

Mayor's Office of Housing and Community Development
City and County of San Francisco



DREAM KEEPER INITIATIVE
Senior Home Repair Program (SHRP)
Eligibility Questionnaire

London N. Breed
Mayor

Eric D. Shaw
Director

Dear Applicant:

Thank you for your interest in applying for the Dream Keeper Initiative Senior Home Repair Program (SHRP) administered by the San Francisco Mayor's Office of Housing and Community Development (MOHCD).

Before you begin filling out the attached application, please complete this questionnaire to determine your eligibility:

Step 1: Answer the following questions

- 1) Do you currently own and occupy the property as your primary residence? Yes No
- 2) Are you or a member of your household is over the age of 55 and/or disabled? Yes No
- 3) Is your household income at or below 120% Area Medium Income (AMI)? Yes No

Household Size	120% Area Medium Income (Gross)
1	\$116,400
2	\$133,000
3	\$149,650
4	\$166,250
5	\$179,600
6	\$192,850
7	\$206,150

- 4) Is the property located in one of the following Census Tracts? Yes No

Census Tracts: 155, 157.02, 158.01, 158.02, 159, 160, 161.01, 161.02, 162, 163, 168.01, 168.02, 201.01, 202.02, 230.01, 230.03, 231.02, 231.03, 232, 233, 234, 251, 255.01, 257.01, 257.02, 261, 262.01, 262.02, 311, 312.01, 312.02, 313.01, 313.02, 314.01, 314.02, 610, 612, 9806, 9809.

Use [Geocode Map](#) and enter the property address to view what Census Tract the property is located.

- 5) Which repairs you feel need to be done to your home? Mark all that apply:

- Roof Replacement or Repair
- HVAC Replacement or Repair
- Accessibility Modifications
- Other: _____

If you answered "No" to any of the questions 1-4 above, you are not eligible for SHRP. If you answered "Yes" to questions 1-4 above, please continue with Step 2 on the next page.



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Step 2: Answer the following priority questions

1) How many years have you lived in your property? _____

(At least one applicant must have lived in the property for more than 10 years to receive priority)

2) Is your household income at: 80% AMI or lower 50% AMI or lower

Household Size	80% Area Medium Income (Gross)	50% Area Medium Income (Gross)
1	\$77,600	\$48,500
2	\$88,700	\$55,450
3	\$99,750	\$62,350
4	\$110,850	\$69,300
5	\$119,700	\$74,850
6	\$128,500	\$80,350
7	\$137,450	\$85,900

3) Was any member or descendants of your household displaced in Western Addition or Hunters Point by the San Francisco Redevelopment Agency (SFRA). Yes No

(Applicants holding a Residential Certificate of Preference (COP) is eligible for priority)

(Applicants not holding (COP) must prove at least one member of the household lived at the affected address at the time of displacement)

4) Are you a Veteran? Yes No

(At least one applicant must be a veteran of any branch of the United States military or merchant marine separated with a DD214 release from active duty under honorable conditions.)

5) Are there any Persons with Disabilities in your household? Yes No

(At least one person of the household with a documented physical disability that impairs mobility or other physical impairments as defined in Section 223 of the Social Security Act

<https://www.hud.gov/sites/documents/74651X3PIHH.PDF>)

Applicants who are eligible for any of the above priorities will be considered first. To verify your priority, you must submit the verification documents listed on the next page.



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Step 3: Attach the following priority verification documents

