



City of Hawaiian Gardens Public Housing Authority

BEAUTIFICATION PROGRAM APPLICATION

A. Type of Grant Applying for:		Date: _____	
<input type="checkbox"/> \$15,000 Rehab (70% of construction cost for Absentee Landlord)	<input type="checkbox"/> \$7,000 Mobile Home	<input type="checkbox"/> \$2,500 Emergency Grant	<input type="checkbox"/> \$25,000 Substandard

B. Applicant information:			
Applicant Name: _____			
Is applicant (check all that apply)	<input type="checkbox"/> Tenant	<input type="checkbox"/> Property Owner	<input type="checkbox"/> 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)	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condo unit	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Rental Unit	<input type="checkbox"/> Owner-Occupied	Year built: _____	
Does property owner own more than three (3) properties within the City of Hawaiian Gardens?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property previously received any rehabilitation assistance from the City before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of assistance was received (i.e. 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 Public Housing Authority Beautification Program. Applicants interested in applying for financial assistance under the Public Housing Authority 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

Please complete and return application to:

**City of Hawaiian Gardens
Community Development Department
Attn: Huong Ly, Housing Rehabilitation Coordinator
21815 Pioneer Blvd., Hawaiian Gardens, CA 90716
(562) 420-2641 Ext 248 or Ext 204**