

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**

London N. Breed
Mayor

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 # _____
_____	Preferred Size _____
Street No. Street Name Street Type Zip Code	# of bedrooms

Head of Household (Household Member 1):

HOUSEHOLD MEMBER #1 Head of Household	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"/>

Household Member 2

HOUSEHOLD MEMBER #2	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 3

HOUSEHOLD MEMBER #3	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 4

HOUSEHOLD MEMBER #4	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"/>



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HOMEOWNERSHIP HOUSING PROGRAM APPLICATION FORM**

	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

SECOND PHONE #

Home Work Cell

EMAIL

(leave blank if you don't have one)

Area Code Phone Number

Area Code Phone Number

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:** _____



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

APPLICATION DATE: _____

HEAD OF HOUSEHOLD LAST NAME: _____

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 preferences below. To prove eligibility, **ONE** of the listed documents must be submitted with your application (CHECK ONE):

Live in San Francisco Preference

- | | |
|---|--|
| <input type="checkbox"/> Telephone bill
(land line only) | <input type="checkbox"/> Paystub
(listing home address) |
| <input type="checkbox"/> Cable or internet bill | <input type="checkbox"/> Water bill |
| <input type="checkbox"/> Gas or Electric bill | <input type="checkbox"/> Public benefits record |
| <input type="checkbox"/> Garbage bill | <input type="checkbox"/> School record |

Work in San Francisco Preference

- 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

Live in Neighborhood

This preference applies only to new 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 (CHECK ONE):

- | | |
|---|--|
| <input type="checkbox"/> Telephone bill
(land line only) | <input type="checkbox"/> Paystub
(listing home address) |
| <input type="checkbox"/> Cable or internet bill | <input type="checkbox"/> Water bill |
| <input type="checkbox"/> Gas or Electric bill | <input type="checkbox"/> Public benefits record |
| <input type="checkbox"/> Garbage bill | <input type="checkbox"/> School record |

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

Street No. _____ Street Name _____ Street Type _____ Unit _____

Zip Code _____ Name of NRHP Holder _____

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

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):

- For Residents of HUD Assisted Housing:** a copy of your current lease agreement
 For Rent Burdened: 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

Displaced Tenant Housing Preference

If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are tenants 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: _____

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: _____

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



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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 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
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



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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.

****PLEASE PROVIDE A TWO YEAR WORK HISTORY****

"HH#" = Household Member Number

EMPLOYMENT: 2 YEAR WORK HISTORY IS REQUIRED

(Please write "unemployed" under "Name of Employer" for unemployed household members)

HH#	Employer Name	Employer Address	Begin Date & End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$

"HH#" = Household Member Number

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)

HOUSEHOLD EMPLOYMENT AND INCOME



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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.)	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
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.



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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	Specify Type of Asset (e.g: 401K, 403B, IRA, etc.)	Current Value
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
	Total Household Retirement Accounts:		\$

HOUSEHOLD ASSETS FROM RETIREMENT ACCOUNTS

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



**SAN FRANCISCO BELOW MARKET RATE (BMR)
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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. If we 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.

_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>

TERMS AND SIGNATURES



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

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

REQUIRED DOCUMENTS CHECKLIST

You must include copies of the following documents for <u>each</u> household member 18 years old or older. 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 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 <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 Declaration form, 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 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.) OR – If applicable, complete the attached Self-employed Declaration form. 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.							
Copy of government-issued photo identification card for all adult households members.							
Proof of applicable preferences. Please see page 3 for a list of acceptable documentation.							
Resale BMR Units Only – copy of SF Purchase Offer signed by buyer and buyer's realtor. 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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**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP HOUSING PROGRAM**

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:



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

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.

<p>Which best describes your gender? (Check one that best describes your current gender identity)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer/Gender Non-binary</p> <p><input type="checkbox"/> Trans Female</p> <p><input type="checkbox"/> Trans Male</p> <p>Not listed. Please specify: _____</p>	<p>Which best describes your sexual orientation or sexual identity? (Check one)</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay/ Lesbian/Same-Gender Loving</p> <p><input type="checkbox"/> Questioning/Unsure</p> <p><input type="checkbox"/> Straight/ Heterosexual</p> <p><input type="checkbox"/> Not listed. Please specify: _____</p>
<p>Which best describes your ethnicity? (select one)</p> <p><input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino</p> <hr/> <p>Which best describes your race? (select one)</p> <p><input type="radio"/> American Indian/Alaskan Native <input type="radio"/> American Indian/Alaskan Native <u>and</u> Black/African American</p> <p><input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <u>and</u> White</p> <p><input type="radio"/> Black/African American <input type="radio"/> Asian <u>and</u> White</p> <p><input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Black/African American <u>and</u> White</p> <p><input type="radio"/> White <input type="radio"/> Other/Multiracial</p>	

Please find more information on the demographic information requested at www.sfmohcd.org

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



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

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

INCOME TAX DECLARATION

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.

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):
_____.

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.

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

COMPLETE ONLY IF APPLICABLE - 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/rental 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



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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

