



CITY OF ROSEMEAD

HOMEOWNERSHIP PURCHASE ASSISTANCE PROGRAM

INFORMATION SHEET

The City of Rosemead is offering financial assistance to qualified low-income home buyers for the purchase of home located within the City of Rosemead. A brief overview of the program and eligibility requirements is as follows:

1. The total household annual gross income (before taxes or deductions) cannot exceed the following. Income includes but is not limited to wages, tips, self-employment, retirement, cash aid, child support, alimony, etc.:

Table 1			
Household Size	Maximum Income	Household Size	Maximum Income
1	\$70,650	5	\$109,000
2	\$80,750	6	\$117,050
3	\$90,850	7	\$125,150
4	\$100,900	8	\$133,200

Source: U.S. Department of Housing and Urban Development. These income figures are subject to change annually. Effective July 1, 2023.

2. Every household member must have a valid social security number and must be a legal U.S. citizen or have a permanent resident alien status. If a household member does not have a social security number, that person cannot be included as a household member.
3. Participant cannot have current ownership interest in a residential property.
4. Participant must have at least 3% of the sales price available in funds to contribute toward the purchase. Due to the price level of homes, the applicant will likely need more than 3% for the purchase.
5. Participant must be credit worthy and able to qualify for a loan from a bank or other lending institution.
6. **Maximum Value/Purchase Price (Subject to Change Annually)** - The program allows for the purchase of a single-family house or townhome/condominium with a purchase price/value of \$724,375 or less for a single-family home and \$631,750 or less for a townhome/condominium. Purchasing a mobile home or manufactured home is not permitted.
7. **Property Must be Free of All Code Violations** - An independent third-party inspector, at buyer or seller's expense, must inspect all properties. The condition of the property as reported by such inspector must satisfy the standards established by the institutional lender funding the first trust deed loan. Any serious code violations or other health and safety deficiencies reported by such inspector must be corrected as a condition precedent to funding the Program assistance. A copy of the inspection report must be provided to the City.
8. **Visual Lead-Based Paint Inspection** – A lead base paint visual inspection shall also be performed as part of the initial inspection and any corrections must be made prior to close of escrow.
9. **Maximum City Assistance** - City assistance for down payment, interest rate buydown and/or closing costs. The amount available is dependent on the number of bedrooms and is as follows:

Table 2			
No. Bedrooms	Maximum Total City Assistance*	No. Bedrooms	Maximum Total City Assistance*
1	\$198,331	3	\$312,005
2	\$241,176	4	\$342,482

Source: U.S. Department of Housing and Urban Development. These income figures are subject to change annually. Effective July 1, 2023.

10. Household liquid assets at the close of escrow cannot exceed the sum of (i) the portion of the down payment to be paid from Participant’s personal funds; (ii) the portion of the closing costs to be paid from the Participant’s personal funds; (iii) an amount equal to six months’ payments of principal and interest on the first trust deed, and (iv) an emergency allowance of \$10,000.
11. Housing cost (principal, interest, insurance, property taxes/assessments, HOA dues) for the first mortgage loan be less than 28% or more than 40% of the Participant’s gross monthly income.
12. The City's assistance will be a second trust deed subordinate to the first mortgage loan.
13. Affordability Covenants - The City will require that the property remain affordable for a period of 15 years. If the property is refinanced and the loan is paid off prior to 15 years, the affordability covenants will remain in place.
14. If the Participant sells the property, moves out, transfers ownership, the property is no longer the principal residence, or refinances for cash out, the outstanding principal on the City loan under the following formula:

Table 3				
Calculation of Loan Reduction		EXAMPLE ONLY		
Period of Time	City Assistance Forgiven (%)	Total City Assistance	City Assistance Forgiven (\$)	Total Loan Owed to City
0 - 5 years	5%	\$300,000.00	\$15,000.00	\$285,000.00
6 - 10 years	10%	\$300,000.00	\$30,000.00	\$270,000.00
11 - 15 years	15%	\$300,000.00	\$45,000.00	\$255,000.00
16 - 20 years	20%	\$300,000.00	\$60,000.00	\$240,000.00
21 years	100%	\$300,000.00	\$300,000.00	\$0.00



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

HOMEOWNERSHIP ASSISTANCE PROGRAM

8838 E. Valley Boulevard, Rosemead, CA 91770 (626) 569-2153

Pre-Application

Date: _____

Driver's License#:	Driver's License#:
Social Security#:	Social Security#:
Applicant:	Co-Applicant:
Address:	Address:
Email:	Email:
Phone:	Phone:
Employer Name: Address:	Employer Name: Address:
Phone:	Phone:
How long have you worked there?	How long have you worked there?