<p>Priority 1: Years of Residency Documentation</p> 	<p><input type="checkbox"/> MOHCD will pull a Property Profile to verify years of residency. If the information on Property Profile does not support the years of residency claimed by the applicant, applicants can provide a combination of the following documents showing the listed person's name and the address given during each 10-year residency period to establish priority:</p> <ul style="list-style-type: none"> • Birth Certificate • School Records • Medical Records • <u>Census records</u> • Lease Agreements • Federal Income Tax Returns • Property tax records (from parents or grandparents) • Real estate records from the San Francisco Recorder's Office • Court documents • Documents from government agency
<p>Priority 2: Low Income Household Documentation</p> 	<p><input type="checkbox"/> No additional documentation is required. The priority points will be assigned upon MOHCD's determination of the applicant's income eligibility.</p>
<p>Priority 3: Displaced Household Documentation</p> 	<p><input type="checkbox"/> No documentation is required for COP holders; COP status will be verified by MOHCD at the time of priority scoring.</p> <p><input type="checkbox"/> Applicants not holding a COP must prove at least one member of the household lived at an affected address at the time of displacement with official records that include household member name, the date, and the affected address. <u>Check if your past address was affected.</u></p> <p>Official records include:</p> <ul style="list-style-type: none"> — School records from the SF Unified School District. <u>Request SFUSD public records or transcripts</u> — Birth certificate. <u>Request a birth certificate</u> — Police records. <u>Request SFPD public records</u> <p>To request COP search request, fill out the <u>online record research form</u>.</p>
<p>Priority 4: Veterans Documentation</p> 	<p><input type="checkbox"/> The individual claiming veteran status must submit verification of military status.</p>
<p>Priority 5: Persons with Disabilities Documentation</p> 	<p><input type="checkbox"/> The individual claiming this status must submit verification from a licensed medical doctor or other government entity documenting permanent disability.</p>



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THIS APPLICATION MUST BE COMPLETED IN ENGLISH

PRIMARY APPLICANT'S LEGAL NAME

DATE OF BIRTH

First Name Middle Name Last Name mm/dd/yyyy

PROPERTY INFORMATION

Street No. Street Name Street Type Unit #

City State Zip Code

Year Built: _____ Year Purchased: _____
MOHCD assisted property? Yes No
Is this a Multiunit Property: Yes No
Total # of Units: _____
How many units are tenant-occupied: _____
How many units are vacant: _____

YOUR RESIDENCE ADDRESS

All applicants must provide an address.

YOUR RESIDENCE ADDRESS

We cannot accept a PO box here.

Street No. Street Name Street Type Unit

City State Zip Code

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address)

Street No. Street Name Street Type Unit

City State Zip Code

YOUR PHONE #

Home Work Cell

YOUR SECOND PHONE #

Home Work Cell

YOUR EMAIL

Area Code Phone Number Area Code Phone Number

ALTERNATE CONTACT (whom should we contact if we cannot reach you?) (Optional)

First Name Middle Name Last Name

Area Code Phone Number Home Work Cell _____
Email

RELATIONSHIP (how do you know this person?)

Family Member Friend Other _____

Social Worker or Housing Counselor **NAME OF AGENCY:** _____

Social Worker/Counselor Name: _____ Phone# _____ Email: _____

APPLICANT INFORMATION



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Who else is applying with you? All titleholders occupying the property must be co-applicants.

LEGAL NAME (Co-Applicant #1) _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year
LEGAL NAME (Co-Applicant #2) _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year
LEGAL NAME (Co-Applicant #3) _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year

If you need to add more co-applicants, please attach a separate sheet to this application

List all additional children and adults living in the property

LEGAL NAME _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year
LEGAL NAME _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year
LEGAL NAME _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year
LEGAL NAME _____ First Middle Last Relationship to Applicant: _____	DATE OF BIRTH (REQUIRED) _____ Month Day Year

If you need to add more members, please attach a separate sheet to this application

Total Number of People living in the property:

HOUSEHOLD MEMBER INFORMATION



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HOUSEHOLD EMPLOYMENT AND INCOME

EMPLOYMENT INCOME: 2 YEAR WORK HISTORY IS REQUIRED				
(Please write "unemployed" under "Name of Employer" for unemployed household members)				
Household Member Name	Employer Name	1 st Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
				\$
				\$
				\$
				\$

NON-EMPLOYMENT INCOME:			
GROSS ANNUAL INCOME for each household member from Non-Employment Sources			
Household Member Name	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
TOTALS	\$ (a)	\$ (b)	\$ (c)
TOTAL GROSS ANNUAL INCOME Add (a) through (c):			\$ (d)

