GENED	MAYOR'S OFFICE OF HOUS AL INFORMATION	ING & COMMUNITY DEVEL	OPMENT - BMR	KENTAL REVIEW &	ANALYSIS (R&A) S	SHEET
Project:	AL INFORWATION	Levi Stadium Apartments			Monthly Rent	Annual Minimum Income
Project Address:		400 49th Street	†	Studio	y	\$ -
Unit #:		50	†	1 bedroom	\$ -	\$ -
Unit Size:		2 bed]	2 bedroom	\$ 1,353	\$ 40,590
HH Size:		4	1	3 bedroom		\$ -
Allowable Unit Size		2bed	4	*Do not type in AN	IY green cells. Cells	s that are shaded green co
	ng Subsidy Voucher? (Y/N)	yes	1			
Preference Categor Lottery Rank:	ry (Select Une)	COP 1	+			
Lottery Rank: Allowable % of Med	lian Income:	55%	*Please enter the c	designated % affordable	level as shown in you	r posting. For example: 55%, 6
Median Income Tab		2017 HUD AMI	1	-	-	For example: 2015 HUD Unadj
Maximum Income fo	• • • • • • • • • • • • • • • • • • • •	\$ 63,400	r icase criter the ii	ncome table a year, as	snown in your posting.	Tor example. 2010 Flob offac
100% of Median Inc		\$ 115,300				
Reviewer:		Name	†			
Date:		3/12/2018				
		APPLICAN	T INFORMATION			
		First & Last Name	Type (leaseholder or dependent child, parent or other)	Occupation	Age (18 or Over Must Submit Complete App)	Sex (M or F)
Applicant 1		Joe Smith	Leaseholder	Cab Driver	37	M
Applicant 2		Martha Smith	Leaseholder	Homemaker	35	F
Applicant 3		Ann Smith	Dependent Child	Student	5	F
Applicant 4		Gloria Smith	Leaseholder	Delivery Driver	45	F
Applicant 5						
Applicant 6						
Does anyone in hh (If yes, household i		ON] I	ASSET TEST		
Household YTD	THE INCOME INCOMINATI	\$ 39,500	†	Total Assets	\$ 15,500	
Housenoid 110 HH Annualized Inco	ome	\$ 39,500	†	Total minus 60K	\$ 15,500	
Imputed Asset Inco		\$ 62,000	†	10% of Assets	0	
TOTAL INCOME		\$ 62,000	†	TOTAL TO IMPUTE	-	\$ -
Percent AMI		54%	†	I O I AL TO IMPORT	_	-
** All sources of hous	sehold income must be account	Joe Smith	on, not just incom Leaseholder Y STUBS	e from employment. I	Please also include	income from SSI, self-empl
# of	Pay Periods:	24		affidavit? Yes, No, N	/A	
	Employer:			ffidavit? Yes, No, N/		
Pay Period Begin &		Pay Period #	Gross Amount	YTD	Pay Period Average	Annualized
	16/18-2/28/18	3	\$ 1,000	\$ 2,500	\$ 833	\$ 20,000
2/	/1/18-2/15/18	2	\$ 500	\$ 1,500	\$ 750	\$ 18,00
1/1	15/18-1/31/18	1	\$ 1,000	\$ 1,000		
					Must enter "0" abov	ve manually if no income
		TAX	RETURNS			
		1			1	
		Wages	Gross Income	AGI		Filing Status and
	Year	(Line 7 on 1040 form)	(Line 22)	(Line 37)	W2'S Add Up?*	Deduction Type**
	2017	\$ 38,000	\$ 38,000	\$ 36,000	Υ	Married Filed Jointly
Annlicant 2		Martha Smith	Logsobolder	Ī		
Applicant 2		Martha Smith	Leaseholder			
ш "с	Day Daviada	la Pa	aystubs	2016	Total	Our Average
	Pay Periods:	Solf ampleyed Carior	2015	2016	Total	2yr Average
Pay Period Begin &		Self-employed Caviar	\$ 36,000	\$36,000	\$72,000 Pay Period	\$36,00
-	the most recent pay stubs	Pay Period #	Gross Amount	YTD	Average	Annualized
	year average Oct-December	1	\$ 36,000 \$ 5,000	\$ 36,000	\$ 36,000	\$ 36,00 \$ -
P&L	Oct-December		\$ 5,000	\$ 20,000	\$ -	φ - \$
		L	J	J		ve manually if no income
					MINOR CHIEF O SDO	vo manually il 110 IIICOME
		Tax	Returns			
		Tax				
		Wages	Gross Income	Adjusted Gross		Filing Status and
	Year			Income	W2'S Add Up?*	Deduction Type**
	Paystubs	Ann Smith	Dependent Child		40	
	Employer: Pay Periods:	_		affidavit? Yes, No, N ffidavit? Yes, No, N/		
# 01	. ay i onous.		onemployed at			
Pay Period Begin &	End Dates -					
		Pay Period #	Gross Amount	YTD	Pay Period Average	Annualized
. rouse begin with	moot recent pay stubs	0	\$ -	\$ -	\$ -	\$ -
		-	1	•	\$ -	\$ -
					\$ -	\$ -
						ve manually if no income
Т	ax Returns					
