

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



**San Francisco Inclusionary Housing
Below Market Rate (BMR) Program
Recertification Rental Program Application
FORM A**

**LONDON N. BREED
MAYOR**

**ERIC D. SHAW
DIRECTOR**

BMR UNIT ADDRESS: **Unit #** **Date:**

*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)*

The information on this form will be used to determine continued program eligibility, and additional information may be requested as needed. Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. I/we further understand(s) that providing false representation herein constitutes an act of fraud, false, misleading or incomplete information may result in the termination of your lease agreement.

PART I: HOUSEHOLD COMPOSITION: List all members of your household. Please note that "HH Mbr" = "Household Member".

HH Mbr #	Last Name	First Name and Middle Initial	Date of Birth	Phone Number	Email
1					
2					
3					
4					
5					
6					

1. Please indicate each household member's relation to the Head of Household, occupation, occupancy status (leaseholder, non-leaseholder occupant, dependent), and full-time student status. If no changes from last recertification, leave blank.

HH Mbr #	Relation to Head of Household	Occupation (Fill out if there has been any change)	Leaseholder (LH), Non-Leaseholder Occupants (LO), or Dependent (D)	Full-Time Student? Y = Yes N = No
1			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N
5			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N
6			<input type="checkbox"/> LH <input type="checkbox"/> LO <input type="checkbox"/> D	<input type="checkbox"/> Y <input type="checkbox"/> N

2. Rental Information			
Date you Moved in:		What is your current rent?:	\$ _____
Do you have a parking space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Space #: _____	
If yes, how much do you pay monthly for the parking space?	\$ _____	Is the parking space a BMR or Market Rate space?	<input type="checkbox"/> BMR <input type="checkbox"/> Market Rate
For which utilities do you pay?	<input type="checkbox"/> Garbage <input type="checkbox"/> Water/Sewer <input type="checkbox"/> PG&E <input type="checkbox"/> None, all of the above are included in rent		
Has the number of people in your household changed since you last recertified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your household composition has changed, please explain the circumstances:			

3. Ownership Interest Information	
Have you purchased property since you moved in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any household member appeared on title for a residential housing unit in the past 3 years from the date of this application (whether living in it or renting it out)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter name(s) of household member on title: _____	
Property Address: _____ City: _____ State: _____	
Does any household member receive income from the ownership of a business entity, commercial property, or vacant land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much per month:	\$ _____

4. Housing Rental Subsidy/Public Assistance Information					
Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing subsidy/assistance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter Recipient's name(s): _____					
Type of housing assistance:	<input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Q Foundation Temporary subsidy <input type="checkbox"/> Other: _____				
Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Deposit Only	Amount:	\$ _____	If this assistance is temporary, provide the expiration date:	
Does any household member receive any public benefits such as Social Security Supplemental Security Income (SSI), CalWORKS, TANF, CalFresh (aka SNAP, food stamps), etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter Recipient's name(s): _____					
Type of public assistance (check all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> CalWORKS <input type="checkbox"/> TANF <input type="checkbox"/> CalFresh <input type="checkbox"/> Other: _____				

PART II: HOUSEHOLD CERTIFICATION & SIGNATURES

All statements made in this application are true and made for the purpose of recertifying for an Inclusionary Affordable Housing Program Below Market Rate unit, through the City and County of San Francisco ("City"). 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 knowingly provided false, misleading or inaccurate information and documents or withheld information or documents.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. 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 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. All information provided by the applicant(s) which is covered by this 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.

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies, HomeownershipSF, and the project's leasing agent or representative to exchange documentation and information provided as part of my/our application.

False, misleading or incomplete information may result in the termination of this application and of the lease agreement.

Must be signed by all applicants 18 years or older.

_____	_____	_____
Household Member's Signature	Household Member's Printed Name	Date
_____	_____	_____
Household Member's Signature	Household Member's Printed Name	Date
_____	_____	_____
Household Member's Signature	Household Member's Printed Name	Date
_____	_____	_____
Household Member's Signature	Household Member's Printed Name	Date

BMR RENTAL PROGRAM RECERTIFICATION DOCUMENTATION CHECKLIST – FORM A

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 ONE (1) year 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 <u>because you are not required to</u>, you must: <ul style="list-style-type: none"> ▪ Complete the Income Tax Declaration and submit it with documents to support your claim, including Housing Assistance/Public Assistance documentation: <ul style="list-style-type: none"> ▪ Submit the most recent document stating eligibility for housing assistance voucher or subsidy. ▪ Submit the most recent public benefits or award letter stating your income. 				
If you are recertifying between January 31st 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 				
If you have NOT filed your Federal Income Taxes for the current tax year, you must complete Form B of the Recertification Application.				