

Neighborhood Improvement HOME IMPROVEMENT REBATE PROGRAM APPLICATION

Property Address _____ Zip Code _____ # of Housing Units _____

Name of Property Owner _____

Mailing Address of Owner _____ State _____ Zip Code _____

Owner Phone #'s: Home _____ Cell _____

¿Desea que se le envíe todos los documentos del programa en español? **Círcule uno: Sí No**

OWNER TENANT/OCCUPANT INFORMATION

UNIT#	M or F HEAD OF HOUSEHOLD	NUMBER IN HOUSEHOLD # OF ELDERLY (65+ YRS) IN HOUSEHOLD	YES or NO CHILDREN 5 OR UNDER IN HOUSEHOLD	ETHNICITY: IF YOU HAVE A MULTICULTURAL HERITAGE PLEASE CHOOSE ONLY TWO						ANNUAL GROSS HOUSEHOLD INCOME	SEE #8 ON REVERSE OF APPLICATION FOR DOCUMENTS TO BE USED FOR VERIFICATION	HEAD OF HOUSEHOLD SIGNATURE
				WHITE/CAUCASIAN	BLACK/AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN OR ALASKA NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	HISPANIC/LATINO			

The following is a list of improvements that may be eligible: (Note: See reverse side for additional information.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Replace Fascia/Trim | <input type="checkbox"/> Replace Garage Door |
| <input type="checkbox"/> New Stucco | <input type="checkbox"/> Rehabilitate Fascia/Trim | <input type="checkbox"/> Rehabilitate Garage Door |
| <input type="checkbox"/> Rehabilitate Stucco | <input type="checkbox"/> Replace Windows | <input type="checkbox"/> Rehabilitate Front Porch |
| <input type="checkbox"/> Replace Front Door | <input type="checkbox"/> Rehabilitate Windows | <input type="checkbox"/> Replace Wood Siding |
| <input type="checkbox"/> Rehabilitate Front Door | <input type="checkbox"/> Rehabilitate Driveway/Walkway | <input type="checkbox"/> Rehabilitate Wood Siding |

Please list proposed improvements: (Only improvements listed can be approved for reimbursement.) _____

How did you hear about the program? _____ Are you a City of Long Beach employee? _____

IMPORTANT: DO NOT PURCHASE ANY MATERIALS OR TAKE ANY ACTION UNTIL YOU RECEIVE A CERTIFICATE OF ELIGIBILITY!

Applicant Certification: I acknowledge and agree to the above eligibility requirements and attached guidelines and certify that all information provided herein is true and complete to the best of my knowledge and belief. Verification will be provided.

Owner (print or type) _____ **Owner Signature** _____ **Date** _____
The above has been signed under penalty for false or fraudulent statement, U.S.C. Title 18, Sec.1001

Co-Owner (print or type) _____ **Co-Owner Signature** _____ **Date** _____
The above has been signed under penalty for false or fraudulent statement, U.S.C. Title 18, Sec.1001

Program Eligibility Guidelines

1. **NOTE: If you have received a rebate for this property in the past, you may be eligible for additional assistance.**
2. **Do not purchase materials or take any action until you receive a Certificate of Eligibility.**
3. Owners of residential properties including single-family, multi-family, rental & owner-occupied housing may be eligible.
4. One Certificate of Eligibility per program will be issued per parcel.
5. Structures must be located within City of Long Beach boundaries and **must be in need of improvement**. (A “before” and “after” picture will be taken.)
6. At least 51% of the property must be used for residential purposes.
7. At least 51% of the residential units must be occupied.
8. **Attach proof of income documentation for tenants / occupants of the property using one or more of the following for each unit:**

<input type="checkbox"/> Paycheck stub	<input type="checkbox"/> Social Security payments (SSA, SSDI)	<input type="checkbox"/> Child Support
<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Trust fund disbursements	<input type="checkbox"/> Alimony/spousal support
<input type="checkbox"/> Veteran’s Administration income	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Periodic payments from trusts
<input type="checkbox"/> GI Bill	<input type="checkbox"/> Disability or Death benefits	<input type="checkbox"/> annuities, inheritance, retirement
<input type="checkbox"/> National Guard/Military income	<input type="checkbox"/> Public Assistance Income (TANF, AFDC,	<input type="checkbox"/> funds, or pensions, insurance
<input type="checkbox"/> W2 form	<input type="checkbox"/> General Relief)	<input type="checkbox"/> policies or lottery winnings
<input type="checkbox"/> Income Tax Statement	<input type="checkbox"/> Student Aid	<input type="checkbox"/> Cash contributions
9. If applicable, owners must have valid, current City business licenses (4+ residential units require a business license).
10. Code violations must be corrected prior to starting any other improvement.
11. **Property owner and /or tenants must NOT have any unresolved code, planning, building or nuisance violations or excessive calls for law enforcement service on other real property owned in whole or in part by owner (including partnerships, trusts, corporations and limited liability companies in which the owner is a member, beneficiary, trustee or officer).**
12. **Submit paint swatch, color sample cards for all the colors for the property, including body, windows and trim with the application for approval. If your house colors will remain the same, you still need to submit the paint swatches. The paint must be Low Volatile Organic Compound (VOC).**
13. **If you are proposing windows, please contact the program coordinator to receive the appropriate form.**
14. **Submit a photograph indicating the proposed front door or garage door to be installed.**
15. All work completed is subject to City review and approval. **Reimbursement requests must be cost reasonable.** Aesthetically unpleasing improvements will not be approved.
16. Work must be completed within three months from the date of issuance of the Certificate of Eligibility.
17. Property owners are required to maintain improvements made under this program.
18. Improvements must meet City building code and permit requirements.
19. Security bars, screen doors and fences are not eligible for reimbursement.
20. Only **approved** exterior property improvements visible from the street are eligible for assistance.
21. **NOTE: Certain improvements that may disturb painted surfaces will require the handyman/contractor to follow the Recommended Lead-Safe Work Practices, a copy of which will be provided to you with your Certificate of Eligibility. In addition, upon completion of work, the City of Long Beach Department of Health and Human Services will perform a “Lead-Based Paint Clearance Test.” Results of this test must be disclosed to all current/future owners and occupants of the property.**



City of Long Beach

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Visit us at longbeach.gov/lbds



This information is available in alternative format by request at 562.570.3807.

For an electronic version of this document, visit our website at longbeach.gov/lbds.