

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



London N. Breed
Mayor

**SAN FRANCISCO BELOW MARKET RATE
HOMEOWNERSHIP LOTTERY APPLICATION**

Kate Hartley
Director

Dear Applicant:

Thank you for your interest in applying for a home through the Below Market Rate (BMR) Homeownership Program administered by the San Francisco Mayor's Office of Housing and Community Development (MOHCD).




Before you begin filling out the attached application, please follow the steps below.

Step 1: Answer the following questions

- 1) Are you and all your household members first-time homebuyers? Yes No
First-time homebuyer: no ownership interest in a residential property in the past 3 years.
你和你的家庭成員是否都是首次置業者
- 2) Have you completed homebuyer education from a MOHCD-Approved Housing Counseling Agency? Yes No
Homebuyer education: 6-hour workshops and 2-hour individual counseling.
你是否已經在房屋顧問機構完成了首次置業教育
- 3) Are you pre-approved for a mortgage loan by a MOHCD-Approved Lender? Yes No
MOHCD-Approved Lenders are listed on www.sfmohcd.org
你是否已經得到市府認證的貸款人批准貸款

If you answered "No" to any of the questions above, you are not eligible for the BMR Homeownership Program at this time. If you answered "Yes" to all of the questions above, please continue with Step 2.

Step 2: Attach the following documents to your application

<p>Homebuyer Education Proof</p>  <p>首次置業教育證書</p>	<p><input type="checkbox"/> Verification of Homebuyer Education from a MOHCD-Approved Housing Counseling Agency for <u>all</u> titleholders/borrowers</p> <p>Name of Agency: <u>機構名字</u></p> <p>Date of Verification: <u>證書日期</u></p>
<p>Mortgage Loan Pre-Approval</p>  <p>預批貸款信</p>	<p><input type="checkbox"/> Copy of mortgage loan pre-approval letter from a MOHCD-Approved Lender</p> <p>Name of Loan Officer/Company: <u>貸款人/貸款機構</u></p> <p>Date of Pre-Approval Letter: <u>預批貸款信日期</u></p>
<p>Proof of Housing Lottery Preferences – if applicable</p>  <p>抽籤優先權證明</p>	<p><input type="checkbox"/> N/A -- I/we are not claiming any housing lottery preferences</p> <p><input type="checkbox"/> If applicable, proof of housing lottery preferences. Please see page 4 of the application for a list of acceptable documentation for the housing lottery preferences.</p>



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THIS APPLICATION MUST BE COMPLETED IN ENGLISH

PRIMARY APPLICANT'S LEGAL NAME 戶主

DATE OF BIRTH 生日

First Name 名字 Middle Name Last Name 姓氏 mm/dd/yyyy 月/日/年

BMR UNIT ADDRESS 申請可負擔房屋項目的地址

PREFERRED UNIT SIZE

Street No. Street Name Street Type Unit Zip Code

of bedrooms

請填寫申請
單位號碼，
或你希望申
請的睡房數

How many people
will live in your unit?
居住人口數

What is the total annual household gross (grant total before taxes are
taken out) income from all sources for every person in your household?

\$

家庭年收入

Do you or another member of your household have a housing voucher or subsidy?

Yes No

你或你的家庭成員是否有住房券或補貼

YOUR RESIDENCE ADDRESS

All primary applicants must provide an address. If you are homeless, provide either the shelter address or an address close to where you stay.

YOUR RESIDENCE ADDRESS 現住地址
We cannot accept a PO box here. 不接受郵政信箱

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address) 如與居住地址不同，
請填寫郵寄地址。
可接受郵政信箱

Street No. Street Name Street Type Unit

Street No. Street Name Street Type Unit

City State Zip Code

City State Zip Code

YOUR PHONE #

Home Work Cell

主要電話號碼

Area Code Phone Number

YOUR SECOND PHONE #

Home Work Cell

次要電話號碼

Area Code Phone Number

YOUR EMAIL

(leave blank if you don't have one)

電郵 (建議必填)

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

如果我們無法直接聯繫你 你希望我們通過誰來聯繫你(選房屋顧問聯繫方式)

First Name 姓名 Middle Name Last Name 姓氏

Area Code Phone Number 電話號碼 Home Work Cell
工作電話

Email 電郵

Street No. Street Name Street Type Unit City State Zip Code

RELATIONSHIP (how do you know this person?) 此人與你的關係是?

Family Member Friend Other

Social Worker or Housing Counselor NAME OF AGENCY: 機構名字

社工或房屋顧問

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APPLICANT INFORMATION

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Who else will live in the unit for which you are applying, including minors?

