



CITY OF HAWAIIAN GARDENS
PUBLIC HOUSING AUTHORITY
COMMUNITY DEVELOPMENT DEPARTMENT
BEAUTIFICATION PROGRAM
MOBILE HOME APPLICATION

\$7,000 Rehab Grant

Emergency Grant up to \$2,500

Applicant Name:

Property Address: Street City State Zip Code

Home Phone Number: Cell or other No:

Email Address:

OWNERSHIP AND PROPERTY INFORMATION:

Table with 4 columns: IS APPLICANT (check all that apply), Tenant, Property Owner, City of Hawaiian Gardens Employee.

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, CDBG, and/or City Beautification - Emergency Assistance) and dates?

Please list below all persons residing at the property (including the owner(s)). All income for all Household members (except minors, members under 18 years old) must be included.

Table with 5 columns: Name, Age, Relationship to owner, Income (sources), Gross Income Amount. Rows 1-8.

Total Annual Gross Income for Household: \$

Are you receiving income from any of these sources?

Social Security Aid to Blind Social Security SSI Aid to totally Disabled

AFDC Combination Other

Is the Head of Household: Handicapped Disabled?

**REHABILITATION WORK INFORMATION:**

BRIEFLY DESCRIBE THE REHABILITATION WORK YOU WANT TO ACCOMPLISH:

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**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.**

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

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 x237**