Dear Applicant:

Thank you for your interest in applying for a home through the Below Market Rate (BMR) Homeownership Program administered by the San Francisco Mayor’s Office of Housing and Community Development (MOHCD).

Before you begin filling out the attached application, please follow the steps below.

**Step 1: Answer the following questions**

1) Are you and all your household members first-time homebuyers?  
   *First-time homebuyer: no ownership interest in a residential property in the past 3 years.*  
   □ Yes □ No

2) Have you completed homebuyer education from a MOHCD-Approved Housing Counseling Agency?  
   *Homebuyer education: 6-hour workshops and 2-hour individual counseling.*  
   □ Yes □ No

3) Are you pre-approved for a mortgage loan by a MOHCD-Approved Lender?  
   *MOHCD-Approved Lenders are listed on www.sfmohcd.org*  
   □ Yes □ No

If you answered “No” to any of the questions above, you are not eligible for the BMR Homeownership Program at this time. If you answered “Yes” to all of the questions above, please continue with Step 2.

**Step 2: Attach the following documents to your application**

- **Homebuyer Education Proof**
  □ Verification of Homebuyer Education from a MOHCD-Approved Housing Counseling Agency for all titleholders/borrowers
  
  Name of Agency: ________________________________
  
  Date of Verification: ________________________________

- **Mortgage Loan Pre-Approval**
  □ Copy of mortgage loan pre-approval letter from a MOHCD-Approved Lender
  
  Name of Loan Officer: ________________________________
  
  Name of Loan Company: ________________________________
  
  Date of Pre-Approval Letter: ________________________________

- **Proof of Housing Lottery Preferences — if applicable**
  □ N/A -- I/we are not claiming any housing lottery preferences

  □ If applicable, proof of housing lottery preferences. Please see page 4 of the application for a list of acceptable documentation for the housing lottery preferences.
This application must be completed in English.

Primary Applicant’s Legal Name

Date of Birth

BMR Unit Address

Preferred Unit Size

How many people will live in your unit? 

What is the total annual household gross (grant total before taxes are taken out) income from all sources for every person in your household? 

Do you or another member of your household have a housing voucher or subsidy?  

Yes  
No

Your Residence Address

We cannot accept a PO box here.

Your Mailing Address - you may use a PO box (if different from residence address)

Your Phone #

Your Second Phone #

Your Email

(leave blank if you don’t have one)

Alternate Contact (whom should we contact if we cannot reach you?) (Optional)

Relationship (how do you know this person?)

Family Member  
Friend  
Other  

Social Worker or Housing Counselor  
Name of Agency:

Continued on Next Page
### HOUSEHOLD MEMBER INFORMATION

Who else will live in the unit for which you are applying, including minors?

<table>
<thead>
<tr>
<th>LEGAL NAME</th>
<th>DATE OF BIRTH (REQUIRED)</th>
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<tbody>
<tr>
<td>(Household Member #2)</td>
<td></td>
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<tr>
<td>First</td>
<td>Middle</td>
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RESIDENCE ADDRESS (if different from primary applicant’s residence address)

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<th>Street No.</th>
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<td>(Household Member #3)</td>
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If you need to add more household members, please attach a separate sheet to this application

CONTINUED ON NEXT PAGE
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 posting to find out which apply.

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the Live or Work in San Francisco preferences below. To prove eligibility, one of the listed documents must be submitted with your application:

**Live in San Francisco Preference**
- Which type of proof are you including with your application? (check one)
  - Telephone bill (land line only)
  - Cable or internet bill
  - Gas or Electric bill
  - Garbage bill

**Work in San Francisco Preference**
- Which type of proof are you including with your application? (check one)
  - Water bill
  - Paystub
  - Public benefits record
  - School record

Documentation must list the household member’s name and current address and be dated within 45 days of the date of this application.

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 for the Neighborhood Resident Housing Preference (NRHP) below. To prove eligibility, one of the listed documents must be submitted with your application:

**Live in the Neighborhood**
- This preference applies only to new projects.
- Which type of proof are you including with your application? (check one)
  - Telephone bill (land line only)
  - Cable or internet bill
  - Gas or Electric bill

- Garbage bill

What is the name and address of the household member for whom this preference applies?

Name of NRHP Holder

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City

State

Zip Code

Documentation must list the household member’s name and current address and be dated within 45 days of the date of this application.
### Household Preferences (continued)

San Francisco households that are currently spending more than 50% of their gross 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 documentation for the preference you are claiming must be submitted with your application (we will verify the amount of rent you pay after the lottery):

**Rent Burdened Preference**
- How much is the total rent per month paid by all members of this household? $\
- Please submit from only one household member:
  - Copy of your current lease agreement
  - 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 payment

**Assisted Housing Preference**
- Please submit from only one household member:
  - Copy of your current lease agreement
  - What is the name and address of the household member for whom this preference applies?
    - Name
    - Street # Street Name and Type Unit
    - City State Zip Code

**Displaced Tenant Certificate**
- 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, or have been displaced by a fire.
  - Name of DTHP Certificate Holder:
  - DTHP Certificate Number:
    (if you do not know the number, leave blank)

**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:
  - COP Certificate Number:
    (if you do not know the number, leave blank)

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.
TERMS

This application must be physically received (by mail or in person) by the application due date. Please see www.sfmohcd.org, or contact the property developer or sales agent for deadline and location to submit the application.

Applicants will be contacted by the sales agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have submitted an incomplete application or made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents within five (5) business days. For more information, please contact the developer or sales agent posted in the listing. Completing this lottery application does not entitle you to housing or indicate you are eligible for housing.

I declare that the foregoing is true and accurate, and acknowledge that any misstatement fraudulently or negligently made on this application will result in removal from the lottery.

SIGNATURE __________________________ PRINTED NAME __________________________ DATE

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

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: __________________________

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

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: __________________________