

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



London N. Breed
Mayor

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

Kate Hartley
Director

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
Applications containing any person who appears on more than one application will be removed

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

TODAY'S DATE: _____

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

Head of Household (Household Member 1):

HOUSEHOLD MEMBER #1	LEGAL NAME	DATE OF BIRTH	
	_____	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>	
Head of Household	OCCUPATION:	DEPENDENT?	MARRIED OR DOMESTIC PARTNERED?
	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME	DATE OF BIRTH	
	_____	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>	
	OCCUPATION:	DEPENDENT?	MARRIED OR DOMESTIC PARTNERED?
	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	RELATIONSHIP TO HEAD OF HOUSEHOLD:		

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME	DATE OF BIRTH	
	_____	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>	
	OCCUPATION:	DEPENDENT?	MARRIED OR DOMESTIC PARTNERED?
	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	RELATIONSHIP TO HEAD OF HOUSEHOLD:		

Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME	DATE OF BIRTH	
	_____	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>	
	OCCUPATION:	DEPENDENT?	MARRIED OR DOMESTIC PARTNERED?
	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	RELATIONSHIP TO HEAD OF HOUSEHOLD:		



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APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:
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Household Member 5

HOUSEHOLD MEMBER #5	LEGAL NAME		DATE OF BIRTH		
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>		
	OCCUPATION:		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

Household Member 6

HOUSEHOLD MEMBER #6	LEGAL NAME		DATE OF BIRTH		
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>		
	OCCUPATION:		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:					

(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

Area Code Phone Number

SECOND PHONE #

Home Work Cell

Area Code Phone Number

EMAIL

(leave blank if you don't have one)

SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional) PHONE NUMBER

First Name Last Name (Area Code) Phone Number

HOW DO YOU KNOW THIS PERSON?

Family Member Friend Other: _____

Social Worker or Housing Counselor **Name of Agency:** _____



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APPLICATION DATE: _____	HEAD OF HOUSEHOLD LAST NAME: _____
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THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:

HOUSEHOLD DISCLOSURES

A) What is the household's total current rent amount? If nothing, write "0" and explain: _____	\$ _____ per month
B) Do you currently live in a BMR rental unit? If yes, provide the address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Does any household member own a manufactured home, agricultural or commercial property, or vacant land? If yes, provide address of property/land: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Does any household member have an ownership interest in a business entity? If yes, provide name of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Has any household member appeared on title for a housing unit in the past 3 years from the date of this application? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Does your household have enough in savings for the down payment, closing costs and reserves? Down payment: 3% of the purchase price of this BMR unit. Closing costs: various, but generally about 3% of the purchase price. Reserves: 3 months of the proposed housing expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Will your household be receiving gift funds for the purchase of this BMR unit? If yes, indicate gift funds amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance? If yes, enter recipient's name(s): _____ and attach a copy of Eligibility Certification or other documentation to your application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Will you and all your household members occupy this BMR unit as primary residence within 60 days after you purchase the unit? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Do you have any household member(s) who are not your dependent(s) and will not appear on title of this BMR unit? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:
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You must complete this form as a part of your application.
See application instructions for more information and examples.
****PLEASE PROVIDE A TWO YEAR WORK HISTORY****

"HH#" = Household Member Number

EMPLOYMENT: 2 YEAR WORK HISTORY IS REQUIRED					
(Please write "unemployed" under "Employer Name" for unemployed household members)					
HH#	Employer Name	Employer Address	Begin Date & End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
					\$
					\$
					\$
					\$
					\$
					\$

"HH#" = Household Member Number

GROSS ANNUAL INCOME for each household member			
HH#	Wages/Salary	Self-Employment	Non-Employment Received Annually (i.e. Income from Pension; Social Security; Retirement; Unemployment; Child Support; Alimony; Income from Investments; etc.)
1			
2			
3			
4			
5			
6			
TOTALS	\$ (a)	\$ (b)	\$ (c)
TOTAL GROSS ANNUAL INCOME Add (a) through (c):			\$ (d)

HOUSEHOLD EMPLOYMENT AND INCOME



**SAN FRANCISCO BELOW MARKET RATE (BMR)
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APPLICATION DATE:

HEAD OF HOUSEHOLD LAST NAME:

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

INCOME FROM ASSETS

Important: You must list every cash account that shows 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.

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.

