



**CITY OF LAWNDALE**  
**COMMERCIAL REHABILITATION PROGRAM**

**GENERAL QUALIFICATIONS AND CONDITIONS**  
**FOR PROGRAM ELIGIBILITY**

1. The intent of the Commercial Rehabilitation Program is to provide an affordable means of financing for the renovation of commercial buildings, commercial structures, and facades surrounding mobile home parks (“Qualified Property”) within the Lawndale Redevelopment Agency Project Area.
2. Forgivable loans shall be provided in the amount not to exceed \$500 per lineal foot of parcel frontage as measured along the street side of the Qualified Property’s façade or \$25,000 per parcel, whichever provides the greater benefit to the applicant. Repayment is due if the property is sold, the property is refinanced to cash out, or if the property title is transferred within five years from the filing date of the notice of completion. A proportional amount of the principle (at the rate of 20% per annum) is forgiven each year of ownership for a period of five years.
3. Matching Equity Loans are available to qualified applicants where the City provides one dollar in matching equity loan funds for every one dollar of personal funds that the applicant contributes toward the rehabilitation of the Qualified Property. In the event the property owner does not have personal funds to contribute towards the rehabilitation, the applicant can borrow such funds through the deferred loan portion of the program. The maximum amount of the matching equity loan that will be awarded is \$15,000 per parcel or tenant space, whichever provides the greater benefit. Repayment is due if the property is sold, the property is refinanced to cash out, or if the property title is transferred within two years from the filing date of the notice of completion. A proportional amount of the principle (at the rate of 50% per annum) is forgiven each year of ownership for a period of two years.
4. Deferred loans at zero percent interest are also available to property owners up to \$25,000 per parcel. Repayment is due when the property is sold, refinanced to cash out, or title is transferred.
5. Applicants must contract only with “B” Licensed General Contractors, who maintain a current license in good standing with the Contractors State License Board, possess a City of Lawndale Business License and who also maintain the required general liability and workers compensation insurance coverage.
6. Rehabilitation work must not commence until all permits are issued and the City of Lawndale issues a “Notice to Proceed.”

7. Do not advance any personal funds to the Contractor. Do not incur any expenses on your own prior to approval. The City of Lawndale will not be responsible for funds advanced prior to approval. Do not enter into side agreements with the contractor.
8. All funds disbursed by the City shall be made payable to the contractor for the authorized repair work completed.
9. Program funds may only be used for the costs of services and materials necessary to complete the authorized repair work.
10. All work shall be performed in compliance with the Hawthorne Boulevard Specific Plan and all applicable laws, codes, and program requirements.
11. Previously contracted or initiated work or materials purchased are not eligible for reimbursement.
12. Commercial Buildings and Structures: Eligible exterior improvements may include exterior refinishing, new signage and building facade reconfiguration. Assistance may be provided for landscaping only if it is secondary to and in conjunction with building rehabilitation to be completed under the Program. Program assistance can also be used to correct front facing exterior building and health code violations, seismic upgrades, and American with Disabilities Act (ADA) compliance requirements as identified by the City.  
  
Mobile Home Parks: Eligible improvements may include, but are not limited to the following improvements: landscaping, irrigation, block walls, security fences and gates, signs, or any other improvements deemed appropriate and necessary by the Review Committee.
13. Participation in this Program requires the applicant to bring all building identification signs on the property into conformity with the City's sign regulations. The applicant will also be required to permanently maintain all signage on the Qualified Property.
14. Applicants must be able to provide proof of ownership of the property to be rehabilitated.
15. Applicants must permit the City of Lawndale's staff or its agents to conduct necessary inspections.
16. The City of Lawndale reserves the right to deny requests in specific instances where the repairs to be completed and/or the application do not conform to these or other Program standards.

I/WE have read and understand the foregoing general qualifications and conditions for Program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above or in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## ITEMS NEEDED TO DETERMINE ELIGIBILITY

To evaluate your application for Commercial Rehabilitation assistance, our office requires the following documents:

1.     **GENERAL QUALIFICATIONS AND CONDITIONS FORMS**  
Included in this packet. Please read and sign this document.
  
2.     **PRELIMINARY APPLICATION**  
Included in this packet. Please fill out as completely as possible.
  
3.     **PHOTO IDENTIFICATION**  
Provide photo identification for every person who is listed on title on the property.
  
4.     **COPY OF GRANT DEED**  
Document will verify the owner of the property and confirm how title is held.
  
5.     **COPY OF INSURANCE DOCUMENTATION**  
Document is needed to ensure the property is properly insured.
  
6.     **COPY OF RECENT PROPERTY TAX BILL**  
Document is needed to verify ownership of property.

When submitting the required documentation - **DO NOT SEND ORIGINALS** - please provide photocopies.

*Thank you for your interest in our Program.* If you have any questions regarding the program, please contact the Program Consultant at (310) 973-3248.



**CITY OF LAWNDALE**

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**COMMERCIAL REHABILITATION PROGRAM**

**PROGRAM APPLICATION**

Please complete the following so that we can determine the assistance program(s) for which you may qualify.

<b>APPLICANT</b>	
Applicant(s) Name(s)	Mailing Address
Address of Property to be Rehabilitated	Name of Business
Phone Number (Day)	Phone Number (Evening)

<b>PROPERTY OWNER</b>	
Owner(s) Name(s)	
Address	Phone Number

Please supply a detailed list of all repairs you are seeking to have completed under this program. Be as detailed as possible (*attach additional sheets if necessary*), and provide photocopies of any costs estimates which you have already obtained:

<b>REPAIRS REQUESTED</b>

**PROPERTY OWNER’S DEMOGRAPHIC INFORMATION**

Please complete the following demographic information. Demographic information will be strictly confidential and is requested by the Department of Housing and Urban Development (Please check appropriate spaces).

**1. Racial Background**

Single Race Categories:

- African American
- Asian
- Native American
- Pacific Islander
- White (Includes Hispanic)

**OR**

Double Race Categories:

- African American and White
- African American and Native American
- Asian and White
- Native American and White
- Other Double Race Category (Specify: \_\_\_\_\_ )

**2. Ethnicity:**

- Not of Spanish ancestry
- Mexican ancestry
- Puerto Rican ancestry
- Cuban ancestry
- Other Spanish ancestry (Specify: \_\_\_\_\_ )

I hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I do not qualify for the Commercial Rehabilitation Program, I understand that I am liable for all costs incurred through the program.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

***PLEASE REMEMBER TO ATTACH PHOTOCOPIES OF ALL INFORMATION REQUESTED IN THE GENERAL QUALIFICATIONS SHEET. DO NOT SEND ORIGINALS.***