



# CITY OF ROSEMEAD FIRST-TIME HOMEBUYER OWNER-OCCUPIED REHABILITATION PROGRAM INFORMATION SHEET

Households who **own and occupy** their home and are age and income qualified may be eligible for Owner Occupied Rehabilitation Programs offered by the City of Rosemead. Through these programs, funds are available to assist low-and moderate-income (0 to 80% of Maximum Federal Income) homeowners in making certain rehabilitation improvements and upgrades to their single-family residence. Funds for these programs are limited and allocated on a first-come, first- served basis. The various programs the City offers are as follows:

### Emergency Grant:

Emergency grants are available to eligible senior citizens (62 years and older) for corrections to emergency code deficiencies which constitute an immediate health/safety risk. The maximum amount of an emergency grant is \$2,000. Homeowners are eligible for only one (1) emergency grant.

### Handyman Grant:

Grants are available to eligible senior citizens (62 years and older) or handicapped/disabled citizens who are in need of financial assistance for critical health and safety- related improvements. The grant may be used for repairs related to code deficiencies such as new roofs, smoke detectors, and exterior painting. The maximum grant is \$15,000 per dwelling. Each eligible homeowner may apply for a grant once every 5 years with a maximum of three (3) grants.

### Deferred Loan:

The Loan Program provides homeowners the needed financial assistance for housing rehabilitation or reconstruction by providing a zero to three percent (0% to 3%) interest, deferred payment loan. The maximum after rehabilitation value for a home with the assistance of a loan under this Program shall not exceed 95% of the median purchase price for homes in the area, as approved by HUD.

To maximize the effectiveness of the Loan Program as a vehicle for enhancing affordability, there would be no payments on both the principal or interest of the loan until its maturity date, which is 30 years from the signed Deed of Trust and Promissory Note.

In the event of the sale of a home, transfer of the home, or death of homeowner, the principal and interest are due and payable. Interest is calculated at zero percent (0%) for senior citizens (62 years and older) and handicapped/disabled citizens. For all others, interest is calculated at a three percent (3%) simple interest rate on the principal owned.

All improvements must be done by a contractor who is properly licensed through the State of California. In addition, all improvements must be approved prior to the work being completed. **No payment will be made for work begun prior to City authorization.**

### 2020 Maximum Income Guidelines

Household Size (No. of persons)	1	2	3	4	5	6	7	8
Max. Allowable Annual Income	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

Based on HUD's FY 2020 Income Limits for Los Angeles County

To inquire further or request a pre-application for eligibility please call Lucia Medina-Whittaker at (626) 569-2153 or you can email [housingdivision@cityofrosemead.org](mailto:housingdivision@cityofrosemead.org)



In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Rosemead does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.





# CITY OF ROSEMEAD

## OWNER-OCCUPIED REHABILITATION PROGRAM

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

### Pre-Application

Date: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Rosemead, CA \_\_\_\_\_

How long have you owned this property? \_\_\_\_\_ Years \_\_\_\_\_ Months

Please check-off program applying for:

Emergency Grant	Handyman Grant	Deferred Loan
Maximum amount: \$2,000  Eligible senior citizens (62 years and older) for immediate health & safety code deficiencies.	Maximum amount: \$15,000  Eligible senior citizens (62 years and older) or disabled citizens for health & safety related improvements.	Provide eligible homeowners assistance for housing rehab. 0% for senior citizens (62 years and older) and disabled citizens, for all others 3% simple interest.
Have you received a grant or a loan in the past?	Yes	If so when: _____
	No	

To participate in the program, family income cannot 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:

Household Size (No. of persons)	1	2	3	4	5	6	7	8
Max. Allowable Annual Income	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

*Based on HUD's FY 2020 Income Limits for Los Angeles County*

Does your household meet the income limits listed above?..... 

	Yes		No
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What is the total combined annual gross income of all your household members? \$ \_\_\_\_\_ Family Size \_\_\_\_\_  
***(Income will be verified. Utilizing fraud to receive public funds is in violation of the Law)***

### APPLICANT(S) / HOMEOWNER(S) INFORMATION

Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co-applicant (if any): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	Applicant			Co-Applicant (if any)	
Is applicant/homeowner 62 years or older?	Yes	No		Yes	No
Is applicant/homeowner disabled?	Yes	No		Yes	No
Is applicant/homeowner a Veteran?	Yes	No		Yes	No
Is applicant/homeowner female head of household?	Yes	No		Yes	No

Do you own the Property requiring rehabilitation?.....

Is anyone else on the Title with you? Is yes, who?..... 

	Yes		No
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Do you have renters..... 

	Yes		No
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Do you own any other property?..... 

	Yes		No
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Is there a second mortgage or lien on the property?..... 

	Yes		No
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Are you in default (NOD) or foreclosure..... 

	Yes		No
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..... 

	Yes		No
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How far behind are you in payments?  
 \_\_\_\_\_ Months

What is the total amount owed on this property, including tax liens, mechanics lien, and other trust deeds? \$ \_\_\_\_\_

List Proposed Improvements:

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To which of the following ethnic groups do you belong? This is for informational purpose only.

Race Categories	Check only <b>ONE</b> Race Category	Check if also Hispanic
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and White	<input type="checkbox"/>	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American and White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native and Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

**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's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant's Signature

\_\_\_\_\_  
 Date

*If you have any questions, please contact the Housing Division at (626) 569-2153, by email at [housingdivision@cityofrosemead.org](mailto:housingdivision@cityofrosemead.org), or in person at Rosemead City Hall, 8338 East Valley Boulevard, Rosemead, CA 91770.*



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**For office use only:** Based on pre-application, applicant appears eligible? **YES** or **NO** Date: \_\_\_\_\_  
 If yes, application given to applicant requesting more detailed information to certify eligibility. Date: \_\_\_\_\_  
 Application was received with **ALL** documents needed to certify eligibility. Date: \_\_\_\_\_