

**MAYOR'S OFFICE OF HOUSING & COMMUNITY DEVELOPMENT  
CITY AND COUNTY OF SAN FRANCISCO**



**EDWIN M. LEE  
MAYOR**

**OLSON LEE  
DIRECTOR**

**BELOW MARKET RATE (BMR) LIMITED EQUITY PROGRAM (LEP) HOMEOWNERSHIP  
APPLICATION FORM – 72 TOWNSEND**

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**BMR applications must be submitted with all required attachments.**

*(Only one application per household will be accepted. Duplicate applications and incomplete applications will be disqualified from the lottery.)*

Date: \_\_\_\_\_ Head of Household Last Name: \_\_\_\_\_

BMR unit address Street: \_\_\_\_\_ Unit # or Preferred Size: \_\_\_\_\_ Zip: \_\_\_\_\_

A. Print legal names as they will appear on the mortgage loan and title (HH # = Household Member Number):

HH #	Head of Household Name:	Gender:
1	_____	_____
	Occupation: _____	Primary Language Spoken: _____
	Married or Domestic Partnered: _____	Date of Birth: _____
	Ethnicity (Select one):	
	<input type="checkbox"/> Hispanic/Latino	
	<input type="checkbox"/> Not Hispanic/Latino	
	Race (Select one):	
	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> White	
	<input type="checkbox"/> American Indian/Alaskan Native <u>and</u> Black/African American	
	<input type="checkbox"/> American Indian/Alaskan Native <u>and</u> White	
	<input type="checkbox"/> Asian and White	
	<input type="checkbox"/> Black/African American <u>and</u> White	
	<input type="checkbox"/> Other/Multiracial	

HH #	Name:	Gender:
2	_____	_____
	Occupation: _____	Relationship to HH #1: _____
	Married or Domestic Partnered: _____	Date of Birth: _____

HH #	Name:	Gender:
3	_____	_____
	Occupation: _____	Relationship to HH #1: _____
	Married or Domestic Partnered: _____	Date of Birth: _____

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Date: \_\_\_\_\_ Head of Household Last Name: \_\_\_\_\_

**B. Dependents (as declared in the applicant's federal income tax returns as dependents):**

HH #  
4

Name	_____	Relationship to	_____	Gender	_____
Occupation:	_____	HH #1:	_____		
Married or Domestic Partnered:	_____	Date of Birth:	_____		

HH #  
5

Name	_____	Relationship to	_____	Gender	_____
Occupation:	_____	HH #1:	_____		
Married or Domestic Partnered:	_____	Date of Birth:	_____		

HH #  
6

Name	_____	Relationship to	_____	Gender	_____
Occupation:	_____	HH #1:	_____		
Married or Domestic Partnered:	_____	Date of Birth:	_____		

C. Total household size including dependents: \_\_\_\_\_

**D. Applicant Address:**

Street:	_____	Unit:	_____
City:	_____	State:	_____
Home Phone:	_____	Work Phone:	_____
Email:	_____	Cell:	_____

E. Current rent amount: \_\_\_\_\_

F. Does any household member live in San Francisco? Yes/No: \_\_\_\_\_

Name: \_\_\_\_\_

G. Does any household member hold a Certificate of Preference? Yes/No: \_\_\_\_\_

Name: \_\_\_\_\_

Certificate of Preference holders are primarily households displaced by Agency action in Redevelopment Project Areas during the 1960's and 1970's, but may also include other persons displaced by Agency action. Please call 415-701-5613 to determine if you qualify for a Certificate.

H. Does any household member hold an Ellis Act Preference Certificate? Yes/No: \_\_\_\_\_

Name: \_\_\_\_\_

Ellis Act Housing Preference holders are households displaced by Ellis Act evictions as defined by The Ellis Act Displacement Emergency Assistance Ordinance passed into law on December 18, 2013. Please call 415-701-5613 to determine if you qualify for a Certificate.

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Date: \_\_\_\_\_ Head of Household Last Name: \_\_\_\_\_

I. Does any household member own a commercial business? Yes/No: \_\_\_\_\_  
Name: \_\_\_\_\_

J. Has any household member appeared on title for a housing unit (whether living in it or renting it out) in the past 3 years from the date of this application? Yes/No: \_\_\_\_\_  
Name: \_\_\_\_\_

K. Does your household have 5% of the purchase price of this BMR unit available for the down payment? 2% can be from gift funds. Yes/No: \_\_\_\_\_

L. Will your household be receiving gift funds for the purchase of this BMR unit? Yes/No. If yes, please indicate amount expected: \_\_\_\_\_

M. You must complete and submit pages 1-7 of this application. You must list all cash, any sources of income including jobs and accounts.

N. You must include copies of the following documents for each household member 18 years old or older. Please use check-boxes below for more guidance. If any form is missing your application may be disqualified.

Verification of Homebuyer Education or a Certificate of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for all titleholders/borrowers. Contact one of the five housing counseling agencies listed on [www.homeownershipsf.org](http://www.homeownershipsf.org) if you do not have a certificate.

Lender Pre-Approval Letter from a MOHCD approved lender. If you need a mortgage loan pre-approval letter, contact a participating mortgage lender listed on [www.sfmohcd.org](http://www.sfmohcd.org).