"HH #" = Household Member Number

HH #	Name of Institution (bank name, etc.)	Last 4 Digits of Account Number	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):				\$

HOUSEHOLD ASSETS – NON RETIREMENT

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



**SAN FRANCISCO BELOW MARKET RATE (BMR)
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APPLICATION DATE:

HEAD OF HOUSEHOLD LAST NAME:

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

"HH #" = Household Member Number

HH #	Name of Institution	Last 4 Digits of Account Number	Specify Type of Asset (e.g: 401K, 403B, IRA, etc.)	Current Value
				\$
				\$
				\$
				\$
				\$
				\$
Total Household Retirement Accounts:				\$

YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE AND SIGN ON THE NEXT PAGE.

TITLE REQUIREMENTS

All Household members aged 18 and older must appear on the title for a BMR Ownership Unit and be co-borrowers on the mortgage for the BMR unit except 1) Legal dependents of titleholders as claimed on the two most recent federal income tax returns (spouses and domestic partners are not considered dependents); 2) A Household member younger than age 24 who is the child of a titleholder and will reside in the BMR Unit as their Primary Residence, regardless of being named as a dependent on the federal tax form; 3) Household members that do not count toward the BMR Unit size and their income does not change the applicant's Household income eligibility. Household members falling into this category are usually those who do not intend to live in the BMR Unit as their Primary Residence for the entire duration of ownership of the Unit.

TITLE WILL BE HELD IN WHAT NAME(S):

(PRINT EXACTLY how you wish to have your legal name(s) shown on title, which will be exactly how your name appears on the final City documents.)

TITLEHOLDER	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
1				
2				
3				
4				
5				
6				



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

HOUSEHOLD CERTIFICATION AND SIGNATURES

All statements made in this application are true and made for the purpose of applying for an Affordable Housing Program Below Market Rate unit, through the City and County of San Francisco ("City"). 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 knowingly provided false, misleading or inaccurate information or withheld information. In such case, I/we understand that I/we may be prohibited from participating in the Program for a minimum of one (1) year, or a longer period of time in the City's sole discretion. For purposes of this Certification, "knowingly" means that an applicant, with respect to any information provided to MOHCD, does any of the following: (1) Has actual knowledge of the information; (2) Acts in deliberate ignorance of the truth or falsity of the information; (3) Acts in reckless disregard of the truth or falsity of the information. Proof of specific intent is not required and reliance on my/our information by MOHCD is also not required. If the City cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized.

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.

TERMS AND SIGNATURES

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

Date

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name





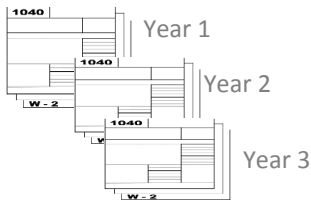
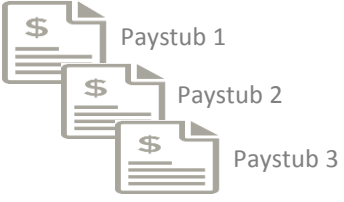




Date



SAN FRANCISCO BELOW MARKET RATE (BMR) HOMEOWNERSHIP HOUSING PROGRAM

REQUIRED DOCUMENTS CHECKLIST

You must include copies of the following documents for each household member 18 years old or older. If any form is missing, your application may be disqualified. Please check each box upon completion.

Item	Description <i>(check at least one box per item)</i>
Photo ID 	<input type="checkbox"/> Copy of photo identification for <u>all</u> adult household members
Application 	<input type="checkbox"/> Completed, signed and dated BMR Supplemental Application (this form) (one for the entire household)
Homebuyer Education Proof 	Verification of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for <u>all</u> titleholders/borrowers.
Mortgage Loan Pre-Approval 	Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website (www.sfmohcd.org).
Tax Information 	<input type="checkbox"/> Signed and dated copies of last 3 years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) Include all SCHEDULES and/or attachments required by the IRS Include all W-2 and/or 1099 form(s) <input type="checkbox"/> OR – If applicable, complete attached Income Tax Declaration form, and submit with supporting documents as specified in the form.
Proof of Income 	<input type="checkbox"/> Copies of 3 most recent and most consecutive paystubs and/or income statements <input type="checkbox"/> OR – If applicable, complete the attached Unemployed Declaration form. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance) <input type="checkbox"/> OR – If applicable, complete the attached Self-employed Declaration form. Must be submitted with most recent and current Profit and Loss statement. <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire.
Bank Statements 	<input type="checkbox"/> Copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts (listed on page 5 of 9 of this application). Must be official statements. All pages must be included. <input type="checkbox"/> Copies of 1 most recent monthly or quarterly statement for all retirement accounts.
Lease Agreement & 3 Rent Payments 	<input type="checkbox"/> Copy of current lease agreement with all pages with proof of 3 most recent rent payments. <input type="checkbox"/> If rent free, provide a signed letter from the landlord to support.
Gift Funds <i>– if applicable</i> 	<input type="checkbox"/> N/A <input type="checkbox"/> If applicable, completed gift letter and evidence of donor availability of funds.
Purchase Offer <i>– if applicable</i> 	<input type="checkbox"/> N/A - This section does not apply to new for sale BMR units <input type="checkbox"/> Resale BMR Units Only - copy of SF Purchase Offer signed by buyer and buyer's realtor.



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

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE DETERMINED INELIGIBLE

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 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.

Applicant Name(s):	Signature(s):	Date:



SAN FRANCISCO BELOW MARKET RATE (BMR) HOMEOWNERSHIP HOUSING PROGRAM

How did you hear about this listing? Newspaper MOHCD Website Developer Website Flyer Friend
 Email Alert Housing Counselor Radio Ad Bus or Billboard Ad Other

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

What is your gender? (Check one that best describes your current gender identity)

- Female Male
 Genderqueer/Gender Non-binary
 Trans Female Trans Male
 Not listed – please specify: _____

How do you describe your sexual orientation or sexual identity? (Check one)

- Bisexual
 Gay/ Lesbian/Same-Gender Loving
 Questioning/Unsure
 Straight/ Heterosexual
 Not listed - please specify: _____



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

INCOME TAX DECLARATION

Complete this form only if you do not have copies of Federal Income Tax Returns for any year during the preceding three years. Please complete the option(s) below that apply.

I (We) the undersigned, hereby declare the following:

I (We) (name here) _____ hereby declare 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 (attach documentation to support reason):

Please provide applicable documentation supporting the above explanation such as income earning did not meet requirement for tax filing, proof of date of entry to US, school transcripts or diploma, etc. for that period of time.

Declaration 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 rental management company, canceled checks or rent receipts.

I (We) hereby declare that I (we) was (were) not required hereby certify that the application in connection with which I (we) am (are) applying for the San Francisco BMR Homeownership Housing Program is occurring between **January 1 and April 15**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20_____ is \$_____ and does not exceed the income limits for the San Francisco BMR Homeownership Housing Program.

By signing below, I (we) certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my (our) knowledge and belief. I (We) further understand that this Declaration will be relied upon for purposes of determining my (our) household's eligibility for a restricted unit under the San Francisco BMR Homeownership Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this declaration 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 of this restricted price unit.

Dated: _____

Signature of Applicant

Dated: _____

Signature of Applicant



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

SELF-EMPLOYED DECLARATION

I (name here) _____ hereby declare the following:

I hereby attach copies of my federal tax returns (both individual returns and business returns if applicable) for the immediate preceding three calendar years for which self-employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the San Francisco BMR Homeownership Housing Program is net income from the operation of a business or profession, including cash withdrawals from the business.

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

Number of Self-Employment Federal Tax Returns filed in the last three years: _____

_____ tax return income: \$ _____

(Year of)

_____ tax return income: \$ _____

(Year of)

_____ tax return income: \$ _____

(Year of)

Attach a) copies of Federal Income Tax Returns (both individual returns and business returns if applicable) for preceding three calendar years; and b) signed and dated Profit/Loss Statement to date from last tax filing.

OR

If this is a new business, or if you do not file income taxes, you will need to provide a) a signed and dated Profit/Loss Statement; and b) copies of all invoices and payments made to the borrower as a part of self-employment in the current calendar year.

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representation herein constitutes an act of fraud, and results in the denial of my application.

Dated: _____

Signature of Applicant



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

UNEMPLOYED DECLARATION

This Declaration is to be signed by each household member 18 years of age and older when no employment income for them is indicated on the San Francisco BMR Homeownership Housing Program Application.

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 am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.

Please read carefully and complete all statements that apply:

- I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.

- I am not presently employed, but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills, and income history, I expect to earn \$ _____ /year when I become employed.

- I am not presently employed, but am aware of an employment start date of _____ at \$ _____ per _____ (If amount is hourly, please provide number of hours per week, _____). Please attach supporting documents, such as borrower's offer or contract for future employment and anticipated income if available.

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that this Declaration will be relied upon for purposes of determining my eligibility for the San Francisco BMR Homeownership Housing Program. I acknowledge that a material misstatement fraudulently or negligently made in this declaration or in any other statement made by me in connection with a loan application may constitute a federal violation punishable by a fine and/or denial of my application for the San Francisco BMR Homeownership Housing Program.

Dated: _____

Signature of Applicant

