

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



London N. Breed  
Mayor

**SAN FRANCISCO BELOW MARKET RATE  
HOMEOWNERSHIP LOTTERY APPLICATION**

Daniel Adams  
Acting Director

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?  Yes  No  
*First-time homebuyer: no ownership interest in a residential property in the past 3 years.*
- 2) Have you completed homebuyer education from a MOHCD-Approved Housing Counseling Agency?  Yes  No  
*Homebuyer education: 6-hour workshops and 2-hour individual counseling.*
- 3) Are you pre-approved for a mortgage loan by a MOHCD-Approved Lender?  Yes  No  
*MOHCD-Approved Lenders are listed on [www.sfmohcd.org](http://www.sfmohcd.org)*

*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**

<p><b>Homebuyer Education Proof</b></p> 	<p><input type="checkbox"/> Verification of Homebuyer Education from a MOHCD-Approved Housing Counseling Agency for <u>all</u> titleholders/borrowers</p> <p>Name of Agency: _____</p> <p>Date of Verification: _____</p>
<p><b>Mortgage Loan Pre-Approval</b></p> 	<p><input type="checkbox"/> Copy of mortgage loan pre-approval letter from a MOHCD-Approved Lender</p> <p>Name of Loan Officer: _____</p> <p>Name of Loan Company: _____</p> <p>Date of Pre-Approval Letter: _____</p>
<p><b>Proof of Housing Lottery Preferences – if applicable</b></p> 	<p><input type="checkbox"/> N/A -- I/we are not claiming any housing lottery preferences</p> <p><input type="checkbox"/> 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.</p>



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**ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING**  
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**THIS APPLICATION MUST BE COMPLETED IN ENGLISH**

**PRIMARY APPLICANT'S LEGAL NAME**

**DATE OF BIRTH**

\_\_\_\_\_  
*First Name Middle Name Last Name mm/dd/yyyy*

**BMR UNIT ADDRESS**

**PREFERRED UNIT SIZE**

\_\_\_\_\_  
*Street No. Street Name Street Type Unit Zip Code # of bedrooms*

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**

All primary applicants must provide an address. If you are homeless, provide either the shelter address or an address close to where you stay.

**YOUR RESIDENCE ADDRESS**

We cannot accept a PO box here.

**YOUR MAILING ADDRESS - you may use a PO box**  
(if different from residence address)

\_\_\_\_\_  
*Street No. Street Name Street Type Unit*  
\_\_\_\_\_  
*City State Zip Code*

**YOUR PHONE #**

Home  Work  Cell

**YOUR SECOND PHONE #**

Home  Work  Cell

**YOUR EMAIL**

(leave blank if you don't have one)

\_\_\_\_\_  
*Area Code Phone Number Area Code Phone Number*

**ALTERNATE CONTACT (whom should we contact if we cannot reach you?) (Optional)**

\_\_\_\_\_  
*First Name Middle Name Last Name*

\_\_\_\_\_  
*Area Code Phone Number*  Home  Work  Cell \_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Street No. Street Name Street Type Unit City State Zip Code*

**RELATIONSHIP (how do you know this person?)**

Family Member  Friend  Other \_\_\_\_\_

Social Worker or Housing Counselor **NAME OF AGENCY:** \_\_\_\_\_

CONTINUED ON NEXT PAGE

APPLICANT INFORMATION



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

HOUSEHOLD MEMBER INFORMATION

<b>LEGAL NAME</b> (Household Member #2)			<b>DATE OF BIRTH (REQUIRED)</b>		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>RESIDENCE ADDRESS</b> (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
<b>LEGAL NAME</b> (Household Member #3)			<b>DATE OF BIRTH (REQUIRED)</b>		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>RESIDENCE ADDRESS</b> (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
<b>LEGAL NAME</b> (Household Member #4)			<b>DATE OF BIRTH (REQUIRED)</b>		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>RESIDENCE ADDRESS</b> (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
<b>LEGAL NAME</b> (Household Member #5)			<b>DATE OF BIRTH (REQUIRED)</b>		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>RESIDENCE ADDRESS</b> (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>

If you need to add more household members, please attach a separate sheet to this application

CONTINUED ON NEXT PAGE



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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 posting to find out which apply.

HOUSEHOLD PREFERENCE INFORMATION

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:

<input type="checkbox"/> <b>Live in San Francisco Preference</b> Which type of proof are you including with your application? (check one) <input type="checkbox"/> Telephone bill (land line only) <input type="checkbox"/> Cable or internet bill <input type="checkbox"/> Gas or Electric bill <input type="checkbox"/> Garbage bill <input type="checkbox"/> Water bill <input type="checkbox"/> Paystub (listing home address) <input type="checkbox"/> Public benefits record <input type="checkbox"/> School record	<input type="checkbox"/> <b>Work in San Francisco Preference</b> Which type of proof are you including with your application? (check one) <input type="checkbox"/> Paystub (showing employer address in San Francisco) <input type="checkbox"/> Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City
Documentation must list the household member's name and current address and be <b>dated within 45 days</b> 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)     Garbage bill     Public benefits record  
 Cable or internet bill     Water bill     School record  
 Gas or Electric bill     Paystub (listing home address)  
**What is the name and address of the household member for whom this preference applies?**  


---

Name of NRHP Holder

---

Street #    Street Name    Street Type    Unit

---

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.

CONTINUED ON NEXT PAGE





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## 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

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 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.

HOUSEHOLD PREFERENCE INFORMATION (continued)

CONTINUED ON NEXT PAGE



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TERMS

**TERMS**

This application must be physically received (by mail or in person) by the application due date. Please see [www.sfmohcd.org](http://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

**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: \_\_\_\_\_

