

**SENIOR CITIZEN HANDYMAN PROGRAM
APPLICATION FORM**

Name: _____

Address: _____

Home Telephone: _____

Please Indicate one of the below by placing an "X" next to the correct answer:

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

PLEASE CHECK YOUR INCOME LEVEL (PER HUD SECTION 8 INCOME LIMITS)

CHECK	FAMILY SIZE	VERY-LOW INCOME	LOW INCOME
	1	\$37,100.00	\$54,950.00
	2	\$42,400.00	\$62,800.00
	3	\$47,700.00	\$70,650.00
	4	\$53,000.00	\$78,500.00

As of 6/30/20

**FAMILY INCOME - LIST TOTAL INCOME FROM ALL SOURCES (SOCIAL SECURITY, PENSION,
INTEREST, DIVIDENDS& WAGES)**

Family Member	Type / Source of Income	Annual - Total Amount
1		
2		
3		
Total Gross Income		\$

Family Composition	Number of Persons
Senior (62 or Older)	
Adults (18 - 61 Years)	
Minors 17 or Younger)	
Total in Household	

Type of Work Requested: _____

Applicant's Signature: _____
Date