



Handyman Service Application

Applicant Information

Full Name: _____
Last First M.I.
Address: _____
Street Address Unit #
City State ZIP Code
Home Phone: () Cell Phone: ()

Description of Service Requested

Income / Ownership / Age OR Disability Verification

I confirm that I am 62 years old or older or that I qualify as "disabled" according to Federal guidelines.

Verification Type Attached or Viewed: _____

I confirm that I am the owner and occupant of this residence.

Verification Type Attached or Viewed: _____

Race/Ethnicity

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. This information is requested expressly for grant funding reporting purposes and is reported in aggregate, separate from your identifying information.

Racial Group

White/Caucasian
American Indian/Alaskan
Asian & White
Other/Multi-Racial

Black/African American
Native Hawaiian/Pacific Islander
Black/African American & White

Asian
American Indian/Alaskan Native & White
American Indian/Alaskan Native & Black

Ethnic Group

Hispanic and/or Latino Not Hispanic and/or Latino

I confirm that the information listed above is true: _____

Service Contact Information

Salt Lake City Housing Division
451 S. State Street, Room 445
P.O. Box 145487
Salt Lake City, UT 84114-5487

Telephone: (801) 535-7228
Fax: (801) 535-6269
Website: <http://www.slcgov.com/hand>



Handyman Prequalification Checklist

Applicant Name: _____

Applicant Address: _____

Number of household occupants: _____

Occupant 1

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Occupant 2

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Occupant 3

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Occupant 4

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Occupant 5

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Occupant 6

Name: _____

Age: _____

Income: _____

Source: _____

Source 2: _____

Source 3: _____

Documents Required:

For Social Security and SSDI:

For Pension:

For Annuity:

For Retirement Account

Distributions:

For Wages:

Copy of Annual Award Letter

Copy of Annual Award Letter

Copy of statement of award or two months
bank statements showing deposits

Copy of prior year tax returns showing taxable
disbursements

Copies of check stubs for most recent one
month