	Applicant				Co-Applicant (if any)			
Do you currently own a residential property or on title to a residential property (co-signed)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you found a property in Rosemead to purchase?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you found a property, what is the purchase price?	\$ _____							
Do you have at least \$20,000 available in the bank or you are able to access at least \$20,000 to contribute to the purchase?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>STOP HERE - If you answered NO – You are not qualified to apply because you do not have the minimum funds needed to qualify to purchase a house.</p> <p>CONTINUE - If you answered YES, attach a copy of the financial/bank statement(s) that shows the dollar amount available in your account(s).</p>								

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:

Check (<input checked="" type="checkbox"/>) one of the boxes below for the number of people that live in your house.								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Size (No. of persons)	1	2	3	4	5	6	7	8
Maximum Gross Annual Income	\$70,650	\$80,750	\$90,850	\$100,900	\$109,000	\$117,050	\$125,150	\$133,200

Based on HUD's FY 2023 Income Limits for Los Angeles County. (**Income will be verified.** Utilizing fraud to receive public funds is in violation of the Law.)

Does your household meet the income limits listed above?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What is the total combined annual gross income of all your household members? (before taxes or other deductions/retirement contributions)?.....	\$ _____			

HOUSEHOLD COMPOSITION

List the all members who will be living in your home when it is purchased					Check Each Box That Applies for Each Person		
Member No.	Full Name	Relationship	Date of Birth	SS #	Full-Time Student	Veteran	Disabled
Head of Household			___/___/___	___-___-___			
2			___/___/___	___-___-___			
3			___/___/___	___-___-___			
4			___/___/___	___-___-___			
5			___/___/___	___-___-___			
6			___/___/___	___-___-___			

Income Includes: Gross income includes wages, salaries, self-employment, social security, unemployment insurance payments, disability, public assistance, child support, interest income etc. for all household members. Income for all persons 18 years of age and older is included in the eligibility calculation even if the adult is not a party to the first mortgage loan (example: mother of head of household). **(Income will be verified.)** Utilizing fraud to receive public funds is in violation of the Law.)

Enter your revolving debt below.

MONTHLY PAYMENTS - REVOLVING DEBT		
Type of Debt	Balance	Minimum Monthly Payment
Car Payment	\$	\$
Car Payment	\$	\$
Student Loan	\$	\$
Personal Loan	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Credit Card	\$	\$
Medical Bills	\$	\$
Tax Bill		
Other: _____	\$	\$
Other: _____	\$	\$

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

Race Categories	Check only ONE Race Category	Check if also Hispanic
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
Balance/Other		

Provide The Following Documents With This Pre-Application:

1. Copy of financial statement(s) (bank statement) showing amount and source of the funds you have available for the purchase of a home. Must show at least \$20,000 available toward the purchase.
2. Most recent federal income tax return for all persons 18 years of age and older.
3. Proof of income for all persons 18 years of age and older (wages, bonus, overtime, social security, pension, self-employment income, etc.).
 - a. Two (2) recent, consecutive paystubs
 - b. Most recent retirement award statements, etc.
4. 6 months most recent checking and savings account statements (all pages/all accounts) for all persons 18 years of age and older.
5. Most recent asset statements for all investment accounts.
6. Additional documents may be required to receive a conditional approval letter.

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 to the best of my knowledge. I understand that you will confirm this information and retain the application whether the loan is approved or not. 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.

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, or in person at Rosemead City Hall, 8338 East Valley Boulevard, Rosemead, CA 91770.



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