



BEAUTIFICATION PROGRAM APPLICATION

A. Type of Grant Applying for:	Date: _____
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\$15,000 Rehab Single Family and Duplex (70% of construction cost for Absentee Landlord)
 \$10,000 Condo
 \$10,000 MobileHome
 \$25,000 Substandard
 \$2,500 Emergency

B. Applicant information:

Applicant Name: _____

Is applicant (check all that apply)
 Tenant
 Property Owner
 City of Hawaiian Gardens Employee

Home phone number: _____ Cell or other number: _____

Email Address: _____

C. Property to be rehabilitated information:

Address: _____

Is property (check all that apply)
 Single Family Dwelling
 Duplex
 Condo unit
 Mobile Home
 Rental Unit
 Owner-Occupied

Year built: _____

Does property owner own more than three (3) properties within the City of Hawaiian Gardens? Yes No

Has the property previously received any rehabilitation assistance from the City before? Yes No

If yes, what type of assistance was received (i.e. Security Bar Removal Program, White Picket Fence, Habitat for Humanity, Solar Grid program and/or City Beautification Program) _____

How did you hear about the Beautification Program? _____

D. Applicant's income information:

Please list below all persons residing at the property, including the applicant. Include all household income information except for minors or members under 18 years old.

	<u>Name</u>	<u>Age</u>	<u>Relationship to applicant</u>	<u>Income (source)</u>	<u>Gross Income Amount</u>
(1)	_____	_____	Self	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____
(7)	_____	_____	_____	_____	_____
(8)	_____	_____	_____	_____	_____
(9)	_____	_____	_____	_____	_____
Total Annual Gross Income for Household:				\$	_____

E. Rehabilitation work information:

BRIEFLY DESCRIBE THE REHABILITATION WORK YOU WANT TO ACCOMPLISH

F. Acknowledgement:

I, the undersigned, understand that I must comply with the City of Hawaiian Gardens requirements in order to be eligible to receive financial assistance under the Beautification Program. Applicants interested in applying for financial assistance under the Beautification Program and whose property have illegal structures and cannot be permitted must be demolished in order to bring properties into compliance. Applicants who withdraw from the program because of code violations will be referred to Code Enforcement to ensure compliance.

Applicant Signature

Printed Name of Applicant

Date

For your reference, please see below 2019 State Income Limits:

	Number of Persons in the household							
	1	2	3	4	5	6	7	8
Extremely Low 30%	\$21,950	\$25,050	\$28,200	\$31,300	\$33,850	\$36,350	\$39,010	\$43,430
Very Low 50%	\$36,550	\$41,800	\$47,000	\$52,200	\$56,400	\$60,600	\$64,750	\$68,950
Median Income	\$51,150	\$58,500	\$65,800	\$73,100	\$78,950	\$84,800	\$90,650	\$96,500
Low 80%	\$58,450	\$66,800	\$75,150	\$83,500	\$90,200	\$96,900	\$103,550	\$110,250

Please complete and return application to:

**City of Hawaiian Gardens
 Community Development Department
 Attn: Celina Estrada, Admin Tech
 21815 Pioneer Blvd., Hawaiian Gardens, CA 90716
 Any questions, please call (562) 420-2641 x 248 or x204**