



## 2025-26 RENTAL ASSISTANCE PROGRAM OVERVIEW AND APPLICATION

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.

### PROGRAM OVERVIEW

- For qualified applicants, the program will provide rental assistance for a six (6) month period at a rate of 50% for the first three months, then 25% for the remaining three months.
- Applicant's total monthly income must show ability to cover at least 50% of the monthly rent.
- The total maximum amount per applicant for six months cannot exceed \$10,000.
- Payments will be made directly to the landlord or property management company.
- Additional program information is outlined in the 2025-26 Rental Assistance Program Guidelines.

### ELIGIBLE APPLICANTS

- Applicant must reside within the jurisdiction of the City of Gardena and
- Applicant must be a tenant named on the rental agreement.
- Applicant must have a social security number or ITIN.
- 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.
- Applicant must complete an application and submit all required documents.
  - Applicant's Landlord/Property Management Company must have a current Gardena Business License and complete all required documents.
  - Applicants approved for the 2024 Rental Assistance Program must be deemed eligible based on the new requirements.
  - Homeless applicants:
    - Individuals experiencing homelessness in Gardena or in Service Planning Area (SPA) 8 (<http://publichealth.lacounty.gov/chs/SPA8/index.htm>) are eligible to apply.
    - The unit they intend to apply for must be within the jurisdiction of the City of Gardena.
    - The program will additionally cover security deposit up to \$2,500. The total maximum amount per qualifying homeless applicant cannot exceed \$12,500.

Applicants are required to complete a City of Gardena Rental Assistance Application **AND** submit all supporting documents listed below. Applicants without internet access or those requiring special assistance in completing the application may request assistance from Human Services Division staff. Applications will only be accepted if they are complete and have all supporting documentation attached. Completed applications must be submitted in person at the Human Services Building by the date and time designated on the most current flyer. Completed applications will be processed in a timely manner and priority given to the applicants with the greatest demonstrated need.

For application assistance, please make an appointment with the **Human Services Division** prior to the submission date **by calling (310) 217-9574**. Appointments are available Monday - Friday 9 AM - 4 PM in our offices located at 1651 W. 162<sup>nd</sup> Street Gardena, CA 90247

## REQUIRED APPLICATION SUPPORT DOCUMENTATION

### APPLICANT REQUIRED DOCUMENTS

All individuals listed on the lease are considered applicants and must be listed on the application and provide required documents.

#### 1. Proof of Identity:

- Valid California driver's license or identification card of Head of Household
- Social Security Number Card (If SSN not listed on Tax Return) OR Individual Taxpayer Identification Number (ITIN).

#### 2. Proof of Individual Tax Returns and Household Size

- Federal Tax Returns: Copies of the last two years (if applying in 2025, 2023 and 2024 taxes).
  - For all household members 18 years or older: Copy of first page of federal income tax return if not listed on Head of Household Income Tax Return.
- W-2 Forms: Copies of W-2 forms for each employer from the last 24 months.
- Copies of social security card(s) or birth certificate(s) of minors that are NOT included on any household member federal income tax return.

#### 3. Proof of Income

Applicants must submit current proof of all income received by all household members over 18 years of age for the most recent month, such as paycheck stubs, unemployment, disability, social security, workers compensation, Los Angeles County Benefits: General Relief or CAL-Works, child support, and self-employed documents. Employed applicants must submit check stubs covering the span of the previous month. For other circumstances submit the following:

- Self-Employed Applicants:
  - 12 months of most recent consecutive business bank statements.
  - Copies of the two most recent business Tax Returns.
- Unemployed Household Members (all that apply):
  - Last paystubs received (covering 1 month).
  - EDD Notification of Unemployment Insurance Award showing name, date of claim, benefit amount, quarterly wages, and last employer.
  - Employer furlough, layoff letter, or EDD Notice Unemployment Insurance Claim Filed.

#### 4. Proof of Banking Services for all accounts of all household members over 18 years of age

- Current six (6) months of bank statements from all bank accounts: checking, savings, CDs, stocks, bonds, 401k, IRA, etc. (all pages must be provided).
- Current previous six (6) months of peer-to-peer payment app statements: including but not limited to: Zelle, Venmo, Chime, Cash App, PayPal, etc.
- If applicants have no bank account, applicants must provide proof of how rent and utilities are paid (money order, cashier's check, etc.).

#### 5. Proof of Residency

- Current signed rent/lease agreement showing Applicant name, address, and amount of rent (all pages and signed).
- Current rent increase documents (if applicable).
- If the lease lists a tenant that no longer lives at the residence, provide an updated lease or proof the individual lives at a different residence (lease, utility bill, etc.).

**6. Proof of Financial Hardship—Outstanding Expenses/Bills such as:**

- Rent ledger showing outstanding rent or late fees.
- 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.
- 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.
- Medical/Hospital bills that are outstanding.

**7. Other Eligible Documents**

- College or Trade School Enrollment Verification: must be enrolled as a full-time student.

