

MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY AND COUNTY OF SAN FRANCISCO



LONDON N. BREED
MAYOR

ERIC D. SHAW
DIRECTOR

Homeownership Emergency Loan Program COVID-19 HELP Loan Addendum

(Effective immediately)

In response to the current COVID-19 pandemic and until further notice, the Mayor's Office of Housing and Community Development (MOHCD) is implementing the following changes (this "Addendum") to the Homeowner Emergency Loan Program (HELP) to assist low- to moderate-income San Francisco homeowners (up to 120% AMI) who are struggling to make housing payments due to financial hardship caused by COVID-19. Please see the complete [December 2019 HELP Operating and Procedures Manual](#) (the "HELP Manual") for more information.

Changes to HELP: Loans Addressing Financial Hardship Due to COVID-19 (COVID-19 HELP Loan)

Eligible Uses of a COVID-19 HELP Loan:

COVID-19 HELP loans can be used to cover: (a) delinquent HOA dues; (b) current and future HOA dues for up to 12 months; (c) delinquent and current special assessments; (d) mortgage forbearance deferred payments that are due in one lump sum when an affordable repayment option is not available (this does not apply to federally backed mortgage loans such as Fannie Mae, Freddie Mac, U.S. Department of Veteran Affairs (VA), and Federal Housing Administration (FHA) loans); and (e) delinquent non-escrowed property taxes.

Eligibility for a COVID-19 HELP Loan:

1. Borrowers must have experienced a financial hardship due to the COVID-19 pandemic. A financial hardship includes reduced income due to factors such as reduced work hours, temporary business closure or slowdown, layoffs, and/or increased out-of-pocket medical expenses related to COVID-19. Homeowners experiencing a financial hardship unrelated to COVID-19 may be eligible for HELP under the regular program guidelines.
2. Borrowers must have been current or less than 30 days past due on their mortgage loan account, property tax account, and/or HOA account as of April 1, 2020. Borrowers with an account delinquency prior to March 1, 2020 are not eligible for a COVID-19 HELP loan, but may be eligible for a regular HELP loan.
3. To demonstrate financial hardship as a result of COVID-19, borrowers are required to submit the "[Affidavit of Financial Hardship Due to COVID-19](#)" form along with its supporting documentation. See the form for details.

4. Borrowers do not need to provide documentation to verify inability to secure financing from traditional lenders and/or ineligibility for other financial options prior to applying for COVID-19 HELP.
5. Borrowers are not required to attend a one-on-one foreclosure intervention counseling session but can reach out to a MOHCD-approved and HUD-certified housing counseling agency if assistance is needed in applying. Please go to www.homeownershipsf.org for a list of agencies.

COVID-19 HELP Loan Terms:

1. There are no monthly payments. The COVID-19 HELP loan principal balance plus 1% annual simple interest is due upon the sale, transfer of title, failure of the property owner to occupy the property as the property owner's Principal Residence, or other non-compliance with the terms of the loan.
2. Maximum Loan Amount: The maximum amount used to pay for advance HOA dues may not exceed \$12,000, including non-recurring closing costs. Non-recurring closing costs vary by loan but the average costs are around \$1,000 which can be rolled into the loan. When combined with other COVID-19 HELP permissible uses, the maximum total loan amount may not exceed \$25,000.
3. Minimum Loan Amount: \$5,000 not including non-recurring closing costs.
4. Current front-end or housing ratio can be greater than 40% but must be no less than 28%.
5. Maximum Combined Loan-to-Value (CLTV) ratio cannot exceed 100%. The property value will be determined in the following ways: (a) for a Below Market Rate unit, the property value will be determined by the restricted resale price calculated by MOHCD; and (b) for a Market Rate unit, the property value will be determined based on the estimated value derived from the average of three reputable online property value websites. An appraisal is not required.

Notes:

1. This COVID-19 HELP Loan Addendum is in effect until further notice. If there is any conflict between this Addendum and the HELP Manual related to a COVID-19 HELP loan, this Addendum will temporarily control and supersede the conflicting requirements in the HELP Manual. All other requirements contained in the HELP Manual will remain in effect and apply to a COVID-19 HELP Loan.
2. The COVID-19 HELP application package must be submitted electronically via the [ShareFile](https://sfmohcd.org/COVID19HELP) link on the MOHCD website <https://sfmohcd.org/COVID19HELP>.
3. Below is an estimated timeline for closing a COVID-19 HELP loan. The entire process takes about 4 weeks from the day a complete application package is received to the date that the loan is disbursed. The processing time can vary depending on the number of applications received, complexity of applications, and additional information required to determine an applicant's eligibility.

