indian/Alaska Native AND Black/African American |
| ( ) Native Hawaiian or Other Pacific Islander      | ( ) Other: _____   |

**HISPANIC/LATINO ETHNICITY** ( ) Yes ( ) No

( ) Yes, Mexican/Chicano ( ) Yes, Cuban

( ) Yes, Puerto Rican ( ) Yes, Other Hispanic/Latino: \_\_\_\_\_

Is the head of your household physically handicapped? ( ) Yes ( ) No

If yes, explain handicap: \_\_\_\_\_

9. Is anyone other than head of household physically handicapped? ( ) Yes ( ) No  
 If yes, name: \_\_\_\_\_  
 Explain handicap: \_\_\_\_\_

10. Briefly list improvements you wish done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT**

Do not begin any work to be approved under this program without written authorization from the City.

I herby certify that all above information is complete, accurate, and true.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Homeowner