



CITY OF ROSEMEAD OWNER-OCCUPIED REHABILITATION (OOR) PROGRAM INFORMATION SHEET - PRE-APPLICATION

The City of Rosemead offers grants through its Owner-Occupied Rehabilitation programs to income-qualified households who **own and occupy** their residence including single-family, condominium, townhome and mobile homes. Through these programs, the City assists qualified homeowners with making certain rehabilitation improvements. Funds for these programs are limited and therefore, the City maintains a waiting list for each program. Applications are processed on a first-come, first-serve basis. On a case-by-case basis, exceptions to certain program criteria such as age of applicant, amount of assistance, and placement on the waiting list may be waived by the City to address immediate, extreme health and safety conditions. The attached interest/pre-application form must be submitted for a person to be added to the housing rehabilitation program waiting list.

To be eligible for any of the City programs, the total gross household income cannot exceed the following. These limits are adjusted annually.

2023 Maximum GROSS Income Guidelines								
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

EMERGENCY GRANT:

Emergency grants are available to eligible low- and moderate-income Rosemead households **over the age of 62 or handicapped/disabled** who own and occupy a residential property that is their primary residence. The program is limited to corrections to emergency code deficiencies that constitute an **immediate** health-safety issue. The maximum emergency grant is **\$5,000.00**. Owner-occupants are eligible for only one (1) grant.

Emergency Grant - Eligible Repair Items	
Repair of Inoperative Heating unit	Repair of Inoperative Cooling system
No hot or cold running water	Inoperative water heater
Broken or clogged waste line	Deteriorated water lines
Lack of standard operating window or door locks	Emergency roof repair (visible signs of water damage)
Broken or cracked gas line	Systems or wiring that may cause fire hazard

GRANT:

Grants are available to eligible low- and moderate-income Rosemead households **over the age of 62 or handicapped/disabled** who own and occupy a residential property that is their primary residence. The program is limited to the replacement and/or repair of non-compliant or substantially deteriorated major house systems including roofs, plumbing, sewer, electrical, heating, air conditioning, foundations of the primary dwelling only (garages are not eligible). The maximum grant is **\$20,000** per dwelling. Owner-occupants are eligible for only one (1) grant.

Grant - Eligible Repair Items – Submittal of The Pre-Application Will Add Your Name To The Waiting List.	
Roof Replacement (garages are not eligible)	Heating and air conditioning replacement
Water line system replacement/repair	Electrical system (rewire and/or electric panel)
Waste/Drain Line replacement/repair	Sewer line replacement/repair
Window replacement	Foundation repair

MATCH GRANT:

The Match Grant Program provides a grant to match the owner’s contribution for repair to their homes of up to \$30,000. Eligible households must be low- and moderate-income who own and occupy a residential property that is their primary residence. The match grant is available for repairs to the primary structure (detached garages are not included). The City will provide the homeowner(s) with a grant for the approved improvements based on the following percentages. **The homeowner minimum contribution is \$5,000.00.** Owner-occupants are eligible for only one (1) grant.

MATCH PROGRAM - CITY GRANT AMOUNT	
Homeowner Contribution	City Match (%)
\$5,000	100%
\$5,001 - \$10,000	125%
\$10,001 - \$20,000	150%

LOAN:

The Loan Program provides a 0%, no monthly payment, deferred loan that forgives 25% for every 5 years the owner continuously lives in the home, does not take cash-out and does not change ownership of the property. At the completion of 20 years, the loan is 100% forgiven (becomes a grant). Eligible households must be low- and moderate-income who own and occupy a residential property that is their primary residence. The loan is available for repairs to the primary structure (detached garages are not included).

