



City of Torrance, Community Services Department

Application for Home Improvement Program

Applicant: _____ _____ M / F
(Full Name) (Age) (Gender)

Telephone: (home) _____ (cell) _____

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*:

Prior year's wages and salaries: \$ _____ mo/yr

Social Security: \$ _____ mo/yr

Other*: (pension, welfare, County aid, etc.) \$ _____ mo/yr

*Please describe: _____

Total: \$ _____ mo/yr

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

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)

HUD INCOME LIMIT GUIDELINES FY 2024/2025

HOUSEHOLD SIZE	INCOME LIMIT	HOUSEHOLD SIZE	INCOME LIMIT
1	\$48,550	5	\$74,900
2	\$55,450	6	\$80,450
3	\$62,400	7	\$86,000
4	\$69,350	8	\$91,500

Submit completed applications with proof of income and proof of ownership via email to:

HIP@TorranceCA.Gov or via US postal to:

Community Services Department
 Attn: Home Improvement Program
 3031 Torrance Blvd.
 Torrance, CA 90503

For more information
 call: (310) 618-2931