COVID-19 HELP Timeline	
Steps	Time Estimate
Complete Application Submittal to Issuance of Approval Letter	7-10 business days
Buyer Signing	2-3 business days
HELP Loan Funding	5 business days
Closing	2-3 business days
Total Business Days	16-21 business days

QUESTIONS:

All program and application information can be found online: <https://sfmohcd.org/COVID19HELP>.

If you have any further questions or need assistance in applying, we encourage you to contact a housing counselor: www.homeownershipsf.org.

Additional program inquiries can be sent to ffely.charun@sfgov.org. Please allow 5 business days for a response.

**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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AFFIDAVIT OF FINANCIAL HARDSHIP DUE TO COVID-19

Homeowner Name(s): _____

Property Address: _____ San Francisco, CA _____

I (We) _____, have experienced financial hardship caused by the COVID-19 pandemic, and my (our) household is unable to meet the financial obligations of my (our) housing expenses.

1. The amount that is currently due or will be due is \$ _____.
2. My (Our) ability to pay the above amount has been negatively affected by the COVID-19 virus for the following reasons* (check all that apply):

☐ Reduction in work hours as follows: _____

☐ Temporary business shut down as follows: _____

☐ Layoffs or terminations due to COVID-19 as follows: _____

☐ Increase in out-of-pocket medical expenses as follows: _____

☐ Other (explain): _____

*Homeowner(s) must provide written documentation in support of the claim of financial hardship related to COVID-19. The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/ business shut down due to COVID-19, medical bills, etc. If homeowner(s) is self-employed, homeowner(s) shall provide proof of self-employment including federal income tax returns and a signed explanation of the hardship.

3. Contact information for employer is as follows:

Name of Employer: _____ Address: _____

Contact Name: _____ Phone: _____ Email: _____

I swear or affirm that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me (us) in connection with an application for a Homeowner Emergency Loan Program (HELP) loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a HELP loan, or, if HELP loan funds have been released prior to discovery of the false statement, immediate recalling of the HELP loan, which may be in addition to any criminal penalty imposed by law. I authorize the City to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

Dated this _____ day of _____, 2021

Applicant's Signature: _____

Given the current exigency, Homeowner(s) agrees that Homeowner(s) may self-authenticate their sworn statement herein and no notary shall be required.

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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

TODAY'S DATE: _____

DUE TO COVID-19, YOU NEED ASSISTANCE WITH (PLEASE CHOOSE ALL THAT APPLY):

☐ PAST DUE HOA DUES ☐ CURRENT/FUTURE HOA DUES ☐ PAST DUE NON-ESCROW PROPERTY TAXES ☐ HOA SPECIAL ASSESSMENTS ☐ DUE MORTGAGE FORBEARANCE PAYMENTS

PROPERTY INFORMATION				Year Built: _____ Year Purchased: _____
Street No.	Street Name	Street Type	Unit #	Total # of Units: _____
City	State	Zip Code		How many units are tenant-occupied: _____
				How many units are vacant: _____
				MOHCD-assisted property? <input type="checkbox"/> Yes <input type="checkbox"/> No

Head of Household (Household Member 1):

HOUSEHOLD MEMBER #1 Head of Household	LEGAL NAME		DATE OF BIRTH	
	First	Middle	Last	Month Day Year
	OCCUPATION:		DEPENDENT? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME		DATE OF BIRTH	
	First	Middle	Last	Month Day Year
	OCCUPATION:		DEPENDENT? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME		DATE OF BIRTH	
	First	Middle	Last	Month Day Year
	OCCUPATION:		DEPENDENT? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No
RELATIONSHIP TO HEAD OF HOUSEHOLD:				



Mayor's Office of Housing and Community Development
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**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
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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:		DEPENDENT?		MARRIED OR DOMESTIC PARTNERED?	
			Yes No		Yes No	
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

RESIDENCE ADDRESS <input type="checkbox"/> Mark if same as property address We cannot accept a PO box here. _____ <i>Street No. Street Name Street Type Unit</i> _____ <i>City State Zip Code</i>	MAILING ADDRESS - you may use a PO box <input type="checkbox"/> Mark if same as property address (if different from residence address) _____ <i>Street No. Street Name Street Type Unit</i> _____ <i>City State Zip Code</i>
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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** _____

