



City of Hawaiian Gardens Public Housing Authority

BEAUTIFICATION PROGRAM APPLICATION

A. Type of Grant Applying for: _____ **Date:** _____

\$15,000 Rehab (70% of construction cost for Absentee Landlord) \$7,000 Mobile Home \$2,500 Emergency \$25,000 Substandard

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. 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

For your reference, please see below 2018 State Income Limits:

Number of Persons in the household

	1	2	3	4	5	6	7	8
Extremely low 30%	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,700	\$36,050	\$38,350
Low 50%	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000
60% Limit	\$40,740	\$46,560	\$52,380	\$58,140	\$62,820	\$67,500	\$72,120	\$76,800
Moderate 80%	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300

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**