		Wages	Gross Income	AGI		Filing Status and
	Year	(Line 7 on 1040 form)	(Line 22)	(Line 37)	W2'S Add Up?*	Deduction Type**
claimed as dependa			, , , , , , , , , , , , , , , , , , ,	· , ,		71:-
				_		
Applicant 4		Gloria Smith	Leaseholder			
			aystubs			
# of	Pay Periods:	12 BMR Revie	w and Analysis Pa 0	e01.xls	\$ -	
Applicant 4 # of	Pay Periods:	Pa	aystubs	e01.xls	\$	_

	APPLICAN	T INFORMATION		ı	
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Applicant 3	Ann Smith	Dependent Child	Student	5	F
Applicant 4	Gloria Smith	Leaseholder	Delivery Driver	45	F
Applicant 5					
Applicant 6	Contain Constitu				
Employer: Pay Period Begin & End Dates -	Social Security				
Please begin with the most recent pay stubs	Pay Period #	Gross Amount	YTD	Pay Period Average	
2/1/18-2/28/18	2	\$ 500	\$ 1,000	\$ 500	\$ 6,000
				\$ -	-
				\$ -	-
		- D - (Must enter "0" abov	ve manually if no income
		Returns	4.01	1	Filing Otatus and
Year	Wages (Line 7 on 1040 form)	Gross Income (Line 22)	AGI (Line 37)	W2'S Add Up?*	Filing Status and Deduction Type**
Applicant 5	0]			
	Pa	aystubs			
# of Pay Periods:					
Employer:					
Pay Period Begin & End Dates - Please begin with the most recent pay stubs	Pay Period #	Gross Amount	YTD	Pay Period Average	Annualized
				\$ -	-
				\$ -	-
				\$ -	-
		D. C.		Must enter "0" abov	ve manually if no income
	The second secon	Returns Gross Income	AGI	1	Filing Status and
					Filing Status and
Year	Wages (Line 7 on 1040 form)	(Line 22)	(Line 37)	W2'S Add Up?*	Deduction Type**
Year	(Line 7 on 1040 form)	(Line 22)		W2'S Add Up?*	
Year	(Line 7 on 1040 form)			W2'S Add Up?*	
Year HH Member #	(Line 7 on 1040 form)	(Line 22)		W2'S Add Up?* Most Recent Balan	Deduction Type**
	(Line 7 on 1040 form)	(Line 22) SSETS Type of	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name	(Line 22) SSETS Type of Account	(Line 37) Date of Most Recent Statement	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type** nce
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo BofA	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo BofA \$ 15,500	(Line 22) SSETS Type of Account Checking combine	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type**
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo BofA \$ 15,500	(Line 22) SSETS Type of Account Checking	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type** nce
HH Member #	(Line 7 on 1040 form) A Institution Name Wells Fargo BofA \$ 15,500	(Line 22) SSETS Type of Account Checking combine	(Line 37) Date of Most Recent Statement 02/28/18	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) SSETS Type of Account Checking combine TREMENT Type of	Date of Most Recent Statement 02/28/18 02/28/18	Most Recent Balar	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member #	Line 7 on 1040 form) Institution Name Wells Fargo BofA \$ 15,500	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member #	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member #	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member # 1	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member #	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member # 1	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
HH Member # 1 2 Total HH Member # 1 1 1 Total	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000
### ### ### ### ### ### ### ### ### ##	Institution Name Wells Fargo BofA \$ 15,500 RET	(Line 22) Type of Account Checking combine TREMENT Type of Account	Date of Most Recent Statement 02/28/18 02/28/18 Date of Most Recent Statement	Most Recent Balan	Deduction Type** nce 500 15,000 nce 35,000