



# City of Roseville

## Owner Occupied Housing Rehabilitation Program

### Interest Form

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Name of Co-Applicant \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Mailing address \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Applicant Race/Ethnicity (For statistical purposes only)

**RACE**

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native AND White               |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Black/African American AND White                         |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Asian AND White  |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian/Alaska Native AND Black African/American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____  |

**HISPANIC/LATINO ETHNICITY:**  Yes  No

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Puerto Rican    | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Will there be any persons with disabilities living in the home?  Yes  No If yes, how many? \_\_\_\_\_

Number of people in household? \_\_\_\_\_

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ \_\_\_\_\_

Type of home:  Single Family Dwelling  Mobile/Manufactured Home  Other: \_\_\_\_\_

Do you own your home?  Yes  No

Are you making payments on your home?  Yes  No If yes, how much do you owe? \_\_\_\_\_

Do you have a reverse mortgage?  Yes\*  No *\*If yes, please note that homes with a reverse mortgage are ineligible for the program.*

Is your home in a Trust?  Yes\*  No *\*For any home that has been placed in a trust, further review will be necessary to determine program eligibility.*

What is the estimated value of your home? \$ \_\_\_\_\_ *\*Please note home value limits are in place for this program. These limits establish the maximum after-rehabilitation values for projects, based on 95% of each countywide median value as determined by HUD. For 2023, the current max after-rehab home value limit is \$599,000.*

Needed health and safety repairs: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

#### City of Roseville 2023 Income Limits Owner Occupied Housing Rehabilitation Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$60,050	\$68,600	\$77,200	\$85,750	\$92,650	\$99,500	\$106,350	\$113,200

**Fax, mail, email or bring form in person to:**

City of Roseville, Housing Division; 316 Vernon Street Suite #150, Roseville, CA 95678  
Phone: (916) 774-5270 Fax: (916) 746-1295 Email: [housing@roseville.ca.us](mailto:housing@roseville.ca.us)

