

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) RESIDENTIAL REHABILITATION PROGRAM GENERAL PROGRAM REQUIREMENTS

The intent of the City of Monrovia Residential Rehabilitation Program is to provide grants to eligible homeowners/occupants of single-family detached homes for the preservation of decent, safe, and sanitary housing; to correct hazardous conditions; to make improvements to eliminate blight; improve handicapped access; and to correct building & health code violations through the awarding of Community Development Block Grants (CDBG).

A limited number of grants are available to single-family, owner-occupied residential properties. Services will be provided in priority order, based on established Program eligibility tiers. Open to first-time applicants and applicants who have not participated in the Program within the last three (3) years. *Although the General Program Requirements are outlined below, additional terms and conditions for Program participation may apply, in accordance with Federal Requirements from the Department of Housing and Urban Development (HUD).*

HOW TO DETERMINE IF YOU ARE ELIGIBLE FOR ASSISTANCE

- **Eligible Areas** – Residents residing in a single-family dwelling located within the incorporated boundaries of the City of Monrovia. Residents living in unincorporated areas of Monrovia, please visit [211LA](#) for additional resources.
- **Eligible Income** – Annual household income does not exceed the U.S. Department of Housing and Urban Development (HUD) established "Low-Moderate Income" limits shown on the right. Gross family income includes all income from all family members living in the household.
- **Items Required for Submission IF Deemed Eligible** –
 - ✓ Signed Eligibility Intake Form
 - ✓ Fill and complete application packet
 - ✓ Copy of income tax forms for 2025
 - ✓ Copy of income verification documentation this includes the three (3) months of the most recent consecutive...
 - Payroll stubs
 - Social Security (SSI) checks
 - Aid to Families with Dependent Children (AFDC) checks
 - Pension and retirement checks
 - Alimony and child support payments
 - OR other income documentation from all other income sources, for all members of the household
 - ✓ Copy of asset verification documentation
 - ✓ Copy of photo identification for all members in the household
 - ✓ Citizenship/Legal Status Declaration Form & Supporting Documents (*For entire household – Per Executive Order 14218*)

2025 HUD HOUSEHOLD INCOME LIMITS	
<p>In order to qualify, the total household income cannot exceed the following low-moderate income limits based on the number of persons residing in the household. Eligibility is based on gross family income.</p>	
Number of Persons in Household	Income Limits by Household Size
1	\$84,850
2	\$96,950
3	\$109,050
4	\$121,150
5	\$130,850
6	\$140,550
7	\$150,250
8	\$159,950

*PROGRAM PRIORITIZATION LEVELS

- 1. Essential Repairs (Health & Safety / Code Compliance)**
Repairs necessary to correct conditions that pose an immediate threat to occupant health or safety or to address serious code deficiencies.
- 2. Necessary Repairs (Preventive / Code-Related)**
Repairs required to prevent deterioration or future health and safety concerns.
- 3. Recommended Repairs (Non-Urgent Repairs)**
Repairs that improve habitability, functionality, or long-term housing quality, but are not critical to immediate health or safety.

**To be considered for Program participation, please complete & submit the provided Pre-Eligibility Form Below
By 5:00 PM on March 5, 2026**



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) RESIDENTIAL REHABILITATION PROGRAM **PRE-ELIGIBILITY INTAKE FORM**

ACCEPTING SUBMITTED PRE-ELIGIBILITY INTAKE FORMS FROM FEBRUARY 12TH TO MARCH 5TH

In order to be considered for this Program, please review and answer the statements below by checking the box that most applies to your current household. If you answer “yes” to all statements below, please continue by completing the remaining information requested below. **Deadline for submission of this form is March 5th.** If you answered “no” to any of the statements listed below, unfortunately you do not qualify for this program. Staff will review eligibility intake forms submitted in the order received via email at ecarroll@monroviaca.gov.

1. **I/WE reside in a single-family dwelling within the Monrovia City limits, and I/WE am the property owner(s)**
 Yes No
2. **My/Our household income falls at or below the required income limits. Supporting documentation reflecting income sources for all members residing in the household can be provided to the City for review.**
 Yes No
3. **Every member of our household is able and willing to declare their citizenship/legal status in compliance with the Executive Order 14218 for eligibility purposes.**
 Yes No

Applicant Name(s): [First, Last]		Address: [Monrovia, CA 91016]		
Phone:		Email:		
Total Current Annual Household Income:		Number of Persons Residing in Household:		
Household Occupancy Information:				
	Name	Age	Annual Income	Relation to Applicant(s)
1.			\$	Self
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
7.			\$	
8.			\$	

TYPES OF IMPROVEMENTS – Check all that apply	
Note: Assistance through this Program cannot exceed the available Grant limit allowed per project. Taking that into consideration, please indicate what improvements are a priority below:	
<input type="checkbox"/> Improvements (Brief Description):	
<input type="checkbox"/> New Roof	
<input type="checkbox"/> Weatherproofing	
<input type="checkbox"/> ADA Accessibility	
<input type="checkbox"/> Weatherproofing	

<input type="checkbox"/> Windows
<input type="checkbox"/> OTHER (Brief Description):

ACKNOWLEDGEMENTS:
<input type="checkbox"/> I/WE hereby acknowledge and understand that our Pre-Eligibility Intake information will be added to the City of Monrovia's Residential Rehabilitation Program Interest/Waiting List. I/We also understand that being added to this list is <u>not</u> an implied commitment of CDBG Grant funding from the City. This program shall be implemented on a first come, first served basis, thus I am hereby advised that the City cannot guarantee if/when program assistance will be provided.
<input type="checkbox"/> I/WE hereby acknowledge and understand that upon successful pre-qualification and selection for participation in this Program, I/WE will be required to complete a full program application that will require submission of supporting documentation to substantiate our stated household size and household income reported above. I/WE further acknowledge that <u>any</u> omissions, misrepresentations, misstatements, deletions, falsifications, or other actions which result in not conforming to the requirements of the Program will result in our immediate removal from current/future participation in the City of Monrovia's Residential Rehabilitation Program.

Applicant - Full Name

Signature

Date

Co-Applicant - Full Name

Signature

Date