HOUSEHOLD ASSETS – NON RETIREMENT

ASSETS			
<p>Important: You must list every cash account that shows the household member as an account holder. 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. If money is not saved in an institution (for example, 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.</p> <p>You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears. Failure to list all accounts will disqualify your household from applying for the SHRP loan. Retirement accounts will not be counted toward the total household assets and should not be listed below. Attach additional sheets if necessary.</p>			
Household Member Name	Name of Institution (bank name, etc.)	Type of Asset (e.g.: bank account, savings account, CD, mutual fund, trust fund, etc.)	Current Cash Value of Asset
			\$
			\$
			\$
			\$
Total Household Liquid Assets (do not include retirement):			\$



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THE FOLLOWING QUESTIONS APPLY TO ALL BORROWERS:

DECLARATIONS

A) Are you on the title of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Are you currently living in the property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Are there any non-occupant property owners? If yes, please list all additional owners: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Do you have any outstanding judgments or mechanic liens recorded against the property? <i>If yes, submit written explanation with supporting documentation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Have you declared bankruptcy in the past seven (7) years? <input type="checkbox"/> Chapter 13 Discharge Date: _____ <input type="checkbox"/> Chapter 7 or 11 Discharge Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Are there any delinquent tax liens or other liens against the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) If applicable, are the HOA monthly assessment delinquent? Number of months behind: _____ Total past due amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Are you currently delinquent or in default of any mortgages or debts? Number of months behind _____ Total past due amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Have you received a Notice of Default or/and Notice of Sale? Name of Entity filing NOD/NOS: _____ NOD/NOS Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Do you own other properties: If yes, please list address below: 1. _____ 2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Is the property listed for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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How did you hear about this listing?

- Newspaper MOHCD Website Developer Website Flyer Friend
 Email Alert Housing Counselor Radio Ad Bus or Billboard Ad Other

Help us ensure we are meeting our goal to serve all people

These **OPTIONAL** questions will **not** affect your eligibility in any way.

Your individual answers are kept completely confidential and used only for statistical purposes.

What best describes your race and ethnicity? (select all that apply)

Asian

- Chinese
 Filipino
 Japanese
 Korean
 Mongolian
 Central Asian
 South Asian
 Southeast Asian
 Other Asian _____

Black

- African
 African American
 Caribbean, Central American, South American or Mexican
 Other Black _____

Indigenous

- American Indian/Native American
(Specific Group: _____)
 Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: _____)
 Other Indigenous _____

Latino

- Caribbean
 Central American
 Mexican
 South American
 Other Latino _____

Middle Eastern/West Asian or North African

- North African
 West Asian
 Other Middle Eastern or North African _____

Pacific Islander

- Chamorro
 Native Hawaiian
 Samoan
 Other Pacific Islander _____

White

- European
 Other White _____

What is 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: _____

How do you describe your sexual orientation or sexual identity? (Check one)

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

For Service Rendering: Pronouns and Chosen Name

- She/Her/Hers He/Him/His They/Them/Theirs
 Not listed. Please specify: _____

By what name do you wish to be called?

Which primary language is spoken at home? (select one)

- Chinese – Cantonese
 Chinese – Mandarin
 English
 Filipino
 Russian
 Spanish
 Vietnamese
 Other Language Spoken at Home

Are you a veteran? (Check one)

- Yes
 No
 Prefer not to answer

Is anyone else on this application a veteran? (Check one)

- Yes
 No
 Prefer not to answer



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APPLICANT CERTIFICATION AND SIGNATURES

The Mayor's Office of Housing and Community Development (MOHCD) must obtain all required documents to verify the information provided. In addition, all the work performed on the property will have to be verified by MOHCD's Partner Agency. You must understand the program requirements and restrictions, and acknowledge your understanding before loan closing. The information on this application will be used to determine your eligibility. I/we have listed all persons in my/our household. I/we have provided for each applicant set forth acceptable verification of current annual income and have also disclosed ALL assets held by each applicant listed.

The undersigned specifically acknowledge(s) and agree(s) that: 1) the loan requested by this application would be secured by a junior deed of trust on the property described above, 2) the junior deed of trust will be removed from title of property at the third year anniversary from the date of completion of home improvements or repairs, if all lien release requirements have been met (including, but not limited to, completion of estate planning education and counseling with MOHCD's Partner Agency prior to loan forgiveness), 3) the property will be used solely as the principal residence of the undersigned, 4) all statements made in this application are true and made for the purpose of obtaining a Senior Home Repair Program (SHRP) loan from the City and County of San Francisco. Verification of all information I/we have provided may be obtained from any source named in this application. I/we fully understand any false statements, whether made negligently or intentionally, concerning this application may be a crime and will also result in the City's denial of the SHRP loan application and/or will be a default under the SHRP loan, as applicable.

Public Records Act: The City and County of San Francisco 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 that the City, subject to certain limited exemptions, must make available for inspection and copying by the public. Applications for loans or grants from the City are public records, as are the completed loan and grant documents. Under section 67.24(e) of San Francisco Administrative Code, applications for financing and all other records of communication between the City and the borrower must be open to public inspection immediately after a contract has been awarded. All information provided by the borrower that is covered by that 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.

Must be signed by all applicants 18 years or older.

Primary Applicant's Signature

Co-Applicant's Signature

Date

Co-Applicant's Signature

Co-Applicant's Signature

Date



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Disclosure of Services Agreement and Fee Agreement:

I (we) have applied for a Senior Home Repair Program (SHRP) loan through the City and County of San Francisco's Mayor's Office of Housing and Community Development (MOHCD). In connection with this loan, if approved, I (we) understand that MOHCD's Partner Agency, will be inspecting my (our) property and will provide services in accordance with the regulations established under the SHRP program associated with work on the property. These regulations can be found in the SHRP Overview.

I (we) understand that a copy of the SHRP Overview is available to me from MOHCD upon request.

I (we) further understand that notwithstanding the services MOHCD provides, it is my (our) responsibility to:

- Return all requested documents and/or responses within the time specified by MOHCD,
- Solicit contractor and/or subcontractor bids, review the bids and select a contractor (with the assistance of MOHCD's Partner Agency),
- To sign Contractor contracts and change orders, if required,
- To approve all disbursements; and
- Notify Contractor, MOHCD's Partner Agency and MOHCD of any dissatisfaction with the quality or progress of the construction or any other area of concern regarding the Contractor or the construction work.

I (we) further understand that all loan funds will be held in escrow by MOHCD at (Escrow Agency Assigned by MOHCD). Authorization by MOHCD and me (us) will be required for all disbursements.

I (we) understand the intent of the program is to assist low to moderate-income senior property owners with needed repairs and NOT for general remodeling purposes. I (we) further understand that I (we) will not be reimbursed for any work I (we) pay or have paid for out of pocket.

I (we) understand that MOHCD will not make work-in-progress inspections. All inspections will be performed by MOHCD's Partner Agency. We agree that the services provided by MOHCD's Partner Agency are not a guarantee of the Contractor's work, nor is MOHCD responsible for any Contractor's performance. I (we) understand that I am (we are) fully aware that the construction contract with the Contractor governs the requirements of the construction work and it is my (our) responsibility to direct any disputes regarding the construction to the Contractor and to rely on the terms of the construction contract, not on MOHCD or MOHCD's Partner Agency, in order to enforce my (our) rights under the construction contract.

I (we) understand that the staff of MOHCD will not be personally available for any inspections of the work performed on the construction site and that MOHCD, and their employees, members, officers, and directors will reasonably rely on the competency and skill of each individual Contractor to perform its obligations under the construction contract.

I (we) further agree to hold harmless, protect and indemnify the City and County of San Francisco (the "City"), and their respective employees, members, officers and directors, boards and commissions (each, an "Indemnitee") from any and all loss, liability, damage, cost, expense or charge and reasonable attorneys' fees and costs (including those in mediation, arbitration, appeal, enforcement or bankruptcy proceedings) (collectively, "Loss") arising in connection with the construction work performed or not performed by the Contractor, the SHRP loan made by the City to me (us) in connection with my (our) property, and all services



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performed by the Indemnitees in connection with the SHRP loan and the inspections, except to the extent such Loss is caused by the willful misconduct or active gross negligence of such Indemnitee.

