

City of Paramount Home Improvement Program 562-220-2036 planning@paramountcity.com

PROGRAM INTEREST QUESTIONNAIRE

Please complete the following so that we may place you on the wait list.

Resident(s) (value(s)	Etilali Address
Address of Property	Phone Number (Day)
Are you the legal owner of the property listed above?	Are you a permanent full-time resident of this property?
Household Size (all people living in the residence):	Estimated Gross Household Income:
Please supply a detailed list of all repairs you are seeking to have completed	under this program.
REPAIRS REQUESTED	
Resident Signature	Date

PLEASE NOTE THIS IS NOT AN APPLICATION TO PARTICIPATE.

PLEASE RETURN THIS COMPLETED FORM TO THE <u>PLANNING DEPARTMENT</u> AT CITY HALL (16400 COLORADO AVE.)

OR BY EMAIL AT planning@paramountcity.com