

APPLICATION DOCUMENTATION

As part of this application, you must attach **copies** of the following documents:

1. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS

Latest income tax return, Social Security/SSI checks (recent bank statement if direct deposit), Disability, Welfare, Retirement/Pension/Annuity, rental income, personal gifts of monies.

Documents showing interest on last year's savings and/or dividends on stocks and bonds.

2. PROOF OF PROPERTY OWNERSHIP

Trust Deed (property tax bill accepted only if deed is unobtainable). For mobile homes, a copy of the pink slip or State HCD ownership "Certificate of Title" must be provided.

3. PROOF OF HOMEOWNERS INSURANCE

Copy of current homeowners insurance policy.

If you have any questions, check with the Home Improvement Coordinator at 217-9572.

Mail the completed application, along with the **copies** of the above documentation to:

City of Gardena
Home Improvement Program
1717 W. 162nd St.
Gardena, CA 90247

City of Gardena Handy Worker Program
Conditions of Participation

In connection with my application to participate in the City of Gardena's Home Improvement Program, and in order to be eligible for the program services, I agree to the following conditions of participation:

1. The homeowner(s) will submit a complete application package.
2. The homeowner will provide proof of home ownership, a current homeowner's insurance policy, and current income verification to the Home Improvement Coordinator.
3. The Home Improvement Coordinator will contact the homeowner to finalize the scope of work allowed based on Safety and Health Guidelines.
4. The Home Improvement Coordinator will conduct a historic preservation and lead paint review.
5. The City of Gardena Handy Worker Crew will perform minor repairs discussed and agreed upon in writing between the coordinator and homeowner.
6. Upon completion of repairs, the Home Improvement Coordinator will verify that the repairs have been satisfactorily completed and the homeowner will sign the completion notice.
7. The homeowner hereby certifies that they will reside and occupy said address for at least (3) years following completion of repairs performed by the City of Gardena. If not, the homeowner will be penalized and be responsible for reimbursement of the cost of the materials to the City of Gardena Home Improvement Program.
8. The homeowner understands and agrees all repairs are based only on ADA Health & Safety Code Violations. Requests for updating décor or cosmetic repairs are not allowed under program guidelines.
9. The homeowner further agrees to hold the City harmless from and indemnify the City for and against any and all claims which may be brought or raised against the City or any of its officers, representatives, agents or agencies by the homeowner or any third parties pursuant to or in any way associated with or alleged to be associated with my rehabilitation project.
10. Homeowner (s) who reside in Town homes/Condos understand that only minor repair work to the interior of the unit may be done.
11. The homeowner understands that appliance repair is **not** allowed under the Handy Worker & Rebate Program.
12. The City of Gardena Handy Worker crew will remove any ramps or handrails that were built by the City if the homeowner has moved or is deceased upon request.
13. Homeowner understands that The City of Gardena has the right to disqualify a participant from future use of the Handy Worker Program, if any of the conditions listed above is violated. The program may be used a total of five (5) times by qualified homeowners.

Date:_____

Signature

Signature

Street Address

City

Zip Code

*Signatures of all legal owners required
03/19



CITY OF GARDENA
Public Works Department
1717 West 162nd Street
Gardena, CA 90247
(310) 217-9568

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