

Mayor's Office of Housing and Community Development
City and County of San Francisco



**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP HOUSING PROGRAM
APPLICATION FORM**

Edwin M. Lee
Mayor

Olson Lee
Director

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
(All applications containing any person who appears on more than one application
will be removed from the lottery)

*****BMR applications must be submitted with all required attachments*****

TODAY'S DATE: _____

BMR UNIT ADDRESS	Please enter one:
_____	<input type="checkbox"/> Unit # _____
<i>Street No. Street Name Street Type Zip Code</i>	<input type="checkbox"/> Preferred Size _____ # of bedrooms

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
All applications containing any person who appears on more than one application will be removed from the lottery.

Print household member legal names as they will appear on the mortgage loan and title.

Head of Household (Household Member 1):

HOUSEHOLD MEMBER #1	NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	GENDER:
	_____	_____
	<input type="checkbox"/> This member is a dependent	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member 2 Relationship to Head of Household:

HOUSEHOLD MEMBER #2	NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	GENDER:
	_____	_____
	<input type="checkbox"/> This member is a dependent	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member 3 Relationship to Head of Household:

HOUSEHOLD MEMBER #3	NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	GENDER:
	_____	_____
	<input type="checkbox"/> This member is a dependent	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Household Member 4 Relationship to Head of Household:

#4	HOUSEHOLD MEMBER	NAME	DATE OF BIRTH
		_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
	OCCUPATION: <input type="checkbox"/> This member is a dependent	GENDER:	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member 5 Relationship to Head of Household:

#5	HOUSEHOLD MEMBER	NAME	DATE OF BIRTH
		_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
	OCCUPATION: <input type="checkbox"/> This member is a dependent	GENDER:	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member 6 Relationship to Head of Household:

#6	HOUSEHOLD MEMBER	NAME	DATE OF BIRTH
		_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
	OCCUPATION: <input type="checkbox"/> This member is a dependent	GENDER:	MARRIED OR DOMESTIC PARTNERED? <input type="checkbox"/> Yes <input type="checkbox"/> No

(if you need to add more household members, please attach a separate sheet to this application)

Total Household Size Including Dependents:

CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

<p>RESIDENCE ADDRESS We cannot accept a PO box here.</p> <p>_____ <i>Street No. Street Name Street Type Unit</i></p> <p>_____ <i>City State Zip Code</i></p>	<p>MAILING ADDRESS - you may use a PO box (if different from residence address)</p> <p>_____ <i>Street No. Street Name Street Type Unit</i></p> <p>_____ <i>City State Zip Code</i></p>
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PRIMARY PHONE #
 Home Work Cell

SECOND PHONE #
 Home Work Cell

EMAIL
(leave blank if you don't have one)

Area Code Phone Number Area Code Phone Number



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Does anyone in your household have any of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the project posting to find out which preferences apply.

<p>At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the preferences below. To prove eligibility, one of the listed documents must be submitted with your application:</p> <p><input type="checkbox"/> Live in San Francisco Preference</p> <ul style="list-style-type: none"> • Telephone bill (land line only) • Cable or internet bill • Gas or Electric bill • Garbage bill • Water bill • Paystub (listing home address) • Public benefits record • School record <p><input type="checkbox"/> Work in San Francisco Preference</p> <ul style="list-style-type: none"> • Paystub (showing employer address in San Francisco) • Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City 	<p><input type="checkbox"/> Neighborhood Resident Housing Preference This preference applies only to <u>new</u> projects. At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying. To prove eligibility, one of the following must be submitted with your application:</p> <ul style="list-style-type: none"> • Telephone bill (land line only) • Cable or internet bill • Gas or Electric bill • Garbage bill • Water bill • Paystub (listing home address) • Public benefits record • School record <p>What is the address of the household member for whom this preference applies?</p> <hr/> <p style="font-size: small; margin-left: 20px;">Street # Street Name Street Type Unit</p> <hr/> <p style="font-size: small; margin-left: 20px;">Zip Code Name of NRHP Holder</p>
<p>Documentation must list the household member's name and current address and be dated within 45 days of the date of this application.</p>	

<p><input type="checkbox"/> Rent Burdened Or Assisted Housing Preference San Francisco households that are currently spending more than 50% of their income for housing, or that reside in public housing or Project-Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. Households who qualify for this preference must meet the building's minimum income requirements. To prove eligibility, the following must be submitted with your application (we will verify the amount of rent you pay after the lottery):</p> <ul style="list-style-type: none"> • <u>For Residents of HUD Assisted Housing</u>: a copy of your current lease agreement • <u>For Rent Burdened</u>: copy of current lease AND proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are not acceptable as proof of rent payments
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<p><input type="checkbox"/> Displaced Tenant Housing Preference If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction in 2010 or later. Name of DTHP Certificate Holder:</p>	<p><input type="checkbox"/> Certificate of Preference If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s. Name of COP Holder:</p>
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If you have not heard of these preferences, you most likely do not have one.
Please call 415-701-5613 if you think you qualify for either.



