



# Venice Community Housing Corporation

720 Rose Avenue, Venice, California 90291-2710

Tel: (310) 399-4100 Fax: (310) 399-1130

Web: www.VCHCorp.org

## HANDYWORKER PROGRAM

### APPLICATION FOR REPAIR SERVICES

Sponsored by the City of Los Angeles Housing Department

Administered by Venice Community Housing Corporation

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

(First) (Middle Initial) (Last)

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

### Homeowner Information

Do you own the home where repairs are being requested?  Yes  No

Do you currently live in the home where repairs are being requested?  Yes  No

How long have you owned the home? \_\_\_\_\_

How many adults over the age of 18 currently reside at this address? \_\_\_\_\_

How many children under the age of 18 currently reside at this address? \_\_\_\_\_

Are there any children under the age of 7 who reside at this address? \_\_\_\_\_

### Income and Assets (All information given below will be verified)

Are you receiving AFDC, SSI, Unemployment Benefits, or other type of public or government assistance?

Yes  No

Estimated household gross (before taxes) annual income: \$ \_\_\_\_\_

Are you currently employed?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

Please complete the following information for **each individual** currently residing in the home. Please be sure to include AFDC or General Relief (GR), Retirement Pension, Social Security or Supplemental Security Income, Unemployment or Disability Benefits, Self Employment (need last tax returns), Child Support/Alimony, cash payments from agency or individual, school aid, scholarships or educational grant and any other source of income.

Name	Source of Income	Gross Amount	Weekly, Monthly, Annually
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