

Minor Home Repair/Free Paint Program Application

All information is strictly confidential and will be used to determine which PNHS Housing Renovation Loan Program will best fit your specific needs.

HEAD OF HOUSEHOLD

SPOUSE

General Information

Name: _____ Name: _____
Address: _____ Address: _____
City, State Zip: _____ City, State Zip: _____
Phone # _____ Social Security #: _____
Social Security #: _____ CA Driver's License or ID #: _____
CA Driver's License or ID #: _____ # Dependants: _____

Employment

Employer: _____ Employer: _____
Address: _____ Address: _____
City, State Zip: _____ City, State Zip: _____
Work Phone #: _____ Work Phone #: _____
of Years on the Job: _____ # of Years on the Job: _____
Self-Employed? YES NO Self-Employed? YES NO

Income

Gross Monthly Income \$ _____ (Before Taxes) Gross Monthly Income \$ _____ (Before Taxes)
Commission/Bonus \$ _____ Commission/Bonus \$ _____

Briefly describe the repairs you are requesting assistance with below.

Incorporation By Reference

I (we) hereby authorize Pasadena Neighborhood Housing Services (PNHS) to take whatever action it deems necessary to verify all information contained herein.

I (we) declare under penalty of perjury that I (we) have read and reviewed all answers to this application and that all of the foregoing answers are true and correct to the best of my (our) knowledge or belief.

Head of Household's Signature

Spouse's Signature

Date: _____

Date: _____