

# CITY OF HAWAIIAN GARDENS REDEVELOPMENT AGENCY COMMERCIAL REHABILITATION PROGRAM APPLICATION

Please complete and return the application to:

**City of Hawaiian Gardens  
Redevelopment Agency  
21815 Pioneer Blvd.  
Hawaiian Gardens, CA 90716**

DATE		
APPLICANT NAME		
SITE ADDRESS TO BE REHABILITATED		
CITY, STATE, ZIP		
APPLICANT IS:	TENANT	PROPERTY OWNER
PHONE NUMBER	(     )	
MAILING ADDRESS		

BRIEFLY DESCRIBE THE REHABILITATION WORK YOU WANT TO ACCOMPLISH:

ROUGH ESTIMATE OF THE ANTICIPATED COST	\$	
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I, the undersigned understand that I must comply with the City and Redevelopment Agency permit requirements in order to be eligible for assistance.

PRINT NAME	
SIGNATURE	