

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



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

London N. Breed
Mayor

Kate Hartley
Director

Dear Applicant,

Thank you for your interest in the Mayor's Office of Housing and Community Development, Homeowner Emergency Loan Program, otherwise known as HELP, previously known as MALP.

The purpose of the program is to assist San Francisco homeowners in need of a one-time emergency financial assistance loan due to an unforeseen financial hardship.

For more information regarding HELP please visit our website at <https://sfmohcd.org/help>

The first step to start the HELP application process is for you to work with a HUD-approved housing counseling agency to go over your options and receive assistance in completing and submitting the HELP application packet. For a list of HUD-approved agencies please go to www.homeownershipSF.org

Have your HUD-approved housing counselor submit your application and required documents via the [Sharefile link](#) button on our website at <https://sfmohcd.org/help>.

Instructions: Compile the application form and all required supporting documentation into one PDF file, and name the PDF file "Property Address-Last Name, First Name" (Example: 123 Sample Street-Smith, John).

We look forward to working with you!

Sincerely,

Ffely Charun
Homeownership Preservation Programs Analyst
Ffely.Charun@sfgov.org
415-701-5211

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**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
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TODAY'S DATE: _____

YOU NEED ASSISTANCE WITH (PLEASE CHOOSE ALL THAT APPLY): PAST DUE MORTGAGE PAYMENTS
 PAST DUE HOA MONTHLY DUES PAST DUE PROPERTY TAXES SPECIAL ASSESSMENTS (e.i. renovation costs passed down to residents)

<p>PROPERTY INFORMATION</p> <p>_____ <i>Street No.</i> <i>Street Name</i> _____ <i>Street Type</i> <i>Unit #</i></p> <p>_____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i></p>	<p><i>Year Built:</i> _____ <i>Year Purchased:</i> _____</p> <p><i>Total # of Units:</i> _____</p> <p><i>How many units are tenant-occupied:</i> _____</p> <p><i>How many units are vacant:</i> _____</p> <p><i>Is this a BMR unit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Head of Household (Household Member 1):

HOUSEHOLD MEMBER #1 Head of Household	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? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No	

Household Member 2

HOUSEHOLD MEMBER #2	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? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 3

HOUSEHOLD MEMBER #3	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? Yes No	MARRIED OR DOMESTIC PARTNERED? Yes No	
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 Day 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

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

Home Work Cell

Area Code Phone Number

SECOND PHONE #

Home Work Cell

Area Code Phone Number

EMAIL

(leave blank if you don't have one)

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:** _____



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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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****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



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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



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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

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 <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male Not listed – please specify: _____</p>	<p>Which was your sex at birth? (Check one)</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>Which best describes your sexual orientation or sexual identity? (Check one)</p> <p><input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Straight/ Heterosexual <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>		
<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 <input type="radio"/> Asian Black/African American <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <u>and</u> White <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian <u>and</u> White <input type="radio"/> White <input type="radio"/> Black/African American <u>and</u> White <input type="radio"/> Other/Multiracial</p>		

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



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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







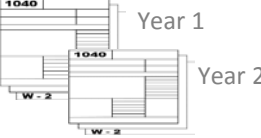




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REQUIRED DOCUMENTS CHECKLIST

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 date hardship letter (include copy of any applicable supporting document or form)
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.

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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
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**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM
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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



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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



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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 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 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

