



CITY OF ROSEMEAD Owner-Occupied Rehabilitation Program

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

- 1 Homeowners Name: _____
Homeowners Name: _____
- 2 Property Address: _____
- 3 Telephone: Home: (626) _____ Business: () _____
Other: () _____ Email: _____
- 4 Have you received a grant or a loan in the past _____ If so when: _____
- Household Information
- 5 Total Number of Persons in Household: _____

Name of Household Member	Social Security Number	Relationship to Borrower	Age	Disabled	Female Head of Household

Income Disclosure and Employment Data:

- 6 Household Income – Check all income sources that apply:
(Include Income From All Sources For All Adult Household Members).

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Self Employment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Union Benefits | <input type="checkbox"/> Income From Assets | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Retirement Funds | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> AFDC | <input type="checkbox"/> SSI |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other |

- 7 Breakdown of Household Income:

Household Member	Source of Household Income*	Wk/Mth Wks/Mths	X		
_____	_____	_____	X	=	_____
_____	_____	_____	X	=	_____
_____	_____	_____	X	=	_____
_____	_____	_____	X	=	_____
_____	_____	_____	X	=	_____
_____	_____	_____	X	=	_____
Total Household Income				\$	_____



*If income is based on commission or self-employment, please show amount earned to date or list income from previous year.

8	Borrower's Employer:	
9	Employer's Address:	
10	Co-Borrower's Employer:	
11	Employer's Address:	

Property Description:

- 12 Do you own and occupy the house in which improvements are desired? _____
- 13 List all mortgages and liens recorded against the property: _____
- | | Amount | \$ |
|--------------------------|--------|----|
| 1 st Mortgage | | |
| Holder: _____ | | |
| 2 nd Mortgage | | \$ |
| Holder: _____ | | |
| Lien Holder: _____ | | \$ |
- 14 Proposed Improvements _____
- _____
- _____
- _____

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.

Borrower's Signature

Date

Co-Borrower's Signature

Date



Information for Reporting Only

White	American Indian or Alaska Native AND White
Black or African American	Asian AND White
Asian	Black or African American AND White
American Indian or Alaska Native	American Indian or Alaska Native AND Black or African American
Native Hawaiian or Other Pacific Islander	Other Multi Racial

Hispanic/Latino Ethnicity _____ Yes, Please Specify Below _____ No

Mexican or Mexican American _____ Cuban _____
 Other Hispanic/Latino _____ Puerto Rican _____

Please provide copies of the following documents:

- (1) Copy of ownership (Grant Deed, Deed of Trust, Quit Claim Deed)
- (2) Copy of Drivers License or I.D. Card of each person on title and each household member eighteen years or older.
- (3) Copy of Social Security Card for each person on title.
- (4) Verification of income of all household members (i.e. W-2, IRS Form 1040, 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)
- (6) Current Property Tax Statement.
- (7) Documentation of the two most recent mortgage payments.
- (8) Copy of current property Hazard Insurance.
- (9) If self-employed, please provide prior two years income Tax Return (all attachments) including profit and loss.

To participate 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 2009 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Los Angeles County	46,500	53,150	59,800	66,400	71,750	77,050	82,350	87,650