**HOMELESS APPLICANT REQUIREMENTS**

1. Applicants must be experiencing homelessness in Gardena or in Service Planning Area (SPA) 8 (<http://publichealth.lacounty.gov/chs/SPA8/index.htm>).
2. Applicants must submit the available Required Documents listed above. If Applicant cannot provide those documents, they are required to show proof that they are experiencing homelessness by providing one of the following:
  - a. Verification from a Homeless Services Provider that they are currently working with
  - b. Los Angeles Continuum of Care Homeless Verification Form
3. The unit applicant intends to apply for must be within the jurisdiction of the City of Gardena and must meet Landlord/Property Management Company Eligibility Requirements.
4. The program will additionally cover security deposit up to \$2,500. The total maximum amount per qualifying homeless applicant cannot exceed \$12,500.

## CITY OF GARDENA RENTAL ASSISTANCE APPLICATION

*Application must be completed in its entirety and must be typed or printed legibly in blue/black ink.*

I. APPLICANT INFORMATION	
Primary Applicant First & Last Name:	
Secondary Applicant First & Last Name:	
Address:	
City: <b>GARDENA</b>	State: <b>CA</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who?	

II. HOUSEHOLD SIZE			
List ALL individuals, related and unrelated, currently living in the home (adults and children). The number should coincide with the household size listed above.			
Note: Household includes the related members AND all unrelated persons, 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.			
Name	Date of Birth	Age	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Attach additional sheets with information if more room is needed.

**III. HOUSEHOLD INCOME**

Household income is defined as the income of all adults who occupy a housing unit. All adults (18 yrs+) must submit proof of income or provide a signed certification if they have no income (form attached). **Use a separate line for each source of income for each adult. All adults must be listed.**

Adult Name	Occupation (if applicable)	Income Type (employment, child support, etc.)	Frequency (weekly, monthly annually)	Payment Method (check, cash app, etc.)

Attach additional sheets with information if more room is needed.

**2025 HUD Income Limits for Los Angeles County**

HH Size	1	2	3	4	5	6	7	8
<b>30% AMI</b>	<b>\$31,850</b>	<b>\$36,400</b>	<b>\$40,950</b>	<b>\$45,450</b>	<b>\$49,100</b>	<b>\$52,750</b>	<b>\$56,400</b>	<b>\$60,000</b>

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

Definition of Income:

Household income is the gross annual income (before any deductions) of all adult household members, including non-related persons, that is projected to be received during the coming 12-month period. The 12-month period begins the month the application is submitted. Income of minors and live-in aides are excluded. Income includes, but is not limited to, salaries and wages, social security, pension, disability and unemployment benefits (federal pandemic unemployment benefits are not considered a benefit), asset income, etc. Refer to Attachment A, Exhibit 5-1 from the HUD Occupancy Handbook, for a guide on what incomes are counted and what incomes are excluded.

**IV. BANK ACCOUNTS AND PEER-TO-PEER (P2P) PAYMENT APPS**

List banking services for ALL accounts of ALL household members over 18 years of age. Include all bank accounts of all household members of 18 years of age: checking, savings, CDs, stocks, bonds, 401k, IRA, etc., AND all P2P payment apps used by household members over 18 years of age including but not limited to: Zelle, Venmo, Chime, Cash App, PayPal, etc.

Account Owner(s)	Bank / Payment App	Type of Account (e.g. Checking, Saving)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Attach additional sheets with information if more room is needed.

**V. FINANCIAL HARDSHIP**

Please select which financial hardship best describes your current household situation.

- ☐ Outstanding rent or late fees
- ☐ Overdue balance for gas, electric, water, and/or waste removal
- ☐ 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.
- ☐ Medical/Hospital bills.
- ☐ Other – describe below

**Other financial hardship not listed above:**

**VI. ETHNICITY**

For Primary Applicant: 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 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)

**VII. ASSISTANCE REQUESTED**

I am seeking assistance as: ☐ A tenant ☐ Currently homeless and applying for housing

Monthly rent amount

\$

Additional assistance: Community Food Pantry Services ☐ Yes ☐ No

**VIII. RENTAL INFORMATION**

Landlord/Property Management Company Name:

Landlord/Property Management Company Address:

Landlord/Property Management Company Phone & Email:

Are you behind on your payments? ☐ Yes ☐ No

**IX. SIGNATURE**

By signing below, I/we,

- Certify that the information provided in this application is true and correct to the best of my/our knowledge and belief.
- Certify that all documents deemed necessary to substantiate eligibility are attached and are subject to review and verification by the City and the Department of Housing and Urban Development
- Acknowledge that if any submitted documents are deemed to have been altered or falsified, the application will be denied.
- Acknowledge that if denied, due to falsified information or including inaccurate information, I/we will be restricted from reapplying for the Rental Assistance Program for a minimum of ninety (90) days from

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the date of denial.

- Acknowledge that if fraud is proven, I/we will be required to repay funds spent on my/our behalf.
- Acknowledge that if my/our application is approved, I am required to attend one financial literacy and/or money management course/workshop by no later than the end of the third month of assistance and submit a certificate of completion in order to continue receiving rental assistance. Resources will be provided.
- Acknowledge that I/we have read, understand, and will comply with the 2025-26 Rental Assistance Program Guidelines, posted on the City of Gardena website.

<b>Primary Applicant Name:</b>	<b>Secondary Applicant Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

### CITY STAFF USE ONLY

Application reviewed and accepted by:	Date Accepted:
Is Applicant Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No