

**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 B**

**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](mailto: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: EMPLOYMENT:** For each household member 18 and over, you must list each person's employer. Please write "unemployed" under "Name of Employer" for unemployed household members. Use the same household member numbering as reported in Form A. "HH Mbr" = "Household Member"

HH Mbr #	Name of Employer	City	Full-time (FT) or Part-time (PT)	First Day of Employment (mm/dd/yyyy)	Self-Employed?	Estimated Annual Income
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
			<input type="checkbox"/> FT <input type="checkbox"/> PT	__/__/__	<input type="checkbox"/> Y <input type="checkbox"/> N	\$

**PART II: GROSS ANNUAL INCOME:** For each household member 18 and over, you must list each person's wages and attach 3 consecutive and most recent paystubs for each job. For non-employment income, please attach the award letter.

HH Mbr #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Income From Land/Business Annually	Other Income Received Annually
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>TOTAL</b>	<b>(a) \$</b>	<b>(b) \$</b>	<b>(c) \$</b>	<b>(d) \$</b>	<b>(e) \$</b>
<b>TOTAL GROSS ANNUAL INCOME Add (a) through (e)</b>					<b>\$</b>

**PART III: INCOME FROM LIQUID ASSETS:** Important: You must list every cash account that shows a household member as an account holder including joint accounts, custodial accounts for minors, and other accounts on which a household member's name appears. Liquid asset accounts include, but are not limited to, checking and savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, 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 or boats. Failure to list all accounts will disqualify your household. Attach additional sheets if necessary.

HH Mbr #	Name of Institution (bank name, etc.)	Last 4 Digits of Account Number	Type of Asset - (bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
<b>Total Household Liquid Assets - (do not include retirement)</b>				<b>\$</b>

**PART V: 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. 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 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 B

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
<b>1. INCOME</b> <b>If you work and receive paystubs, submit:</b> <ul style="list-style-type: none"> <li>Copies of the 3 consecutive and most recent paystubs.</li> <li>If hired recently, provide Employment Offer Letter.</li> </ul>				
<b>If you receive severance pay , Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the:</b> <ul style="list-style-type: none"> <li>Most recent benefits or award letter stating your income.</li> </ul>				
<b>If you are Self-Employed, you must:</b> <ul style="list-style-type: none"> <li>Complete the attached Self-Employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 3 years of federal income tax returns.</li> </ul>				
<b>If you are Unemployed and have ZERO income, you must:</b> <ul style="list-style-type: none"> <li>Complete the attached Unemployment Declaration</li> </ul>				
<b>2. ASSETS</b> <ul style="list-style-type: none"> <li>3 consecutive and most recent official bank and asset statements for <b>ALL</b> accounts and include <b>ALL</b> pages.</li> <li>A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment.</li> </ul>				