



City of South Gate
Homeowner Rehabilitation Program



HOME OWNER(S) NAME: _____

PROPERTY ADDRESS: _____

HOME TELEPHONE (____) _____ **CELL PHONE** (____) _____

NUMBER OF UNIT(S) ON PROPERTY? 1 UNIT 2 UNITS 3 UNITS 4 UNITS

DO YOU HAVE A HOME MORTGAGE? NO, PAID OFF YES If yes, answer below:

WHAT IS YOUR CURRENT MORTGAGE BALANCE? \$ _____

ARE YOUR PROPERTY TAXES PAID TO DATE? No Yes

DO YOU HAVE HOME INSURANCE? No Yes

DO YOU HAVE ANY LIENS OR EQUITY LINES OF CREDIT AGAINST YOUR PROPERTY?

No Yes If yes, check below all those that apply:

1st Lien/Deed of Trust: Amount \$ _____; 2nd Lien/Deed of Trust: Amount \$ _____

NUMBER OF PERSONS LIVING IN YOUR HOUSEHOLD? Adults _____ Children _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____
(Include income of all adults 18 years of age and over)

HOW MANY HOUSEHOLD MEMBERS, 18 YEARS OF AGE & OVER, ARE ATTENDING COLLEGE
FULLTIME? _____

CERTIFICATION:

I certify by signing this questionnaire, that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance of the Homeowner Rehab Program. I understand that acceptance of this questionnaire by the City of South Gate does not constitute acceptance to the program.

SIGNATURE OF HOMEOWNER: _____ DATE: _____

SIGNATURE OF HOMEOWNER: _____ DATE: _____

Mail, fax, or hand deliver completed form to:

City of South Gate
Community Development
Attn: Home Improvement Program
8650 California Avenue
South Gate, CA 90280
Fax (323) 567-0725

If you have questions, please contact: Haydee Becerra, Management Analyst, at 323-563-9592, hbecerra@sogate.org