



City of Rosemead

Down Payment Assistance Loan Program

8838 E Valley Boulevard, Rosemead, CA 91770 (626) 569-2119



Applicant Name: _____ Social Security # _____
 Property Address: _____
 Telephone Home () _____ Work () _____
 Other () _____ Email _____
 Employer Name: _____ Phone Number () _____
 Employer Address: _____
 Rate of Pay \$ _____ Frequency of Pay _____
 Female Head of Household Yes No

Co-Applicant Name: _____ Social Security # _____
 Property Address: _____
 Telephone Home () _____ Work () _____
 Other () _____ Email _____
 Employer Name: _____ Phone Number () _____
 Employer Address: _____
 Rate of Pay \$ _____ Frequency of Pay _____

Total number of persons in the household _____

To participant in the program, family income can not exceed 80% of the applicable area median income based on the family size as defined by the Department of Housing and Urban development (HUD). The current limits for Los Angeles County are:

FY 2014 Income Limit Category for Los Angeles County

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100

Please Provide the Information Requested Below for All Additional Household Members

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

Name	_____	Social Security Number	_____	Age	_____
Employer	_____	Rate of Pay	\$ _____	Frequency of Pay	_____
Relationship to Applicant	_____				

What is the total annual household income (income from everyone in the household) \$ _____

If self employed or paid on a commission basis:

What is your income to date for this year? \$ _____

What was your total income last year? \$ _____

Have you owned any property within the past three years? Yes No

If yes, please state the date the tile was transferred _____

Have you been on title of any property within the past three years? Yes No

If yes, please state the date the tile was transferred _____

Please Mark the Appropriate Box for the Head of Household for Race and Ethnicity:

	Non Hispanic	Hispanic
White		
Black		
Asian or Pacific Islander		
American Indian or Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Other Multi Racial		
Unknown		

In order for your application to be reviewed **all** of the following documents are required to be submitted with your application. **Any** missing items will cause a delay in the review and approval of your application.

- 1 Copy of Drivers License or I.D. Card of each member of the household
- 2 Copy of Social Security Card for each member of the household
- 3 Verification of income of all household members:
 - 4 a 2012, 2013, and 2014 Federal and State Tax returns.
Self Employed must include profit and loss statements.
 - b Paycheck stubs for the last six months, Social Security Award Letters,
Annual Dividend Statements, Annual Pension Statements.
- 5 Copy of Bank Statement for the last six months all attachments (i.e. CD's IRA's, Annuities, Stocks etc.).
- 6 Proof of 3% required applicant's down payment (Note: if it is in the bank account no additional information will be necessary).

PLEASE READ BEFORE SIGNING

I/We acknowledge that the city or its agents will use the information on this application for the purpose of determining program eligibility. Inquiries may be made to verify statements herein. I/We understand that false statements or omissions are grounds for disqualification and/or penalties. I/We acknowledge that penalty for false or fraudulent statement U.S.C Title 18, Section 1001, provides: "Whoever, in any manner, within the jurisdiction of any department or agency of the United States knowingly and willfully testifies... or makes any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000 or imprisoned up to 5 years or both.

I/We declare under penalty of perjury that the statements on this application are true and correct, and certify that the City of Rosemead shall not be liable for damages that may arise out of or in connection with the home improvements undertaken under this program.

Applicant Signature

Date

Co-Applicant Signature

Date



CITY OF ROSEMEAD
PRE-APPLICATION
Mortgage Assistance and Home Purchase Programs

(I, We) the undersigned, hereby authorize release the City of Rosemead's Mortgage Assistance Program to obtain any information necessary to verify my eligibility for participation in the program. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) and the National Affordable Housing Act of 1990 requires applicants for assisted programs to submit the Social Security numbers for each household member who is six years or older and for applicants to provide all information relating to their eligibility for participation in the program. Other uses of the information requested or obtained will be to protect the Government's financial interest and to verify the accuracy of the information that you provide to the City of Rosemead.

The information we obtain may include, but will not be limited to: Credit history, employment records, bank and depository accounts, mortgage history, escrow instructions, property appraisal reports and property insurance information. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be provided or disclosed to others outside of the City of Rosemead, except as permitted or required by law. Failure to provide the required information may result in the delay or rejection of your eligibility approval.

Authorization is hereby granted to use a photocopy of my signature to obtain information regarding the aforementioned items. (I, We) also permit the City of Rosemead to release such information to any third party who purchases the first loan. (I, We) acknowledge there shall be no responsibility incurred by the City of Rosemead, or any of its officers for having received or transmitted this information.

APPLICANT'S STATEMENT

All the information given in this application is true and correct to the best of my knowledge. I understand that you will confirm this information and retain the application whether or not the loan is approved. I hereby authorize the City of Rosemead and/or the Rosemead Housing Development Corporation to verify any credit status and any of the above information as a condition of this application.

Signature

Date

Printed Name

Signature

Date

Printed Name