Fee Agreement:

I (we) authorize MOHCD staff to obtain or provide reports and/or services and to incur fees. These include, but are not limited to the following:

Report/Expenditure Item	Estimated Amount (may change without notice)
Escrow Charges	\$615
Title Charges	\$1,090
Notary Signing Services	\$175

I (we) understand that an escrow account will be opened on my (our) behalf in order to pay the Contractor all costs associated with the completion of the project. In the event I (we); deviate from the intent of the program and its Disclosure of Services Agreement, or provide false, misleading or incomplete information, or decide to not complete the loan process and construction work, I (we) understand that these are grounds for a termination or my (our) SHRP Loan Program Application and that I (we) will be held fully responsible for the costs incurred and that a lien will be placed against my (our) property for the same amount.

ACKNOWLEDGEMENT AND SIGNATURES:

PROPERTY ADDRESS: _____

I (we) agree that these above (referred) services will be paid for as follows:

- a) From the loan amount when and if the loan agreement is signed; or
- b) By me (us) personally if we: decide not to pursue the loan, complete construction, deviate from the intent of the program and its Disclosure of Services Agreement, or provide false, misleading or incomplete information.

By signing below, I (we) understand and agree to the above Disclosure of Services and Fee Agreement. Any deviation from the intent of the program or the above disclosed statements are grounds for program termination.

Primary Applicant's Signature

Co-Applicant's Signature

Date

Co-Applicant's Signature

Co-Applicant's Signature

Date



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DREAM KEEPER INITIATIVE
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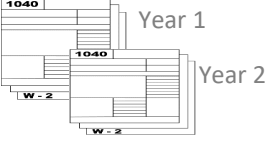

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REQUIRED DOCUMENTS CHECKLIST

You must include copies of the following documents for each household member 18 years old or older. If any form is missing, your application may be disqualified. Please check each box upon completion.

Item	Description (check at least one box per item)
Photo ID 	<input type="checkbox"/> Copy of photo identification for <u>all</u> applicants.
Application 	<input type="checkbox"/> Completed, signed and dated SHRP Application (this form) (one for the entire household).
Mortgage Statements 	<input type="checkbox"/> Copy of most recent mortgage statements for all existing mortgages.
Homeowner's Insurance 	<input type="checkbox"/> Copy of current homeowner's insurance declaration.
Tax Information 	<input type="checkbox"/> Signed and dated copies of the immediate past year's Federal Income Tax Return Include all SCHEDULES and/or attachments required by the IRS Include all W-2 and/or 1099 form(s). <input type="checkbox"/> OR – Signed and dated copies of last 2 years of Federal Income Tax Returns for any self-employment income. <input type="checkbox"/> OR – If applicable, complete attached Income Tax Declaration form, and submit with supporting documents as specified in the form.
Proof of Income 	<input type="checkbox"/> Copies of 2 most recent and most consecutive paystubs and/or income statements. <input type="checkbox"/> OR – If applicable, complete the attached Unemployed Declaration form. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance) <input type="checkbox"/> OR – If applicable, complete the attached Self-employed Declaration form. Must be submitted with most recent and current Profit and Loss statement. <input type="checkbox"/> OR – Benefits award letter. <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire.
Priority Verification Documentation	Refer to page 3 for a list of all required priority verification documentation.



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THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977
FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, domestic partnership, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one- to four-unit family residences occupied by the owner and for the purpose of the home improvement of any one- to four-unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or the Department of Real Estate at one of the following locations:

2550 Mariposa Mall, Suite 3070
Fresno, CA 93721-2273

320 W. 4th Street, Suite 350
Los Angeles, CA 90013-1105

1515 Clay Street, Suite 702
Oakland, CA 94612-1462

1651 Exposition Boulevard
Sacramento, CA 95815
P.O. Box 137000 (mailing address)
Sacramento, CA 95813-7000

1350 Front Street, Suite 1063
San Diego, CA 92101-3608

ACKNOWLEDGMENT OF RECEIPT

I (we) received a copy of this notice.