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THE FOLLOWING QUESTIONS APPLY TO THIS ENTIRE HOUSEHOLD:

A) What is the Head of Household's current rent amount?	\$ _____ per month
B) Does any household member own a commercial business? If yes, please enter name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Has any household member appeared on title for a housing unit (whether living in it or renting it out) in the past 3 years from the date of this application? If yes, please enter name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Does your household have 5% of the purchase price of this BMR unit available for the down payment? 2% can be from gift funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Will your household be receiving gift funds for the purchase of this BMR unit? If yes, please indicate amount expected:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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HOUSEHOLD EMPLOYMENT AND INCOME

You must complete this form as a part of your application.
See application instructions for more information and examples.

“HH #” = Household Member Number

EMPLOYMENT (Please write “unemployed” under “Name of Employer” for unemployed household members)					
HH #	Name of Employer	Employer Address	First Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
					\$
					\$
					\$
					\$
					\$
					\$

GROSS ANNUAL INCOME for each household member				
HH #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
1				
2				
3				
4				
5				
6				
Totals	\$ (a)	\$ (b)	\$ (c)	\$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d)				\$ (e)



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HOUSEHOLD ASSETS – NON RETIREMENT

You must complete this form as a part of your application.
 See application instructions for more information and examples.

INCOME FROM ASSETS			
<p>Important: You must list every cash account that lists the household member as an account holder. Asset accounts can include, but are not limited to, checking accounts, savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, gifts for down payment or other costs, retirement accounts, monthly income from retirement and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars, boats, etc. -- only cash assets.</p> <p>You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears. Failure to list all accounts will disqualify your household from applying for the BMR unit. All money used toward down payment and closing costs is counted as an asset and should be included. Retirement money will not be counted toward the asset test and should not be listed below. However, applicant must include at least the most recent statement from each retirement account as an attachment in your application for verification. Attach additional sheets if necessary.</p> <p>"HH #" = Household Member Number</p>			
HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
			\$
			\$
			\$
			\$
			\$
			\$
Total Household Liquid Assets (do not include retirement)			\$

YOU MUST ATTACH THE 3 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.



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HOUSEHOLD CERTIFICATION AND SIGNATURES

All statements made in this application are true and made for the purpose of applying for an inclusionary affordable housing program below market rate unit, through the City and County of San Francisco. Verification may be obtained from any source named in this application. I/we fully understand the City may terminate my/our participation in the Program at any time if it finds that I/we have provided false, misleading or inaccurate information.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. I/we have provided each household member's acceptable verification of current annual income. I/we have also disclosed ALL assets held by each person listed on the application, and have provided documentation thereof. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Public Records Act: The City and County of San Francisco is subject to the requirements of the California Public Records Act, Government Code Section 6250, et seq. The Public Records Act provides that virtually all documents held or used by the City in the course of conducting the public's business are public records which the City, subject to certain limited exemptions, must make available for inspection and copying by the public. Applications for loans or grants from the City are public records as are the completed loan and grant documents. Under Section 67.24(e) of San Francisco Administrative Code, applications for financing and all other records of communication between the City and the Borrower must be open to public inspection immediately after a contract has been awarded. All information provided by the Borrower which is covered by that ordinance (as it may be amended) will be made available to the public upon appropriate request. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

Must be signed by all applicants 18 years or older.

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name

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Date



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REQUIRED DOCUMENTS CHECKLIST