Counselor Name: _____ Email: _____ Phone: _____



Mayor's Office of Housing and Community Development
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**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

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

THE FOLLOWING QUESTIONS APPLY TO ALL BORROWERS:

BORROWER DISCLOSURES	A) Is the head of household applicant on the mortgage and title of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B) Does the applicant(s) have any outstanding judgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C) Has the applicant(s) declared bankruptcy in the past ten (10) years? <input type="checkbox"/> Chapter 13 Discharge Date: _____ <input type="checkbox"/> Chapter 7 Discharge Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D) Are there any delinquent tax liens or other liens against the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	E) Are the applicant(s) currently living in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F) Are the HOA monthly assessment delinquent? Number of months behind: _____ Total past due amount: _____ HOA Name: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	G) Are any mortgages delinquent? Number of months behind _____ Total past due amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	H) Have you received a Notice of Default? Name of Entity filing NOD: _____ NOD Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I) Have you obtained a mortgage modification? If yes, please provide date modification was granted: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	J) Is property listed for sale? If yes, please provide the following information: Date of listing: _____ Realtor Name: _____ Realtor Phone No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Do you own other properties? If yes, please list addresses below: 1. _____ 2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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(HELP) APPLICATION**

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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	1 st Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
1					\$
2					\$
3					\$
4					\$

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

HOUSEHOLD EMPLOYMENT AND INCOME



Mayor's Office of Housing and Community Development
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**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
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You must complete this form as a part of your application.
See application instructions for more information and examples.

HOUSEHOLD ASSETS – NON RETIREMENT

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 a Homeowner Emergency Loan. Retirement money will not be counted toward the asset test and should not be listed below.

"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			\$
Total Household Liquid Assets (do not include retirement):			\$

YOU MUST ATTACH THE 2 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.

Monthly Housing Expenses:

HOUSEHOLD MONTHLY EXPENSES

Expense Type	Description/Name/Loan #	Current Balance	Monthly Payment
1 st Mortgage		\$	\$
2 nd Mortgage/HELOC			
Homeowner's Insurance			
Property Taxes			
Homeowners Association (HOA)			

Tenant Information:

Name	Unit #	Rent Amount	Phone #	Is Rent Delinquent?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

BORROWER CERTIFICATION AND SIGNATURES

BORROWER CERTIFICATION AND SIGNATURES

The Mayor's Office of Housing and Community Development (MOHCD) must obtain any documents needed to verify the information provided. You must understand the requirements and the provisions of the loan agreement prior to closing the loan. If you have any questions, please make sure you understand the program requirements before loan closing. The information on this application will be used to determine loan eligibility. I/we have listed all persons in my/our household. I/we have provided for each person(s) set forth in this application acceptable verification of current annual income. I have also disclosed ALL assets held by each person listed in this 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. False, misleading or incomplete information may result in the termination of the Homeowner Emergency Loan Program (HELP).

Borrower's Signature

Borrower's Printed Name

Date

Co-Borrower's Signature

Co-Borrower's Printed Name

Date



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

HOUSEHOLD CERTIFICATION AND SIGNATURES

HOUSEHOLD CERTIFICATION AND SIGNATURES

The undersigned specifically acknowledge (s) and agree (s) that: 1) the loan requested by this application would be secured by a junior deed of trust on the property described herein, 2) the property will be used solely as the principal residence of the undersigned, 3) all statements made in this application are true and made for the purpose of obtaining a Homeowner Emergency Loan Program (HELP) loan from the City and County of San Francisco. Verification may be obtained from any source named in this application. I/we fully understand that to make any false statements, whether negligent or intentional, concerning this application will result in the City's denial of a Homeowner Emergency Loan Program (HELP) loan or will be a default under the Homeowner Emergency Loan Program (HELP) loan, as applicable.

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.

