

Mayor's Office of Housing and Community Development

City and County of San Francisco

BMR RESALE PRICING REQUEST FORM

This form **must** be completely filled out and submitted along with all required documents. Any inaccurate or incomplete information may delay the review and processing of this request. Please allow up to 30 days for processing. Information about resale procedures and a secure link to submit your complete request can be found at <https://sfmohcd.org/bmr-resale>.

Important Notes:

- If you are about to submit a capital improvements request or your capital improvements request is in process, stop the pricing request and refer to our Capital Improvements process, available at <https://sfmohcd.org/capital-improvements-and-special-assessments>.
- To submit your pricing request electronically via a secure link available at <https://sfmohcd.org/bmr-resale>, you must compile this form and all required documents into **one PDF file**.
- To find out property inspection requirements, visit <https://sfmohcd.org/property-inspection>.
- If you are a third party representing the owner, you must complete the attached authorization form with any supporting document if applicable.

BMR UNIT ADDRESS:

Street No *Street Name* *Unit No.* *Zip Code*

Requestor Information

	Name of Person Requesting			
	Company Name (if applicable)			
	Address (including city/state/zip code)			
	Phone Number(s)		Email	

Owner Information (if different than above)

	Name(s) of Owner(s)			
	Current Address (including city/state/zip code)			
	Phone Number(s)		Email	

Owner's Realtor Information

	Name of Realtor			
	Company Name			
	Address (including city/state/zip code)			
	Phone Number(s)		Email	

Property Information


Building Name		
BMR Unit Address (including city/state/zip code)		
Type of Unit (Condominium, Townhouse or Detached Single Family Home)		
Year Built		
Approximate Purchase Date		
Approximate Original Purchase Price		
Number of Bedrooms		
Number of Bathrooms		
Appliances Included When the Unit Was Purchased		
Current Homeowner Association (HOA) Monthly Due Amount		
Approximate (Past) HOA Due Amount When the Unit Was Purchased		
Have you received notification from the HOA regarding any upcoming due change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, pending HOA dues amount and date	New amount:	Effective Date:
Did you purchase a parking space with your unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a leased parking space?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parking Space Number (if any)		
Do you purchase a storage space with your unit?		
Storage Space Number (if any)		
Approved Capital Improvements Amount		
Approved Special Assessments Amount		
Reason(s) for Selling Unit: <input type="checkbox"/> Financial Reasons. Please specify: <input type="checkbox"/> Health Reasons. Please Specify: <input type="checkbox"/> Relocation <input type="checkbox"/> Divorce Settlement <input type="checkbox"/> Family Size Change <input type="checkbox"/> Deceased Estate <input type="checkbox"/> Other. Please specify:		
Special Notes Regarding this Unit:		

Required Documents

- | |
|--|
| <input type="checkbox"/> BMR Resale Pricing Request Form (this form) |
| <input type="checkbox"/> Listing Agreement executed between owner and owner's realtor |
| <input type="checkbox"/> Proof of Current Homeowner's Association (HOA) Dues (i.e., most current HOA coupon or statement) |
| <input type="checkbox"/> Home/Property Inspection Report |
| <input type="checkbox"/> Agent Visual Inspection Disclosure (California Association of Realtors Form AVID) |
| <input type="checkbox"/> Real Estate Transfer Disclosure Statement (TDS) |
| <input type="checkbox"/> Seller Disclosure Statement |
| <i>Submit the following if applicable:</i> |
| <input type="checkbox"/> Owner Authorization for Pricing Request (attached)
<i>If the owner is deceased or incapacitated, provide documentation to support that you have legal rights to represent the owner.</i> |
| <input type="checkbox"/> Proof of approved Capital Improvement Credits (i.e., approval letter from MOHCD) |

By signing below, I certify that the information presented in this form is true and accurate to the best of my knowledge. I further understands that providing false representation herein constitutes an act of fraud, and results in the voiding of my pricing determination.

Signatures

	
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Signature of Owner or Third-party Requestor

Date

OWNER AUTHORIZATION

To the Owner:

The Mayor’s Office of Housing and Community Development will only release your BMR unit information to the owner or a person acting with written authorization (third party request). If you request a resale pricing for yourself (to be sent to you), please complete and sign section 2. If you are authorizing another person or company to request a resale pricing, please complete and sign section 3.

1. Owner Request

I, _____, certify that I am the owner of the BMR unit located at _____
(Including city, state and zip code). I hereby request the Mayor’s Office of Housing and Community Development to release information related to my BMR unit to me at the contact information on the attached BMR Resale Pricing Request Form.

_____ Owner Signature	_____ Date
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2. Borrower Authorization For Third Party Request

I, _____, certify that I am the owner of the BMR unit located at _____
(Including city, state and zip code). I hereby request the Mayor’s Office of Housing and Community Development to release information related to my BMR unit to the Third Party identified below.

_____ Name of Authorized Third Party	_____ Third Party Phone Number
_____ Authorized Company Name (if applicable)	_____ Third Party Email Address
_____ Owner Signature	_____ Date

**This document will remain in effect for 6 months unless cancelled in writing by the Authorized Third Party or by me in writing that is received by the Mayor’s Office of Housing and Community Development.*