You must include copies of the following documents for <u>each</u> household member 18 years old or older. Please use check-boxes below for more guidance. If any form is missing, your application may be disqualified. Must complete one form per household – Please initial columns HEAD OF HOUSEHOLD LAST NAME:	HH #1	HH #2	HH #3	HH #4	HH #5	HH #6	Verifier Initials (sales agent only)
Completed, signed and dated BMR application form. (Pages 1-8 of this document.) (One for the entire household.)							
Verification of Homebuyer Education or Certificate of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for <u>all</u> titleholders/borrowers. Name of Agency: _____ Date: _____							
Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website (www.sfmohcd.org). Name of Lender: _____ Date: _____							
Signed and dated copies of last three years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) <ul style="list-style-type: none"> ▪ Include all SCHEDULES and/or attachments required by the IRS ▪ Include all W-2 and/or 1099 form(s) OR – If applicable, complete attached Income Tax Affidavit form, have it notarized and submit with supporting documents as specified in the form.							
Copies of 3 most recent and most consecutive paystubs and/or income statements. OR – If applicable, complete the attached Unemployed Affidavit form, and have it notarized. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance.) OR – If applicable, complete the attached Self-employed Affidavit form and have it notarized. Must be submitted with most recent and current Profit and Loss statement. OR – Employment offer letter if less than 3 weeks from date of hire.							
Copies of 3 most recent and most consecutive bank or asset statements from all bank or other cash asset accounts. Must be official statements. All pages must be included. Include one statement for each retirement account, as well.							
Proof of applicable preferences. Please see page 3 for a list of acceptable documentation.							
Resale BMR Units Only -- A complete San Francisco Purchase Agreement. This section does not apply to new for sale BMR units.							

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE ENTERED INTO THE LOTTERY FOR THE UNITS



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HOMEOWNERSHIP COUNSELING CONSENT FORM

The Mayor's Office of Housing and Community Development requires every adult household member applying for a City-administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours. Please visit www.homeownershipsf.org for current list of approved housing counseling agencies.
2. Meet with a counselor and complete a 2-hour one-on-one counseling session at the same agency.
3. Receive a Verification of Homebuyer Education or a Certificate of Homebuyer Education once requirements 1 and 2 noted above are completed.

I/We understand the homebuyer education requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City-administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

Name as it will appear on Title:	Signature(s):	Date:

Property to be purchased: (Enter N/A if not yet identified)

Street No.	Street Name:	Unit No.:	City, State	Zip code:
			San Francisco, CA	



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Help us ensure we are meeting our goal to serve all people

These optional questions will not affect your eligibility for housing in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which best describes your gender? (select one)

- Male Female
 Trans Male Trans Female
 Not listed – please specify: _____
 Decline to state

Which best describes your sexual orientation or sexual identity? (select one)

- Straight/ Heterosexual
 Gay Lesbian Bisexual
 Questioning/Unsure
 Not listed - please specify: _____
 Decline to state

Which best describes your ethnicity? (select one)

- Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (select one)

- American Indian/Alaskan Native American Indian/Alaskan Native and
Black/African American
 Asian American Indian/Alaskan Native and White
 Black/African American Asian and White
 Native Hawaiian/Other Pacific Islander Black/African American and White
 White Other/Multiracial



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INCOME TAX AFFIDAVIT FORM

Complete this form only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.

1. I (We) the undersigned, being first duly sworn, state the following:
2. I (We) (name here) _____ hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) below:

In the case of ownership applications ONLY, affidavit must be accompanied with documented proof that the applicant was a renter during the specified period, e.g. copy of the lease, letter from the landlord or manager, canceled checks or rent receipts.

In the case of ownership AND rental applications:

If the applicant was a student, affidavit must be accompanied by a copy of the transcripts or diploma to support the status of the applicant for that period of time.

3. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) household's eligibility for a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a restricted price/rent unit may constitute a federal violation punishable by a fine and/or denial of my (our) application for purchase/rental of this restricted price unit.

Dated: _____
Signature of Applicant

THIS FORM MUST BE NOTARIZED



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SELF-EMPLOYED AFFIDAVIT

Before me this _____ day of _____, _____, personally appeared _____,
who, being duly sworn, deposes and says:

I am currently self-employed and am submitting to the Mayor's Office of Housing and Community Development for the purpose of applying for the San Francisco Inclusionary Affordable Housing Program a Profit and Loss Statement from the most recent quarter that is a true and accurate reflection of my income.

I have been self-employed from the following month and year forward: _____ / _____

This affidavit must be accompanied by a signed and dated Profit and Loss Statement that reflects the most recent quarter. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal tax form.

Name of Applicant

Signature of Applicant

THIS FORM MUST BE NOTARIZED



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UNEMPLOYED AFFIDAVIT

Before me this _____ day of _____, _____, personally appeared _____,
who, being duly sworn, deposes and says:

I (name here) _____ am not presently employed, not currently receiving any income, and will not file for unemployment benefits in 201____ (current calendar year). I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for purchase/rental of a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for purchase/rental of the restricted unit under the San Francisco Inclusionary Affordable Housing Program may constitute a federal violation punishable by a fine and/or denial of my (our) application for the unit.

Signature of Applicant

THIS FORM MUST BE NOTARIZED

