DATE

## *If you need help, please contact HomeownershipSF.*

*Si necesita ayuda , póngase en contacto con HomeownershipSF.*

如果您需要幫助，請聯繫 *HomeownershipSF.*

*Kung kailangan mo ng tulong, mangyaring makipag-ugnay sa HomeownershipSF.*

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

Household Name

Address

City, State ZIP

Email

Phone

Delivered via US Mail (required), enter email address here (required) and phone call (required):

**RE: 1234 Smith Street (Smith Residences)**

## San Francisco Inclusionary Affordable Housing Program (Program)

## Below Market Rate (BMR) Rental Recertification

Dear Household:

Thank you for submitting an application to recertify for your BMR unit. Based on the review of your application, we are unable to approve your application at this time.

Your application has been disqualified for one or more of the following reasons:

You failed to supply complete documentation required for recertification.

* The following documents were missing or incomplete:

Your household is over the maximum allowable income for your household size

* Your income is $ 125, 2522 and the maximum income for a household of 3 is $100,000 for YEAR.

Your household size no longer meets the minimum occupancy requirements for your unit.

* Your unit size of X bedrooms requires at least X occupants.

You have stated that you do not intend to occupy the unit as your primary residence.

Your household is a 100% fulltime student household.

Other reason: ENTER REASON HERE.

**Request for Reconsideration of Application**

If you believe we have come to this decision in error, you have **five (5)** calendar days to appeal. Your appeal must be submitted in writing and must include new documentation to support your request. Appeal requests without new documentation will not be reconsidered.

**Your appeal must be received by 5:00 PM on DAY OF THE WEEK, MONTH, DATE, and YEAR.**

Please submit your written appeal and supporting documents by email or regular mail to:

Name

Email Address

Address

San Francisco, CA 94XXX

If you need assistance with your appeal, you can contact the housing counseling agency, HomeownershipSF (HSF) at 415.202-5464 or [info@homeownershipsf.org](mailto:info@homeownershipsf.org). This is an opportunity to get help with your appeal.

**NON-RENEWAL NOTICE**

If you do not appeal this decision before the deadline, or if your appeal decision is denied, then the move-out date from your BMR unit can be no later than 90 days from the date this letter was issued, or **DAY OF THE WEEK, MONTH DATE, YEAR.** If you plan to vacate your BMR unit before the 90-day deadline, you must give your property manager at least 30 days notice.

If you have any questions, please contact us at (XXX) XXX-XXXX or by email at ENTER EMAIL ADDRESS HERE.

Sincerely,

NAME

Smith Residences

Enclosed:

1. The City and County of SF 2018 Inclusionary Affordable Housing Procedures & Monitoring Manual, the legal document governing the Program. https://sfmohcd.org/sites/default/files/Documents/MOH/Inclusionary%20Manuals/Inclusionary%20Affordable%20Housing%20Program%20Manual%2010.15.2018.pdf
2. Additional resources can be found here: SF Housing Resource Guide - <http://sfmohcd.org/San-Francisco-housing-resource-guide>

cc: San Francisco Mayor’s Office of Housing and Community Development