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

Applicant: _____ _____ Male
(Full Name) *(Age)* *(Gender)*

Telephone: (home)_____ (mobile)_____

Address: _____ (email)_____

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)* *(email)*

Household Information:

Total number of occupants: _____ Number disabled*: _____

*If disabled, please describe:_____

Total Household Income*:

**Proof of Income is required for all income earning occupants. Please provide a copy of your and other occupants most completed recent IRS tax forms.*

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

*Please describe: _____

Total: $ 0.00 **year**

Description of Improvements Requested: _____

_____

_____

_____

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

_____ _____
(Applicant Signature) (Date)

Submit completed applications with proof of income and proof of ownership via email to: HIP@TorranceCA.Gov, in person or via US postal to:
Community Services Department
Attn: Home Improvement Program
3031 Torrance Blvd.
Torrance, CA 90503
For more information call (310) 618-2731