

---

---

---

**AG Pacific Construction & Development Corp.  
Handyworker Program  
15230 Burbank Blvd Suite #108  
Sherman Oaks, CA 91411**



15230 Burbank Blvd Suite #108 Sherman Oaks, CA 91411  
 Office: (323) 469-5161 Fax: (818) 646-0195 [www.agpacific.com](http://www.agpacific.com)

[Lic. # B-908648](#)

On behalf of A.G. Pacific and the Los Angeles Housing Department I would like to extend my gratitude for your interest on participating in the HANDYWORKER PROGRAM, sponsored by the City of Los Angeles. As you might be aware, this program specifically intends to attend minor repairs to **owner-occupied, single-family homes of seniors (62 years or older) or permanently disabled persons** at no cost to the property holder. As a pre-requisite to eligibility, you must be within the low income parameters established by the U.S. Department of Housing & Urban Development for the size of your household (see limits below). In order for us to begin processing your file, we need you to complete and return the attached form and submit a **FULL-PAGE COPY** of the following documents:

- **Proof of homeownership** in the form of a current **2019 Property Tax Bill**. Or **Bill of Title for Mobile Homes**.  
 If more than one property, please provide proof of rental income. (Call 888-807-2111 if you do not have a current copy)
- **Current verification of income** (This applies to you and all the household members) in the form of SSA award letter, SSI letter, Pension stubs, pay stubs (full month), or any assistance one may receive such as self-employment business, retirement, insurance, disability, unemployment, worker’s compensation, alimony, child support, welfare, rental income, severance pay, or any other kind of income that is required to be reported.  
***Please DO NOT mail in 1099 for SSA/Pension, W-2 for Wages or Bank Statements***  
***As we are no longer accepting as a proof of income.***
- **Copy of current California Driver’s License or Identification card**. (This applies to you and all the household members) **No medical ID’s PLEASE!** If you have minors 18 years or younger please provide a copy of the most recent school report card or any legal document that displays name and address.
- **Proof of residency** Current month of Water and Power, or Gas bill **ONLY**.  
 (Needs to include the full page that displays your mailing and service address on utility bill)
- If you have received an **Order to Comply** please include a copy of the notice.

Please keep in mind that there is **currently a waiting list for service in some communities**, and all work is subject to availability of funds. **Due to our long waiting period, we may request you update your documents.**

**DOCUMENTS SHOULD NOT BE OLDER THAN 3 MONTHS FROM TODAY’S DATE.**

**If you have any questions, please do not hesitate to contact us at (323) 469-5161**

**2018-2019 INCOME LIMITS**

Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Max. Income	\$58,450	\$66,800	\$75,150	\$83,500	\$90,200	\$96,900	\$103,550	\$110,250

**HANDYWORKER PROGRAM**

Sponsored by the City of Los Angeles Housing Department  
Administered by AG Pacific Construction & Development  
15230 Burbank Blvd Suite #108 Sherman Oaks, CA 91411  
Office: (323) 469-5161 Fax: (818) 646-0195

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

1st Phone #: \_\_\_\_\_  
2nd Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**PLEASE CHECK the FOLLOWING:**

Type of Unit: \_\_\_\_\_ **(CIRCLE ONE)** Are you a **Homeowner** or **Renter**?

Have you received an **Order to Comply** from Building and Safety? **YES** or **NO** (if **YES** please include a copy)

**\*If you had service/s by: WATTS, PACE, Rebuilding Together you are considered a RETURNING CLIENT\***

**(CIRCLE ONE)** Are you **Re-applying** or **First time applying** **(RE-APPLYING)** Date of your last service \_\_\_\_\_

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

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

*Applicant and household occupants will have to submit supporting documents to determine eligibility (See first page)*

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Age: \_\_\_\_\_

**SPOUSE INFORMATION**

Name: \_\_\_\_\_  
D.O.B: \_\_\_\_\_  
Age: \_\_\_\_\_

**GENERAL INFORMATION FOR ALL OTHER OCCUPANTS**

Number of Household Occupants: \_\_\_\_\_ Number of Children under 18: \_\_\_\_\_  
Names: \_\_\_\_\_ Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please DO NOT mail in 1099 for SSA/SSI, Pension, W-2 for Wages or Bank Statements  
As we are no longer accepting as a proof of income.*

**VERIFICATION OF INCOME REQUIRED**

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

Describe Work Requesting: \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

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