Thank you for your interest in the City of Alhambra’s Homeowner Rehabilitation Programs. These Rehabilitation Programs must be used, first and foremost, to correct all building/property deficiencies as determined by the City of Alhambra codes and to bring the dwelling up to Health & Safety Standards. Other conditions of the property, which if not corrected during the rehabilitation process will soon become a building/property deficiency as determined by the City of Alhambra codes and/or Health & Safety issues, may also be addressed.

The City has designed several programs to assist homeowners in fixing up their homes:

- Minor Rehabilitation Deferred Loan Program where property improvements is less than $50,000.00 (including processing costs).
- Major Rehabilitation Deferred Loan where property improvements exceed $50,000.00 (including processing costs).

The total loan amount is due upon sale or transfer of the property, or upon the death of the borrower.

To be eligible for a loan, you must meet all of the following requirements.

**Property Requirements**

- The property to be rehabilitated must be located within the City of Alhambra.
- One of the units to be rehabilitated must be owner-occupied.
- The “after rehabilitation” value of the property cannot exceed the HUD maximum shown below:

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Maximum Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-family residence</td>
<td>$907,250.00</td>
</tr>
<tr>
<td>Condo</td>
<td>$648,375.00</td>
</tr>
</tbody>
</table>

**Owner Requirements**

- The owner-occupied unit must be the owner’s primary place of residence.
- Total gross income of all household members over the age of 18 must be no greater than HUD guidelines. It must be equal to, or less than 80% of the area median income adjusted to family size. See the table below for specifics.

**HUD FAMILY INCOME RESTRICTIONS**

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>MAXIMUM INCOME LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$66,750.00</td>
</tr>
<tr>
<td>2</td>
<td>$76,250.00</td>
</tr>
<tr>
<td>3</td>
<td>$85,800.00</td>
</tr>
<tr>
<td>4</td>
<td>$95,300.00</td>
</tr>
<tr>
<td>5</td>
<td>$102,950.00</td>
</tr>
<tr>
<td>6</td>
<td>$110,550.00</td>
</tr>
<tr>
<td>7</td>
<td>$118,200.00</td>
</tr>
<tr>
<td>8</td>
<td>$125,800.00</td>
</tr>
</tbody>
</table>
**Equity Requirements**

- Total debt on the property, including the City's rehabilitation loan, **cannot be greater than 95% of the after-rehabilitation value of the property** as determined by the City.

If you believe you meet these requirements, please complete the attached initial application, and mail it back as soon as possible. After reviewing your application, staff will contact you.

Please make sure you complete the entire initial application. For assistance in completing this initial application or to answer any questions, please contact Holly Chenh, at (626) 570-3238.

**WHEN COMPLETED HAND DELIVER TO:** OR **WHEN COMPLETED MAIL TO:**

City of Alhambra  
Community Development Dept., Housing Division  
111 South First Street  
Alhambra, CA 91801  
Attention: Holly Chenh

City of Alhambra  
Community Development Dept., Housing Division  
111 South First Street  
Alhambra, CA 91801  
Attention: Holly Chenh
Initial Application for Homeowner Rehabilitation Programs

Homeowner(s) Name: 

Property Address: Alhambra, CA: 

Home Telephone: ( ) ______________  Cell Phone: ( ) ______________

Work Telephone: ( ) ______________

Number of Living units: ________  Total Number of Bedrooms ________

Total Household Annual Gross Income: $_______________

Total Number of Persons Occupying This Property as Their Primary Residence: _________

Monthly Payment - 1st Trust Deed : $_______________  (insert N/A if you don’t have a home loan)

Monthly Payment - 2nd Trust Deed : $_______________  (insert N/A if you don’t have a 2nd loan)

Monthly Payment - 3rd Trust Deed : $_______________  (insert N/A if you don’t have a 3rd loan)

Annual Property Taxes Paid : $_______________  (insert 0 if included in your payment)

Annual Fire Insurance Premium : $_______________  (insert 0 if included in your payment)

Total amount still owed on your home: $_______________

The information given above, to the best of my knowledge is true. I/We understand that acceptance of this Initial Application by the City of Alhambra does not constitute approval of my/our application.

________________________________________  ____________________________
Homeowner Signature                        Date

________________________________________  ____________________________
Homeowner Signature                        Date

The information supplied is used strictly for establishing eligibility for the Homeowner Rehabilitation Programs. Applicant acknowledges that personal and financial information may be subject to public disclosure under the California Public Records Act.