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Signature

Applicant's Printed Name

Date







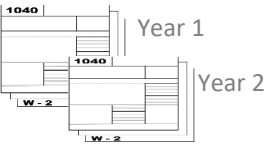




Mayor's Office of Housing and Community Development
City and County of San Francisco

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

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 (check at least one box per item)
Photo ID 	<input type="checkbox"/> Copy of photo identification for <u>all</u> title holders.
Application 	<input type="checkbox"/> Completed, signed and dated HELP Application (this form) (one for the entire household).
Hardship Letter 	<input type="checkbox"/> Signed and dated hardship letter (include copy of any applicable supporting document or form) <input type="checkbox"/> OR – If you're experiencing financial hardship due to COVID-19, submit a signed and dated "Affidavit of Financial Hardship due to COVID-19" form (include copy of any applicable supporting document or form) *If unemployed, include plans to support your ongoing housing expenses
Mortgage Statements 	<input type="checkbox"/> Copy of most recent mortgage statements for all existing mortgages.
HOA Statements 	<input type="checkbox"/> Copy of most recent homeowner's association statement if applicable.
Homeowner's Insurance 	<input type="checkbox"/> Copy of current homeowner's insurance declaration.
Tax Information 	<input type="checkbox"/> Signed and dated copies of last 2 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 2 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 – Benefits award letter. <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire.
Bank Statements 	<input type="checkbox"/> Copies of 2 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.

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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

CONSUMER FINANCIAL AND CREDIT REPORT RELEASE FORM

**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEOWNER EMERGENCY LOAN PROGRAM (HELP)**

By my signature below I authorize the Mayor's Office of Housing and Community Development to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a loan secured by my property. You may make copies of this letter for distribution to any party with which I have a financial relationship or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant's Name

Date of Birth

Social Security Number

Current Street Address

Signature

Date



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977
FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, domestic partnership, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one- to four-unit family residences occupied by the owner and for the purpose of the home improvement of any one- to four-unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or the Department of Real Estate at one of the following locations:

2550 Mariposa Mall, Suite 3070
Fresno, CA 93721-2273

320 W. 4th Street, Suite 350
Los Angeles, CA 90013-1105

1515 Clay Street, Suite 702
Oakland, CA 94612-1462

1651 Exposition Boulevard
Sacramento, CA 95815
P.O. Box 137000 (*mailing address*)
Sacramento, CA 95813-7000

1350 Front Street, Suite 1063
San Diego, CA 92101-3608

ACKNOWLEDGMENT OF RECEIPT

I (we) received a copy of this notice.

Signature of Applicant

Date

Signature of Applicant

Date

DEPARTMENT OF REAL ESTATE — Mortgage Lending Unit RE 867 (Rev. 7/18)



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

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.

☐ 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 Homeowner Emergency Loan Program (HELP) 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 Homeowner Emergency Loan Program (HELP).

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 the San Francisco Homeowner Emergency Loan Program (HELP). 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 may constitute a federal violation punishable by a fine and/or denial of my (our) application.

Dated: _____

Signature of Applicant

Dated: _____

Signature of Applicant



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

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 Homeowner Emergency Loan Program (HELP) 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



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

**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
(HELP) APPLICATION**

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 Homeowner Emergency Loan Program (HELP) Application.

I (name here) _____ am not presently employed, not currently receiving any income and will not file for unemployment benefits in 20 ____ (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 Homeowner Emergency Loan Program (HELP). 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.

Dated: _____

Signature of Applicant



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

San Francisco Below Market Rate (BMR) Homeownership 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.

What best describes your race and ethnicity? (select all that apply)

Asian

- ☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Mongolian
☐ Central Asian
☐ South Asian
☐ Southeast Asian
☐ Other Asian _____

Black

- ☐ African
☐ African American
☐ Caribbean, Central American, South American or Mexican
☐ Other Black _____

Indigenous

- ☐ American Indian/Native American
(Specific Group: _____)
☐ Indigenous from Mexico, the Caribbean, Central America or
South America (Specific Group: _____)
☐ Other Indigenous _____

Latino

- ☐ Caribbean
☐ Central American
☐ Mexican
☐ South American
☐ Other Latino _____

Middle Eastern/West Asian or North African

- ☐ North African
☐ West Asian
☐ Other Middle Eastern or North African _____

Pacific Islander

- ☐ Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander _____

White

- ☐ European
☐ Other 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: _____

Which primary language is spoken at home? (select one)

- ☐ Chinese – Cantonese
☐ Chinese – Mandarin
☐ English
☐ Filipino
☐ Russian
☐ Spanish
☐ Vietnamese
☐ Other Language Spoken at Home

For Service Rendering: Pronouns and Chosen Name

- ☐ She/Her/Hers
☐ He/Him/His
☐ They/Them/Theirs
☐ Not listed. Please specify: _____

By what name do you wish to be called?
