

Dear Burbank Resident,

Supporters of Senior Services offers a special opportunity for low-income residents who are 55 year old or older and own their own home. This packet includes instructions and income guidelines for our Senior Services Safety Grab Bar program.

To apply, please complete this application . Attach **COPIES** of all appropriate statements, letter, or other information for each household member to document household income. All information is kept strictly confidential. At a minimum, supporting documentation shall include a copy the following for each household member:

- Tax returns (most recent year filed)
- Two months of recent bank statements (all pages)
- Water and Power Lifeline Program Customer (provide eligibility)

Your combined household income must be at or below the income levels listed below to qualify for this program:

<u>Household size</u>	<u>Income level</u>
One Person	\$57,700
Two People	\$64,900
Three People	\$72,100
Four People	\$77,900
Five People	\$83,650
Six People	\$89,450
Seven People	\$95,200
Eight or More People	\$100,950

Failure to send in copies of appropriate documentation of your **combined** household income **WITH** your completed application will delay processing and may disqualify the household from consideration. Please allow 6-8 weeks for processing of applications, and if you have any questions, please call us at 818-238-5353. Please mail your completed application and copies of combined household income to:

Supporters of Senior Services/ Joslyn Center
P. O. Box 6459
Burbank, CA 91510

RESIDENT NAME _____
(Please Print)

ADDRESS _____

LAST 4 OF SOCIAL SECURITY NUMBER: _____ DRIVERS' LICENSE NUMBER : _____ STATE: _____

OTHER LEGAL NAMES USED: _____

RESIDENT SIGNATURE: _____ DATE: _____

APPLICATION PREPARED BY: _____ RELATIONSHIP: _____
(if other than resident)

SIGNATURE: _____ DATE: _____ PHONE: _____

I DO CERTIFY THAT ALL INFORMATION ABOVE ABOUT ME OR MY HOUSEHOLD MEMBERS IS TRUE AND CORRECT.

**Burbank Supporters of Senior Services
APPLICATION FOR SAFETY GRAB BAR PROGRAM**

LAST NAME	FIRST NAME
ADDRESS:	ZIP:
HOME PHONE:	CELL PHONE:
EMAIL:	

List all household members: (if more space needed, please complete on back)

HOUSEHOLD MEMBER NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH Month/Day/Year
	SELF	

What is your monthly mortgage payment? \$ _____ . If none, please explain why.

Total household income: \$ _____ .

Disclaimer: Area of installation must be in safe, workable and clean condition to enable the job completion. Services can be denied if the condition above is not met.