Primary Applicant's Signature

Co-Applicant's Signature

Date

Co-Applicant's Signature

Co-Applicant's Signature

Date

DEPARTMENT OF REAL ESTATE — Mortgage Lending Unit RE 867 (Rev. 7/18)



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AUTHORIZATION FORM

I/We, as Dream Keeper Senior Home Repair Program participant(s), hereby authorize

REBUILDING TOGETHER SAN FRANCISCO
PIER 28 SUITE 1, EMBARCADERO SAN FRANCISCO, CA 94105
Tax ID No. 94-3107808

to submit application and other requested documentation by request of the San Francisco Mayor's Office of Housing:

- Dream Keeper Senior Home Repair Application
- Other Documentation (i.e, income, personal, and/ or property information) requested by

the San Francisco Mayor's Office of Housing:

Date: _____ Signed: _____

Print Name: _____

Authorization Expiration Date: _____



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HERA

housing and
economic
rights advocates

AUTHORIZATION FORM

I/We, as Dream Keeper Senior Home Repair Program participant(s), hereby authorize

HOUSING & ECONOMIC RIGHTS ADVOCATES (“HERA”)
3950 Broadway, Suite 200, Oakland, CA 94611
Tax ID No. 20-2573758

to verify upon request by the San Francisco Mayor’s Office of Housing and/or Rebuilding Together in San Francisco:

- Whether I/We consulted with HERA as to an estate planning matter, and when
- Whether I/We received brief or in-depth services from HERA for estate planning, and when

Date: _____

Signed: _____

Print Name: _____

Last 4 of SSN: _____

Authorization Expiration Date: _____



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INCOME TAX DECLARATION

Complete this form only if you do not have copies of Federal Income Tax Returns for any year during the preceding two years. Please complete the option(s) below that apply.

I (We) the undersigned, hereby declare the following:

I (We) (name here) _____ hereby declare that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year _____ for the reason(s) below (attach documentation to support reason):

Please provide applicable documentation supporting the above explanation such as income earning did not meet requirement for tax filing, proof of date of entry to US, school transcripts or diploma, etc. for that period of time.

I (We) hereby declare that I (we) was (were) not required hereby certify that the application in connection with which I (we) am (are) applying for the San Francisco Senior Home Repair Program (SHRP) is occurring between **January 1 and April 15**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20_____ is \$_____ and does not exceed the income limits for the San Francisco Senior Home Repair Program (SHRP).

By signing below, I (we) certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my (our) knowledge and belief. I (We) further understand that this Declaration will be relied upon for purposes of determining my (our) household's eligibility for the San Francisco Senior Home Repair Program (SHRP). I (We) acknowledge that a material misstatement fraudulently or negligently made in this declaration or in any other statement made by me (us) in connection with an application may constitute a federal violation punishable by a fine and/or denial of my (our) application.

Primary Applicant's Signature

Co-Applicant's Signature

Date

Co-Applicant's Signature

Co-Applicant's Signature

Date



Mayor's Office of Housing and Community Development
City and County of San Francisco



DREAM KEEPER INITIATIVE
Senior Home Repair Program (SHRP) Application

London N. Breed
Mayor

Eric D. Shaw
Director

SELF-EMPLOYED DECLARATION

I (name here) _____ hereby declare the following:

I hereby attach copies of my federal tax returns (both individual returns and business returns if applicable) for the immediate preceding two calendar years for which self-employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the San Francisco Senior Home Repair Program (SHRP) is net income from the operation of a business or profession, including cash withdrawals from the business.

I have been self-employed from the following month and year forward: _____/_____

Number of Self-Employment Federal Tax Returns filed in the last two years: _____

_____ tax return income: \$ _____
(Year of)

_____ tax return income: \$ _____
(Year of)

Attach a) copies of Federal Income Tax Returns (both individual returns and business returns if applicable) for preceding two calendar years; and b) signed and dated Profit/Loss Statement to date from last tax filing.

OR

If this is a new business, or if you do not file income taxes, you will need to provide a) a signed and dated Profit/Loss Statement; and b) copies of all invoices and payments made to the borrower as a part of self-employment in the current calendar year.

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representation herein constitutes an act of fraud, and results in the denial of my application.

Primary Applicant's Signature

Co-Applicant's Signature

Date

Co-Applicant's Signature

Co-Applicant's Signature

Date