PROCESS:

- Pre-application (waiting list form) is submitted to the City
- Application is reviewed and approved/denied by City staff and name is put on program waitlist.
- Homeowner will receive a letter/call once you have reached the top of the waitlist.
- 2nd application and documentation will need to be submitted.
- On-site property inspection will be conducted by City staff.
- Homeowner will receive a scope of work letter.
- Homeowner will receive a minimum of two (2) estimates for the approved work.
- City reviews bids for cost reasonableness.
- Homeowner selects contractor.
- Homeowner/Contractor Construction/Covenant Signing.
 - Review the contract with Homeowner/Contractor.
 - Review lead-based paint requirements with Homeowner/Contractor.
 - Grant Agreement and Covenant reviewed and signed by Homeowner.
 - Notice to Proceed issued to Homeowner and Contractor/Construction can begin only when Notice to Proceed is issued.

NOTE: All grant programs (except emergency grant) require the recording of a covenant against the property for payment of liquidated damages in the amount of \$10,000 if ownership is changed within one (1) year of the date of the completion of the work.

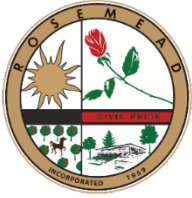
To inquire further or request a pre-application for eligibility please call the Housing Division at (626) 569-2153 or you can email housingdivision@cityofrosemead.org.

COMPLETE AND RETURN THE FOLLOWING TWO (2) PAGES TO BE ADDED TO THE CITY CURRENT WAITING LIST



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) 569-2153

OFFICE USE:
Date Received: _____

Pre-Application

APPLICANT(S) / HOMEOWNER(S) INFORMATION

Applicant(s): _____ Rosemead, CA 91770 Age: _____ Phone: _____

Property Address: _____ Email: _____

Property) Type: Single-Family Home Townhome Condominium Duplex (2 units on property)
 Mobile Home (Owners of mobile homes - attach a copy of your State HCD registration card.)

How long have you owned this property? _____ Years _____ Months (If less than 1 year.)

PLEASE CHECK (X) THE PROGRAM(S) YOU ARE APPLYING FOR:

Emergency Grant	Grant	Match Grant	Loan
Maximum amount: \$5,000 Eligible senior citizens (62 years and older) for immediate health & safety code deficiencies.	Maximum amount: \$20,000 Eligible senior citizens (62 years and older) or disabled citizens for health & safety related improvements. Submittal of The Pre-Application Will Add Your Name To The Waiting List.	Maximum amount: \$30,000 Provide eligible homeowners assistance for home repairs to the primary structure (detached garages are not included).	Maximum amount: Determined on a case-by-case basis Provide eligible homeowners assistance for home repairs to bring the primary structure into code compliance (detached garages are not included).

Have you received a grant or a loan in the past? Yes If "Yes" when (year): _____

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)	Check (X) one of the boxes below for the number of people that live in your house.							
	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.)

	Applicant		Co-Applicant (if any)	
	Yes	No	Yes	No
Is applicant/homeowner 62 years or older?				
Is applicant/homeowner disabled?				
Is this property your primary residence?				
Are you on title to the property or a registered owner of the mobile home?				
Does anyone own the house that does not live in the house?				
Do you have a reverse mortgage?				
Do you own any other property?				
Do you have renters?				
Is there a second mortgage or lien on the property?				
Are you in default (NOD) or foreclosure?				
Are you delinquent (behind) in paying your property taxes?				
Is applicant/homeowner a Veteran?				
Is applicant/homeowner female head of household?				
What is the total amount owed on this property, including 1 st mortgages, 2 nd mortgage, tax liens, etc.?				\$

LIST PROPOSED IMPROVEMENTS

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	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ BEFORE SIGNING:

By signing below, 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”.

By signing below, 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.

SIGNATURES:			
Applicant Signature	Date	Co-Applicant Signature	Date

If you have any questions, please contact the Housing Division at (626) 569-2153, in person at Rosemead City Hall, 8338 East Valley Boulevard, Rosemead, CA91770 or by email at housingdivision@cityofrosemead.org.

FOR OFFICE USE ONLY: Based on pre-application, applicant appears eligible? YES or NO Date: _____

If yes, applicant placed on the waiting list on: Date: _____



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