HOUSEHOLD MEMBER INFORMATION

LEGAL NAME (Household Member #2) 2號家庭成員			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
RESIDENCE ADDRESS (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
LEGAL NAME (Household Member #3) 3號家庭成員			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
RESIDENCE ADDRESS (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
LEGAL NAME (Household Member #4) 4號家庭成員			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
RESIDENCE ADDRESS (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>
LEGAL NAME (Household Member #5) 5號家庭成員			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
RESIDENCE ADDRESS (if different from primary applicant's residence address)					
_____	_____	_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>City</i>	<i>State Zip Code</i>

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

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是否其中一位家庭成員有以下優先權利。請勾選所有適用於你的優先順序，並提交相關的證明材料
Does anyone in your household have any of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the posting to find out which apply.

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the Live or Work in San Francisco preferences below. To prove eligibility, **one** of the listed documents must be submitted with your application:

<input type="checkbox"/> Live in San Francisco Preference 居住在三藩市 Which type of proof are you including with your application? (check one) 需遞交以下其中一樣證明文件 Telephone bill (land line only) 固定電話費單 Cable or internet bill 上網費單 Gas or Electric bill 煤氣 電費單 Garbage bill 垃圾費單 Water bill 水費單 Paystub 工資單 Public benefits record 福利單 School record 學校記錄	<input type="checkbox"/> Work in San Francisco Preference 在三藩市工作 Which type of proof are you including with your application? (check one) 需遞交以下其中一樣證明文件 Paystub (showing employer address in San Francisco) 工資單 (顯示雇主在三藩市) Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City 僱主證明信, 證明至少75%工時在三藩市
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Documentation must list the household member's name and current address and be **dated within 45 days** of the date of this application.

At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying for the Neighborhood Resident Housing Preference (NRHP) below. To prove eligibility, **one** of the listed documents must be submitted with your application:

Live in the Neighborhood 鄰近居民優先權, 僅適用於新出單位
This preference applies only to **new** projects.

Which type of proof are you including with your application? (check one)

<input type="checkbox"/> Telephone bill (land line only)	<input type="checkbox"/> Garbage bill	<input type="checkbox"/> Public benefits record
<input type="checkbox"/> Cable or internet bill	<input type="checkbox"/> Water bill	<input type="checkbox"/> School record
<input type="checkbox"/> Gas or Electric bill	<input type="checkbox"/> Paystub (listing home address)	

What is the name and address of the household member for whom this preference applies?
申請該優先權的家庭成員姓名和地址

Name of NRHP Holder _____

Street # _____ Street Name _____ Street Type _____ Unit _____

City _____ State _____ Zip Code _____

Documentation must list the household member's name and current address and be **dated within 45 days** of the date of this application.

HOUSEHOLD PREFERENCE INFORMATION

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Household Preferences (continued)

San Francisco households that are currently spending more than 50% of their gross income for housing, or that reside in public housing or Project-Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. **Households who qualify for this preference must meet the building's minimum income requirements.** To prove eligibility, the following documentation for the preference you are claiming must be submitted with your application (we will verify the amount of rent you pay after the lottery):

Rent Burdened Preference 重租金負荷/公共房屋

How much is the total rent per month paid by all members of this household? \$

Please submit from only **one** household member:

- Copy of your current lease agreement

AND

- Proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are **not** acceptable as proof of rent payment

Assisted Housing Preference 協助住房優先 (殘障人士)

Please submit from only **one** household member:

- Copy of your current lease agreement 提供租約副本證明

What is the name and address of the household member for whom this preference applies?
申請該優先權的家庭成員姓名和地址

Name _____

Street # _____ Street Name and Type _____ Unit _____

City _____ State _____ Zip Code _____

Displaced Tenant Certificate 被逼遷租客

If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction, or have been displaced by a fire.

Name of DTHP Certificate Holder:

DTHP Certificate Number: _____
(if you do not know the number, leave blank)

Certificate of Preference 住屋優先證書

If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s.

Name of COP Holder:

COP Certificate Number: _____
(if you do not know the number, leave blank)

If you have not heard of these preferences, you most likely do not have one.
Please call 415-701-5613 if you think you qualify for either.

HOUSEHOLD PREFERENCE INFORMATION (continued)

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TERMS

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This application must be physically received (by mail or in person) by the application due date. Please see www.sfmohcd.org, or contact the property developer or sales agent for deadline and location to submit the application.

Applicants will be contacted by the sales agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have submitted an incomplete application or made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents within five (5) business days. For more information, please contact the developer or sales agent posted in the listing. **Completing this lottery application does not entitle you to housing or indicate you are eligible for housing.**

I declare that the foregoing is true and accurate, and acknowledge that any misstatement fraudulently or negligently made on this application will result in removal from the lottery.

SIGNATURE 簽名

PRINTED NAME 姓名正楷

DATE 日期

- How did you hear about this listing?** Newspaper MOHCD Website Developer Website Flyer Friend
如何知道此項目資訊 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 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) 種族

- Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (select one) 種族

- 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

What is your gender? (Check one that best describes your current gender identity) 性別

- 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) 最能表達你的性取向或性別認同

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

