



Organization Information

CEO Lorraine Cochran-Johnson, DeKalb County, Georgia
Address: 1300 Commerce Drive, Decatur, Georgia 30030
Website: Dekalbcountyga.gov
Office: (404) 371-4907 Email: CJJohnson2@dekalbcountyga.gov



Organization Information

Good Hands Handyman Non-Profit
Address: 845 Main Street, Stone Mountain, Georgia 30083
Website: GoodHandsHandyman.org
Federal IRS EIN Nonprofit #: 94-3464788 (since 05/2015)
Office: (678) 935-9505 Cell: (678) 687-2373
Email: GoodHandsKnight@gmail.com

**Good Homes Homelife Program
Income Qualification Form**

Resident Information

Last Name: _____ First Name: _____ M.I.: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Resident Eligibility Requirements

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Low-income Limits	\$42,700.00	\$48,800.00	\$54,900.00	\$60,950.00	\$65,850.00	\$70,750.00

Property Eligibility Requirements

- The Resident must live within DeKalb County, Georgia, jurisdiction. Residents living outside of DeKalb County, Georgia, are not eligible.

Resident's (Annual) Income: _____ No. in Resident's Household: _____

I agree and understand all of the qualifications above. I confirm the information is accurate.

Printed Name of Resident

Signature of Resident

____/____/____
Date



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**Good Homes Homelife Program
Item Request Form**

Resident Information

Last Name: _____ First Name: _____ M.I.: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Item Information

****Only necessities for the household can be requested. Good Hands Handyman will supply residents with the requested items deemed necessary.*

Item	Replace	New
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

Program Conditions

Review the following information and initial to confirm your understanding.

_____ I understand that this request form is valid for 90 Days.

_____ I understand that I will be supplied with necessities ONLY.

_____ I understand Good Hands Handyman Nonprofit will contact me when my order is fulfilled.

By signing, I confirm that all information is complete and accurate

Printed Name of Resident Signature of Resident _____ / /
Date