City of Torrance, Community Services Department
Application for Home Improvement Program

Applicant: _____ _____ M / F
(Full Name) *(Age)* *(Gender)*

Telephone: (home)_____ (cell)_____

Address: _____

Type of Residence: *(check one)*

□ Single Family Home □ Mobile Home
□ Condo/Co-Op □ Other _____

Property Ownership Information

Applicant is: □ Owner □ Renter □ Other: _____

If applicant is not the owner, please provide owner's contact information:

_____ _____
(Name) *(Phone)*

Household Information:

Total number of occupants: _____ Number Disabled*: _____

If disabled, please describe: _____

Total household income*:

Prior year's wages and salaries: $ _____mo/yr
Social Security: $ _____mo/yr
Other*: (pension, welfare, County aid, etc.) $ _____mo/yr
*Please describe: _____

Total: **$ _____mo/yr**

**Proof of Income is required. Please provide a copy of your most recent IRS tax form.*

Description of improvements requested: _____
_____
_____

I hereby affirm that all of the information listed above is complete and accurate to the best of my knowledge.

_____ _____
(Applicant Signature) (Date)

HUD INCOME LIMIT GUIDELINES FY 2018/2019

HOUSEHOLD SIZE	INCOME LIMIT		HOUSEHOLD SIZE	INCOME LIMIT
1	$54,250		5	$83,700
2	$62,000		6	$89,900
3	$69,750		7	$96,100
4	$77,500		8	$102,300

Please submit completed applications along with proof of income and proof of ownership to the Community Services Department, Attention: Home Improvement Program, 3031 Torrance Blvd., Torrance 90503. For more information call (310) 618-2930 or visit us at www.TorranceCA.Gov.

For staff use only:
Application approved / denied: _____ *Date:* _____