

## APPLICATION DOCUMENTATION

As part of this application, you must attach **copies** of the following documents:

**1. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS**

*Latest income tax return, Social Security/SSI checks (recent bank statement if direct deposit), Disability, Welfare, Retirement/Pension/Annuity, rental income, personal gifts of monies.*

*Documents showing interest on last year's savings and/or dividends on stocks and bonds.*

**2. PROOF OF PROPERTY OWNERSHIP**

*Trust Deed (property tax bill accepted only if deed is unobtainable). For mobile homes, a copy of the pink slip or State HCD ownership "Certificate of Title" must be provided.*

**3. PROOF OF HOMEOWNERS INSURANCE**

*Copy of current homeowners insurance policy.*

If you have any questions, check with the Home Improvement Coordinator at 217-9572.

Mail the completed application, along with the **copies** of the above documentation to:

City of Gardena  
Home Improvement Program  
1717 W. 162<sup>nd</sup> St.  
Gardena, CA 90247

City of Gardena Residential Rebate Program

Conditions of Participation

In connection with my application to participate in the City of Gardena’s Home Improvement Program, and in order to be eligible for the program services and financial rebate, I agree to the following conditions of participation:

- 1. Homeowner(s) will complete application, submit home ownership, copy of homeowner’s insurance policy, and income verification to staff.
- 2. Home Improvement Coordinator will contact homeowner to finalize scope of work to be done; and conduct historic and lead paint review.
- 3. Homeowner will complete job within three (3) months of application approval, unless extended by the Home Improvement Coordinator.
- 4. Homeowner will obtain three (3) written bids/estimates for each type of contractor work to be done and submit them to the City for approval. Do not sign bids prior to approval by City.
- 5. Selected contractor(s) must be licensed by the State of California, must provide proof of liability and workers compensation insurance, proper bonding, and must have a City of Gardena Business license. If the contractor does not have liability insurance, the homeowner must carry homeowner’s insurance.
- 6. If City building permit is required, contractor, not homeowner will obtain permit.
- 7. Contractor will proceed with work only after City issues “Notice to Proceed.”
- 8. When work is completed, Home Improvement Coordinator will verify rehabilitation.
- 9. Homeowner will not pay contractor until Home Improvement Coordinator and, if applicable building inspector, inspect all work and approve payment.
- 10. The homeowner understands and agrees all repairs are based only on ADA Health & Safety Code Violations. Requests for updating décor or cosmetic repairs are not allowed under program guidelines
- 11. Homeowner will obtain receipts and labor and material releases (Unconditional Wavier and Release) from the contractor at the time of payment for the work.
- 12. Homeowner will submit receipts and Unconditional Wavier and Release to Home Improvement Coordinator. If code work is done, a copy of the signed-off permit must also be included.
- 13. Upon City Council approval, rebate check is drawn and disbursed (approximately four to six weeks).
- 14. Homeowner hereby certifies that residence and occupancy will continue at said address for three (3) years following completion of repair project.
- 15. Homeowner understands and agrees that the City’s participation in the construction or the disbursement of funds contemplated in conjunction therewith are solely for the benefit of the homeowner and the City assumes no responsibility or liability to the homeowner or any other party for any action or failure of any contractor or other third party and in no way guarantees any of the work to be done or material to supplied.
- 16. Homeowner further agrees to hold the City harmless from and indemnify the City for and against any and all claims which may be brought or raised against the City or any of its officers, representatives, agents or agencies by the homeowner or any third parties pursuant to or in any way associated with or alleged to be associated with my rehabilitation project.
- 17. Homeowner understands that The City of Gardena has the right to disqualify a participant from future use of the Rebate Program, if any of the conditions listed above is violated. The program may be used by qualified residents but not to exceed the maximum amount of \$3,000 dollars.

Date:\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\*Signatures of all legal owners required  
03/19



CITY OF GARDENA  
Public Works Department  
1717 West 162nd Street  
Gardena, CA 90247  
(310) 217-9568

## APPLICATION FOR RESIDENTIAL REBATE PROGRAM

1. Name of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

2. Property Address: \_\_\_\_\_

3. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

4. Total Number of Related Persons in Household (including yourself): \_\_\_\_\_

List household members other than yourself:

| <u>Name</u> | <u>Age</u> | <u>Income</u> |
|-------------|------------|---------------|
| _____       | _____      | \$ _____      |
| _____       | _____      | \$ _____      |
| _____       | _____      | \$ _____      |

5. Total Annual Household Income: \_\_\_\_\_ (Latest income tax return will be required).

- |   |  |
|---|--|
| a. Last year's wages and/or Salaries \$ _____ | f. Rental Income \$ _____                      |
| b. Social Security \$ _____                   | g. Pension and/or Retirement Benefits \$ _____ |
| c. Supplemental Security _____                | h. Welfare and/or County Aid \$ _____          |
| d. Interest on Savings \$ _____               | i. Disability Insurance \$ _____               |
| e. Dividends from Stocks & Bonds \$ _____     | j. From Family \$ _____                        |

Other Source(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. How long have you owned the proposed property to be improved? \_\_\_\_\_ Years: \_\_\_\_\_

7. Is there a mortgage? \_\_\_\_\_

### 8. THE QUESTIONS IN THIS BOX PERTAIN TO THE HEAD OF HOUSEHOLD

Name (if same as Homeowner, write "same"): \_\_\_\_\_

Age: \_\_\_\_\_ ( ) Male \_\_\_\_\_ ( ) Female \_\_\_\_\_

( ) White ( ) American Indian or Alaska Native AND White

( ) Black/African American ( ) Asian AND White

( ) Asian ( ) Black/African American AND White

( ) American Indian or Alaska Native ( ) American Indian/Alaska Native AND Black/African American

( ) Native Hawaiian or Other Pacific Islander ( ) Other: \_\_\_\_\_

**HISPANIC/LATINO ETHNICITY** ( ) Yes ( ) No

( ) Yes, Mexican/Chicano ( ) Yes, Cuban

( ) Yes, Puerto Rican ( ) Yes, Other Hispanic/Latino: \_\_\_\_\_

Is anyone in your household physically handicapped or disabled? ( ) Yes ( ) No

If yes, explain handicap: \_\_\_\_\_

9. Briefly list improvements you wish done: \_\_\_\_\_

10. Estimate of Total Cost: \_\_\_\_\_

### IMPORTANT

Do not begin any work to be approved under this program without written authorization from the City.

I herby certify that all above information is complete, accurate, and true.

I understand that this information is subject to verification by authorized government officials.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner