



2024 RENTAL ASSISTANCE PROGRAM APPLICATION

RENTAL ASSISTANCE PROGRAM DETAILS

The City of Gardena has developed a Rental Assistance Program (“Program”) to assist those experiencing financial hardships that are preventing them from paying their rent. This assistance is made possible by the State’s PLHA (Permanent Local Housing Allocation) Program and the Los Angeles County Development Authority (LACDA). Specifically, this program will assist Gardena residents undergoing financial hardship due to job loss and/or reduction in wages; including those that are experiencing homelessness.

CITY OF GARDENA RENTAL ASSISTANCE PROGRAM DETAILS

- For qualified applicants, the program will provide coverage for a minimum of six (6) months at a rate of 50% coverage for the first three months, then 25% coverage for the other three months. Percentages may be adjusted to not exceed 10K but provide six (6) months of assistance.
- Applicants must be able to contribute 50% or more of their total monthly income towards rent.
- The total maximum amount per applicant for six months cannot exceed \$10,000.
- This is a one-time payment (not-to-exceed six months of rent) and this payment will be made directly to the landlord or property management company.

ELIGIBLE APPLICANTS

- The applicant must reside or will reside within the jurisdiction of the City of Gardena.
- The applicant must be a tenant named on the rental agreement.
- The applicant must have a social security number or ITIN.
- The applicant’s gross household income cannot exceed 30% of the Los Angeles County Median Income, as published by the Department of Housing and Urban Development.
- Complete application and submit all required documents.
- Landlord/Property Manager must complete Program Form and submit a W-9 form & Business License.

| HH Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------|----------|----------|----------|----------|----------|----------|----------|----------|
| 30% AMI | \$29,150 | \$33,300 | \$37,450 | \$41,600 | \$44,950 | \$48,300 | \$51,600 | \$54,950 |

2024 HUD Income Limits for Los Angeles County

*Please refer to HUD website for the most current income levels <https://www.huduser.gov/portal/datasets/il.html>

Applications will only be accepted if they are complete and have all supporting documentation attached. Completed applications must be dropped off in person at the Human Services Building beginning Monday, August 12, 2024 at 12 PM. Applications will be reviewed in the order they are received.

| | |
|---|---|
| For application assistance prior to submission date visit the Human Services Building | |
| Monday- Friday 9 AM- 4 PM | 1651 W. 162nd Street Gardena CA 90247 |
| For application assistance, please contact the Human Services Division to schedule an appointment | (310) 217-9574 |

REQUIRED APPLICATION SUPPORT DOCUMENTATION

Residents will be required to complete an application and all supporting documents to be eligible. Residents without internet access or those requiring special assistance in completing the application, may request assistance from the City.

| TENANT REQUIRED DOCUMENTS |
|---|
| <p>1. Proof of Identity:</p> <ul style="list-style-type: none"> • Valid California driver's license or identification card of Head of Household (Applicant) and Co-Applicant. • Social Security Number Card or Individual Taxpayer Identification Number (ITIN) |
| <p>2. Proof of Taxes</p> <ul style="list-style-type: none"> • Federal Tax Returns: Copies of the most recent (2022 to present) • W-2 Forms: Copies of W-2 forms for each employer from 2022 to present • Copies of social security card(s) or birth certificate(s) of minors that are NOT included on any household member federal income tax return. • All household members 18 years or older: Copy of first page of federal income tax return if not on Head of Household Income Tax Return. |
| <p>3. Proof of Income</p> <ul style="list-style-type: none"> • Self-Employed Applicants: <ul style="list-style-type: none"> ○ 12-month recent consecutive business bank statements. ○ Copies of the most recent (2022 to present) business Tax Return. • Currently Employed & Unemployed Household Members: <ul style="list-style-type: none"> ○ One month of your most recent paystubs for employed. ○ Last paystubs (covering 1 month) for unemployed. • EDD Notification of Unemployment Insurance Award <ul style="list-style-type: none"> ○ Showing name, date of claim, benefit amount, quarterly wages, and last employer. • Employed/Unemployed Household Members: <ul style="list-style-type: none"> ○ Employer furlough, layoff letter or EDD Notice Unemployment Insurance Claim Filed. |
| <p>4. Bank Statement</p> <ul style="list-style-type: none"> • Current six (6) months of bank statements from all bank accounts: checking, savings, CDs, stocks, bonds, 401k, IRA, etc. <ul style="list-style-type: none"> ○ Provide all pages of your statements. |
| <p>5. Proof of Residency</p> <ul style="list-style-type: none"> • Rent/Lease agreement showing applicant name, address, and amount of rent (All pages and signed.) |
| <p>6. One form of Proof of Outstanding Expenses such as:</p> <ul style="list-style-type: none"> • Any late fees incurred as a result of landlord not being able to make payments for any of the allowable utility and upkeep/maintenance costs outlined above. • Current utility bill(s) documenting overdue balance for gas, electric, water, and/or waste removal from companies including, but not limited to, Southern California Edison, Southern California Gas Company, & Golden State Water. • Medical/Hospital bills that are outstanding. |
| <p>7. Other Eligible Documents</p> <ul style="list-style-type: none"> • College or Trade School Enrollment Verification: must be enrolled as a full-time student. |

