



**MAINTENANCE ASSISTANCE AND SERVICES TO HOMEOWNERS**

**HEAD OF HOUSEHOLD**

- Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Middle)
- Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Size: One Story: \_\_\_\_\_ Two Story: \_\_\_\_\_  
Social Security # \_\_\_\_\_

**SPOUSE**

- Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Middle)
- Address \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security# \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

- Name \_\_\_\_\_ Age \_\_\_\_\_ Dependent \_\_\_\_\_

**INCOME** (Per month)

**SOURCE OF INCOME**

- |                             |                 |              |
|-----------------------------|-----------------|--------------|
| 1. Head of Household:       | \$ _____        | _____        |
| 2. Spouse:                  | \$ _____        | _____        |
| 3. Household Member:        | \$ _____        | _____        |
| 4. Household Member:        | \$ _____        | _____        |
| <b>TOTAL MONTHLY INCOME</b> | <b>\$ _____</b> | <b>_____</b> |

Type of work to be completed: PAINT \_\_\_\_\_ YARD WORK \_\_\_\_\_

I hereby certify that all the above statements are true.

SIGNED \_\_\_\_\_ SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_



Application for Services  
**MAINTENANCE ASSISTANCE AND SERVICES TO HOMEOWNERS**

A City of Pasadena Community Development Grant Program

**PARTICIPATION AGREEMENT**

I \_\_\_\_\_ owner of property located at,  
(First and Last Name) (Phone Number)

\_\_\_\_\_ in California hereby agree:  
(Address)

1. The Maintenance Assistance and Services to Homeowners Program **can only** paint **one** story homes. If an applicant has a two story home the Maintenance Assistance Service to Homeowners Program will paint the bottom portion of the home and will donate the paint to have **another party contracted by the applicant/homeowner** paint the upper portion.
2. That the City of Pasadena and their representative agents for the Maintenance Assistance and Services to Homeowners Program may enter upon my property at the above address; perform work and activities that comply with Maintenance Assistance Service to Homeowners activities.
3. This work and activities should be agreed upon by both myself and the Project Supervisor and is to be conducted at no cost to me as the owner.
4. I release and hold harmless the City of Pasadena from any property or public liability claims from this activity.
5. The Maintenance Assistance and Services to Homeowners crew has my permission to do the following improvement at the address.
6. I understand that only water based paints will be used on my home.

**Please list work needed i.e. (rodent proofing, screen repair, window repair, etc.) in the space provided below:**

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\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Project Supervisor's Signature

\_\_\_\_\_  
Type or print name

**Exhibit "F"**  
Effective May 2010

Client's Name: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Ethnicity/Race: Complete Steps 1 &amp; 2</b>	
<b>Step One – Circle one:</b>	
<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
<b>Step Two- Next, circle a category that <u>best</u> describes you:</b>	
<input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Other Pacific Islander	<input type="radio"/> American Indian/ Alaskan Native & White <input type="radio"/> Asian & White <input type="radio"/> Black/African American & White <input type="radio"/> American Indian/Alaskan Native & Black <input type="radio"/> Other multi-racial

**Household Information:**

Parent's current pay receipts  
 Documentation from DPSS/Social Security Office  
 Current Medi-Cal card  
 Other (please specify below)

**Documentation of Residency:**

School card with address  
 Parents' current utility bill  
 Current Medi-Cal card  
 Other (please specify below)

**Statistical Information:**

Annual Household Income: _____
Number of Persons in household (including self): _____
Female Headed Household: (circle)      Yes      No

*I certify that all information contained on this form is complete and true to the best of my knowledge.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Household's Family Income (to be completed by staff)**

Directions: 1) circle family size 2) follow line extending from family size and circle correct income level

Number of Persons in Household	Level 1	Level 2	Level 3	Level 4
1	\$17,400 & below	\$17,401 - \$29,000	\$29,001 - \$46,400	above \$46,400
2	\$19,900 & below	\$19,901 - \$33,150	\$33,151 - \$53,000	above \$ 53,000
3	\$22,400 & below	\$22,401 - \$37,300	\$37,301 - \$59,650	above \$ 59,650
4	\$24,850 & below	\$24,851 - \$41,400	\$41,401 - \$66,250	above \$66,250
5	\$26,850 & below	\$26,851 - \$44,750	\$44,751 - \$71,550	above \$71,550
6	\$28,850 & below	\$28,851 - \$48,050	\$48,051 - \$76,850	above \$76,850
7	\$30,850 & below	\$30,851 - \$51,350	\$51,351 - \$82,150	above \$82,150
8	\$32,850 & below	\$32,851 - \$54,650	\$54,651 - \$87,450	above \$87,450

**Exhibito "F"**  
**Efectivo May 2010**

Nombre del cliente: \_\_\_\_\_ Referido por: \_\_\_\_\_  
 Direccion \_\_\_\_\_ Numero de Telefono \_\_\_\_\_

