



**Free Home Security and Safety Devices**  
 Sponsored by the City of Los Angeles Housing Department  
 Administered by: AG Pacific Construction and Development Corp.

**Assists elderly and disabled persons to remain in their home SAFE & SECURE**

Who is Eligible?

- Seniors (62 years and older) or Persons with a disability
- Reside in the City of Los Angeles – homeowner or renter
- Total income of all household, all sources does not exceed income limits below

What Devices are Available?

- Grab Bars
- Hand-held Shower Hose
- Shower/Tub Seat

*All work is subject to availability of funds Program policies are subject to change.*

How Do You Apply?

Complete the attached application and provide the following documentation of your eligibility:

- For HOMEOWNERS- Proof of homeownership in the form of 2018 Property Tax Bill.  
 For RENTERS, written approval of the owner/manager – (attached form)
- (You and all your household members) Verification of your 2018 income in the form of SSA award letter, pension statements, or pay stubs.  
**(Please DO NOT mail 1099 for SSA/Pension, Bank Statements, or W-2 for Wages)**
- **Current** Month of Water and Power, or Gas utility bill **ONLY** as proof of residency.
- (you and all your household members) Copy of CURRENT Driver’s License/ Photo Identification Card

**THESE DOCUMENTS CAN BE EITHER  
 FAX: (323)469-5163 OR MAIL: 4711 Oakwood Ave Suite #202 Los Angeles, CA 90004**

**Income Limits**

Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Max. Income	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300



**HOME SECURITY & SAFETY DEVICES INSTALLATION**

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Administered by AG Pacific Construction & Development

4711 Oakwood Ave. Suite 202 Los Angeles, CA 90004

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

www.agpacific.com

Client Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Year House Built: \_\_\_\_\_

City: \_\_\_\_\_

Type of Unit: \_\_\_\_\_

**CLIENT INFORMATION**

**SPOUSE INFORMATION**

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

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

D.O.B: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

**GENERAL INFORMATION**

Number of household members: \_\_\_\_\_

Number Children under 18: \_\_\_\_\_

Names: \_\_\_\_\_

Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOURCE OF INCOME**

*Verification of Income Required*

Social Security (SSA): \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Supplemental Income (SSI): \$ \_\_\_\_\_

Wages: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

**ETHNIC INFORMATION FOR STATISTIC PURPOSES (CIRCLE)**

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

Describe work requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client Signature**

**Date**

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