HOMELESS APPLICANTS REQUIRED DOCUMENTS

Provide the tenant required documents if applicable, in addition to:

1. Individuals experiencing homelessness in Gardena or in SPA 8 are eligible to apply for the program while abiding to the eligibility requirements, the unit they intend to apply for must be in the City of Gardena.
2. Individuals that are experiencing homelessness are able to apply by submitting the available documents from Section III B, however, if they cannot provide those documents, they are required to show proof that they are experiencing homelessness by providing the following:
 - Verification from a Homeless Services Provider that they are currently working with.
 - Los Angeles Continuum of Care Homeless Verification Form.
 - The unit they would be applying for must meet Eligibility Requirements as per Section II A, once they have a rental agreement.
3. The program will additionally cover first and last rent, up to \$2,500. The total maximum amount per qualifying homeless applicant cannot exceed \$12,500.

CITY OF GARDENA RENTAL ASSISTANCE APPLICATION

| APPLICANT INFORMATION | |
|--|-----------------------|
| Primary Applicant First & Last Name: | |
| Co-Applicant First & Last Name: | |
| Address: | |
| City: GARDENA | State: CA ZIP: |
| E-Mail: | |
| Cell Phone: | Additional Phone: |
| Are you an employee, agent, consultant, elected official or appointed official of the City of Gardena or an immediate family member to someone who is? | |
| Yes | No |
| If Yes, Who? | |

| HOUSEHOLD INFORMATION | | | |
|--|---------------|-----|---|
| Household Size: | | | |
| Please list ALL individuals, related and unrelated, currently living in the home (adults and children). The number should coincide with the household size listed above. Household chart must be completed in its entirety. Do not leave any blank spaces or it will be considered incomplete. | | | |
| Name | Date of Birth | Age | I am able to submit copies of our SSN, ITIN or Birth Certificates for all members (Yes or No) |
| 1. | | | Yes No |
| 2. | | | Yes No |
| 3. | | | Yes No |
| 4. | | | Yes No |
| 5. | | | Yes No |
| 6. | | | Yes No |
| 7. | | | Yes No |
| 8. | | | Yes No |

Attach additional sheets with information if more room is needed.

HOUSEHOLD INCOME

All adults (18 yrs +) must submit proof of income or provide a signed income self-certification (enclosed) explaining the reason why they are unable to submit their proof of income and the amount of income they are receiving. Total household (all persons that live in the house) yearly income from all sources is:

What is the current yearly household income?

\$

Note: Household income is defined as the income of all the people who occupy a housing unit. A household includes the related members AND all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

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Household income chart must be completed in its entirety. Do not leave any blank spaces or it will be considered incomplete. Use a separate line for each source of income for each adult.

| Adult Name | Occupation | List all sources of income | Frequency (weekly, monthly annually) | Annual Amount |
|------------|------------|----------------------------|--------------------------------------|---------------|
| 1. | | | | \$ |
| 2. | | | | \$ |
| 3. | | | | \$ |
| 4. | | | | \$ |
| 5. | | | | \$ |
| 6. | | | | \$ |
| 7. | | | | \$ |
| 8. | | | | \$ |

Attach additional sheets with information if more room is needed.

| ETHNICITY | | |
|---|------------------------|---|
| Select any one out of the single-race OR Multi-race. NOTE: Ethnicity and Race information collected is federally mandated for reporting purposes and is kept strictly confidential. | | |
| Do you identify as Latino/a or Hispanic? | Yes | No |
| Single Race Category: Caucasian Asian African American Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native | | |
| Multi-Race Category: American Indian or Alaskan Native & Caucasian American Indian or Alaskan Native & African American Asian & White African American & White Other multi-race (ONLY if none of the above categories identifies you) | | |
| ASSISTANCE REQUESTED | | |
| I am seeking assistance as: | A tenant | Currently homeless and applying for housing |
| Monthly rent amount | \$ | |
| Additional assistance: Food Pantry Services | Yes | No |
| RENTAL INFORMATION | | |
| Name Rental Company or Landlord: | | |
| Rental Company or Landlord Address: | | |
| Rental Company or Landlord Phone & Email: | | |
| Are you behind in your payments? | Yes | No |
| SIGNATURE | | |
| I/WE, Certify that the information provided in this application is true and correct to the best of my/our knowledge and belief, and if fraud is proven, I will repay funds spent on my/our behalf. | | |
| Certify that all documents deemed necessary to substantiate my eligibility is subject to review and verification by the City of Gardena. | | |
| APPLICANT(S) NAME | APPLICANT(S) SIGNATURE | |
| 1. | 1. | |
| 2. | 2. | |
| Date: | | |