



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

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

London N. Breed
Mayor

Kate Hartley
Director

If you need help filling this form out, please contact HomeownershipSF.

Si necesita ayuda para completar este formulario, póngase en contacto con HomeownershipSF.

如果您需要幫助填寫此表格，請聯繫 HomeownershipSF.

Kung kailangan mo ng tulong kumpletuhin ang aplikasyon na ito, mangyaring makipag-ugnay sa HomeownershipSF.

415.202.5464 (phone/teléfono/電話/telepono) --- info@homeownershipsf.org (email/correo electrónico/電子郵件)

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

TODAY'S DATE: _____

BMR UNIT ADDRESS

Street No. Street Name Street Type Zip Code

Please enter one:

Unit # _____

Preferred Size _____
of bedrooms

Head of Household = Household Member 1

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

Household Member 2

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

Household Member 3

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

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Household Member 4

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

Household Member 5

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

Household Member 7

HOUSEHOLD MEMBER #7	LEGAL NAME		DATE OF BIRTH			
	_____ <i>First</i>	_____ <i>Middle</i>	_____ <i>Last</i>	_____ <i>Month</i>	_____ <i>Day</i>	_____ <i>Year</i>
	OCCUPATION:					
	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>		IN SCHOOL? 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:



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"HH#" = Household Member Number

EMPLOYMENT: 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)	Hours per Week	Gross Annual Income
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$

"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				
7				
TOTALS	\$ (a)	\$ (b)	\$ (c)	\$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d):				\$ (e)

HOUSEHOLD EMPLOYMENT AND INCOME



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HOUSEHOLD ASSETS – NON RETIREMENT

INCOME FROM ASSETS

Important: You must list every cash account that shows a household member as an account holder. Asset accounts can include, but are not limited to, checking and savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, 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. Failure to list all accounts will disqualify your household from applying for the BMR unit. 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):			\$

THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:

HOUSEHOLD DISCLOSURES

A) How much is your rent 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) Are you a Certificate of Preference (COP) or Displace Tenants Housing Program (DTHP) certificate holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Have you used your COP or DTHP certificate for another rental opportunity? If yes, provide the address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) 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
F) 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
G) Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance? If yes, what type of housing assistance do you receive? _____ Please provide recipient's name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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. 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.

HH # "HH#" = Household Member Number

1	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
2	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
3	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
4	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
5	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
6	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
7	<hr/>	<hr/>	<hr/>
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>

TERMS AND SIGNATURES



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BMR RENTAL PROGRAM DOCUMENTATION CHECKLIST

The following documentation is due for each household member who is 18 years old or older.

Household Name: _____	HH member #1	HH member #2	HH member #3	HH member #4
1. TAXES If you filed a Federal Income Tax form, submit: <ul style="list-style-type: none"> Signed and dated copies of the most recent (2) years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form) Include all SCHEDULES, attachments, and W-2 form(s) 				
If you did NOT file a recent Federal Income Tax form, you must: <ul style="list-style-type: none"> Complete the attached Income Tax Declaration and submit it with documents to support your claim. 				
If you are applying between January 1st and April 15th, you must: <ul style="list-style-type: none"> Submit the most recent Federal Income Tax Form filed, and provide W-2 form(s) for the year you are about to file 				
2. INCOME If you work and receive paystubs, submit: <ul style="list-style-type: none"> Copies of the 3 consecutive and most recent paystubs. If hired recently, provide Employment Offer Letter. 				
If you receive severance pay, Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the: <ul style="list-style-type: none"> Most recent benefits or award letter stating your income. 				
If you are Self-Employed, you must: <ul style="list-style-type: none"> Complete the attached Self-Employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 3 years of federal income tax returns. 				
If you are Unemployed and have ZERO income, you must: <ul style="list-style-type: none"> Complete the attached Unemployment Declaration 				
3. ASSETS <ul style="list-style-type: none"> 3 consecutive and most recent official bank and asset statements for <u>ALL</u> accounts and include <u>ALL</u> pages. A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment. 				
4. Housing Assistance Documentation If you receive a subsidy or have a housing voucher, you must: <ul style="list-style-type: none"> Submit most recent document stating eligibility for housing assistance voucher or subsidy 				

