

**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**

**LONDON N. BREED
MAYOR**

**KATE HARTLEY
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 income and asset eligibility. 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.

1. Please list legal name of applicant(s) who will be named on the lease for the BMR unit					
Name	Occupation	Head of Household (HH) or Co-Applicant (CO)	Phone Number	Email	
		<input type="checkbox"/> HH <input type="checkbox"/> CO			
		<input type="checkbox"/> HH <input type="checkbox"/> CO			
		<input type="checkbox"/> HH <input type="checkbox"/> CO			
		<input type="checkbox"/> HH <input type="checkbox"/> CO			
2. Name(s) of dependent household member(s) who will live in the unit					
Name	Relation to Applicants	Date of Birth	Dependent	In School?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Your 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?			\$ _____		
Have you purchased property since you moved in?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 anything changed in your household since you moved in?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, please explain:

4. Does any member of your household appear on title for a housing unit (whether living in it or renting it out)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any member of your household own a commercial business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the owner's name, name of business and location of business:	
6. Does any member of your household own land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, owner name and location of land:	

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

HH Mbr #	Last Name	First Name and Middle Initial	Household Member Type (Adult, child, etc.)	Date of Birth	Full-Time Student?	Married or State Domestic Partnered?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II: 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. "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"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART III: 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 Received from Land or Business Annually	Other Income Received Annually
TOTAL	(a) \$	(b) \$	(c) \$	(d) \$	(e) \$
TOTAL GROSS ANNUAL INCOME Add (a) through (e)					

PART IV: ASSETS: You must list every cash account that lists the household member as an account holder. Failure to list all accounts will disqualify your household from applying for the BMR unit. You must also attach 3 consecutive and most recent bank statements for the accounts listed below. Attach additional sheets if necessary.

- 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, 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. All money is counted as an asset and should be included.
- You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears.
- Retirement money will not be counted toward the asset test and should not be listed below. However, please include at least the most recent statement from each retirement account as an attachment in your application for verification.

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

PART IV (B): EXCLUDED RETIREMENT ACCOUNTS

HH Mbr #	Name of Institution (bank name, etc.)	Type of Retirement Account (pension, 401k, 401B, etc.)	Current Cash Value of Retirement Account
Total Household Retirement Savings - (retirement ONLY)			\$

PART V: HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalty of perjury, all household members listed in this application certify that the information provided is true and accurate to the best of our knowledge. The undersigned further understand that providing false representations herein constitutes an act of fraud. **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

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.

Which best describes your ethnicity? (select one)

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Which best describes your race? (select one)

- ☐ American Indian/Alaskan Native
- ☐ American Indian/Alaskan Native and Black/African American
- ☐ American Indian/Alaskan Native and White
- ☐ Asian
- ☐ Asian and White
- ☐ Black/African American
- ☐ Black/African American and White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other/Multiracial
- ☐ White

Which best describes your gender? (Check one that best describes your current gender identity)

- ☐ Female
- ☐ Male
- ☐ Genderqueer/Gender Non-binary
- ☐ Trans Female
- ☐ Trans Male
- ☐ Not listed – please specify: _____

Which was your sex at birth? (Check one)

- ☐ Female
- ☐ Male

Which best describes your sexual orientation or sexual identity? (Check one)

- ☐ Bisexual
- ☐ Gay/ Lesbian/Same-Gender Loving
- ☐ Questioning/Unsure
- ☐ Straight/ Heterosexual
- ☐ Not listed - please specify: _____

BMR RENTAL PROGRAM INCOME AND ASSET DOCUMENTATION CHECKLIST

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 (2) years 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, you must: <ul style="list-style-type: none"> Complete the attached Income Tax Declaration and submit it with documents to support your claim. 				
If you are applying between January 1st 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 				
2. INCOME If you work and receive paystubs, submit: <ul style="list-style-type: none"> Copies of the 3 consecutive and most recent paystubs. If hired recently, provide Employment Offer Letter. 				
If you receive severance pay , Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the: <ul style="list-style-type: none"> Most recent benefits or award letter stating your income. 				
If you are Self-Employed, you must: <ul style="list-style-type: none"> 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. 				
If you are Unemployed and have ZERO income, you must: <ul style="list-style-type: none"> Complete the attached Unemployment Declaration 				
3. ASSETS <ul style="list-style-type: none"> 3 consecutive and most recent official bank and asset statements for ALL accounts and include ALL pages. A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment. 				
4. Housing Assistance Documentation If you receive a subsidy or have a housing voucher, you must: <ul style="list-style-type: none"> Submit most recent document stating eligibility for housing assistance voucher or subsidy 				