<b>Grupo Etnico y Raza: Complete Pasos 1 &amp; 2</b>	
<b>Paso uno - Circule su categoria:</b>	
<input type="radio"/> Hispano <input type="radio"/> No-Hispano	
<b>Paso dos - Ahora, circule la categoria que identifica mas a usted:</b>	
<input type="radio"/> Blanco <input type="radio"/> Africo-Americano/Negro <input type="radio"/> Asiatico <input type="radio"/> Indio Americano/ Nativo de Alaska <input type="radio"/> Nativo de Hawaii/ otra Isla del Pacifico	<input type="radio"/> Indio Americano/ Nativo de Alaska & Blanco <input type="radio"/> Asiatico & Blanco <input type="radio"/> Negro/Africo-Americano & Blanco <input type="radio"/> Indio Americano/ Nativo de Alaska & Negro <input type="radio"/> Otro multi-racial

**Informacion de Casa:**  
 \_\_\_\_\_ Recibos recientes de ingreso de los padres  
 \_\_\_\_\_ Documentos del DPSS/ Seguro Social  
 \_\_\_\_\_ Tarjeta de Medi-Cal  
 \_\_\_\_\_ Otro documento (por favor de detalles)

**Prueba de Residencia:**  
 \_\_\_\_\_ Identificacion de escuela con direccion  
 \_\_\_\_\_ Factura actual de servicios de utilidades de los padres  
 \_\_\_\_\_ Tarjeta de Medi-Cal  
 \_\_\_\_\_ Otro documento (por favor de detalles)

**Información Estadística:**

<b>Ingreso Anual de la Familia:</b> _____
<b>Numero de personas en casa (incluyendo a usted):</b> _____
<b>Jefe de familia femenino: (circule)      Si      No</b>

Yo declaro por este medio que lo antes mencionado es completo y verdadero a mi conocimiento.

Firma del Apicante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del representante de la agencia: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Ingresos Anuales de la Familia (ser completado por representante de agencia)**

Instrucciones: 1) Circule el numero de miembros en su familia  
 2) Siga los catologos que se extienden del numero de su familia y circule el nivel de ingreso correcto.

Numero de personas en casa	Nivel 1	Nivel 2	Nivel 3	Nivel 4
1	\$17,400 & menos	\$17,401 - \$29,000	\$29,001 - \$46,400	mas de \$46,400
2	\$19,900 & menos	\$19,901 - \$33,150	\$33,151 - \$53,000	mas de \$53,000
3	\$22,400 & menos	\$22,401 - \$37,300	\$37,301 - \$59,650	mas de \$59,650
4	\$24,850 & menos	\$24,851 - \$41,400	\$41,401 - \$66,250	mas de \$66,250
5	\$26,850 & menos	\$26,851 - \$44,750	\$44,751 - \$71,550	mas de \$71,550
6	\$28,850 & menos	\$28,851 - \$48,050	\$48,051 - \$76,850	mas de \$76,850
7	\$30,850 & menos	\$30,851 - \$51,350	\$51,351 - \$82,150	mas de \$82,150
8	\$32,850 & menos	\$32,851 - \$54,650	\$54,651 - \$87,450	mas de \$87,450



## MAINTENANCE ASSISTANCE AND SERVICES TO HOMEOWNERS

### Maintenance Assistance and Services to Homeowners Program Information sheet

- What we do:** **Paint:** exterior of home. **Minor Repairs:** repair broken windows, broken screens, and rodent proofing. **Major Repairs:** Build wheel chair ramps. **Yard services:** Yard clean-up, rain gutters cleared, and hauling.
- What we cannot do:** Plumbing, Electrical, Tree cutting, Roofing, and paving.
- Paint Used:** Due to the costly removal of hazardous materials and the "Hazard of Elimination Rule" mandated in February 1987, by the Federal Government, we will use water base paints when painting qualified homes.
- Information:** No grantee under any HUD (Housing Urban Development) - funded Community Development Block Grant program can be discriminated in the provision of public services funded by such programs on the basis of race, color, creed or alienage, provided such services do not include cash or other income transfers to individual recipients.
- Applying for the program:** An application must be filled out and submitted for qualification. All household members must be listed on application. Qualification is based on income for applicant and household members.
- Qualification is based on:** Income, Pasadena Homeowner, Single family residence, Senior Citizen, and Disabled. Upon qualification all services are free.

**These documents must be submitted with your application: Income verification is needed for applicant and members of household. All documents must be submitted with application to complete the application process:**

1. If a 1040 (Income tax return) was filed; a signed copy is required. **Please be advised if the copies of the Income tax return forms are not signed they are not considered valid.** Please attach only signed copies of the Income tax return forms.
2. If Social Security is received. Verification of Social Security benefits is required. You may obtain a benefit statement from the Social Security office.
3. If retirement income is received, and a 1040 was not filed to reflect the retirement income, verification of the retirement benefit is needed.



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4. If AFDC is received, verification is needed.
5. If unemployment was/is received, verification is needed.
6. If an adult child is living in the home, income verification for the adult child is necessary. If the adult child does not receive or have an income. A notarized statement from a notary republic is necessary. Stating the adult child does not have income and the applicant does not receive monies from the adult child to contribute to the household.
7. A copy of the Deed / Deed of Trust of home is needed to verify property ownership. If a spouse is listed on the Deed of Trust, and the spouse is deceased, a copy of the death certificate is needed.

**Please mail applications with the above listed documents to:**

Maintenance Assistance and Services to Homeowners - MASH  
175 N. Garfield Ave.  
Pasadena, CA 91101-1704