



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
- Yes, Mexican/Chicano Yes, Cuban
- Yes, Puerto Rican 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 **2025-26**, the current max after-rehab home value limit is **\$581,000**.*

Needed health and safety repairs: _____

Signature of Applicant _____ Signature of Co-Applicant _____

City of Roseville 2025 Income Limits Owner Occupied Housing Rehabilitation Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$72,050	\$82,350	\$92,650	\$102,900	\$111,150	\$119,400	\$127,600	\$135,850

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