Complete set of past three (3) years Federal Income Tax Returns (signed & dated), include all schedules and attachments required by the IRS, if any. If Federal Income Tax form is missing, contact the IRS. If applicant is not required to file income tax, use the attached Income Tax Affidavit form and attach all supporting documents stated on the affidavit.

Complete set of past three (3) years W-2 and/or 1099 forms. If any W-2 form is missing, contact your employer or the IRS.

Three (3) most recent and consecutive paystubs. If paystubs are missing, contact your employer. If you are Self-employed, complete the attached Self-Employed Affidavit form and have it notarized. Please include the most recent and current Profit and Loss statement. If you are unemployed, complete the attached Unemployed Affidavit form.

Three (3) most recent and consecutive statements (include all pages) from each savings, checking or any other type of account in which money is saved. Contact your bank if any bank statements are missing.

Proof that one household member lives in San Francisco (if you are applying under this preference).

Proof that one household member holds a Certificate of Preference or Ellis Act Housing Preference (if you are applying under either preference).

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Date: \_\_\_\_\_ Head of Household Last Name: \_\_\_\_\_

You must complete this form as a part of your application. See application instructions for more information and examples.

"HH #" = Household Member Number

<b>EMPLOYMENT (Please write "unemployed" under "Name of Employer" for unemployed HH members)</b>					
HH #	Name of Employer	City	First Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
1					
2					
3					
4					
5					
6					

<b>GROSS ANNUAL INCOME</b>				
HH #	Wages	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.)
1				
2				
3				
4				
5				
6				
Totals	\$ (a)	\$ (b)	\$ (c)	\$ (d)
<b>TOTAL GROSS ANNUAL INCOME</b> Add (a) through (d)				\$ (e)

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Date: \_\_\_\_\_

Head of Household Last Name: \_\_\_\_\_

**INCOME FROM ASSETS**

Important: You must list every cash account that lists 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, gifts for down payment or other costs, retirement accounts, monthly income from retirement 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.

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 BMR unit.

All money used toward down payment and closing costs is counted as an asset and should be included.

Retirement money will not be counted toward the asset test and should not be listed below. However, applicant must include at least the most recent statement from each retirement account as an attachment in your application for verification. Attach additional sheets if necessary.

HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g: 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>		\$

YOU MUST ATTACH THE 3 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.

**RETIREMENT ACCOUNTS:**

HH #	Name of Institution:	Type of Asset (401K, 403B, IRA, etc. Specify)	Current Value:
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	<b>Total Household Retirement Accounts:</b>		\$

YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE AND SIGN BELOW. THIS IS A LEGAL DOCUMENT.

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**HOUSEHOLD CERTIFICATION & SIGNATURES – MUST COMPLETE**

All statements made in this application are true and made for the purpose of applying for an inclusionary affordable housing program below market rate unit, through the City and County of San Francisco. 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 provided false, misleading or inaccurate information.

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 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 which 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 which 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.**

Applicant’s Signature	Applicant’s Printed Name	Date
Applicant’s Signature	Applicant’s Printed Name	Date
Applicant’s Signature	Applicant’s Printed Name	Date

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<b>Must complete one form per household – Please initial columns</b>	<b>HH #1</b>	<b>HH #2</b>	<b>HH #3</b>	<b>HH #4</b>	<b>Verifier Initials (sales agent only)</b>
<b>HEAD OF HOUSEHOLD LAST NAME:</b> _____					
1. Completed, signed and dated BMR application form. (Pages 1-7 of this document.) (One for the entire household.)					
2. Verification of Homebuyer Education or Certificate of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for <u>all</u> titleholders/borrowers. Name of Agency: _____ Date: _____					
3. Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website ( <a href="http://www.sfmohcd.org">www.sfmohcd.org</a> ). Name of Lender: _____ Date: _____					
4. <b>Signed</b> and dated copies of last three years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) - Include all SCHEDULES and/or attachments required by the IRS - Include all W-2 and/or 1099 form(s)  OR – If applicable, complete attached Income Tax Affidavit form, have it notarized and submit with supporting documents as specified in the form.					
5. Copies of 3 most recent and most consecutive paystubs and/or income statements.  OR – If applicable, complete the attached Unemployed Affidavit form, and have it notarized. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance.)  OR – If applicable, complete the attached Self-employed Affidavit form and have it notarized. Must be submitted with most recent and current Profit and Loss statement.  OR – Employment offer letter if less than 3 weeks from date of hire.					
6. Copies of 3 most recent and most consecutive bank or asset statements from all bank or other cash asset accounts. Must be official statements. All pages must be included. Include one statement for each retirement account, as well.					
7. Proof that one household member lives in San Francisco (if you are applying under this preference) Name of HH Member: _____ Document included: _____  Check one please <input type="checkbox"/> For the Live Preference provide a current utility bill, current pay stubs, or current lease with SF address					
8. Certificate of Preference from the former San Francisco Redevelopment Agency or Ellis Act Housing Preference Certificate (if you are applying under either preference). Name of HH Member: _____ Certificate Number: _____					

**REQUIRED DOCUMENTS CHECKLIST**

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE ENTERED INTO THE LOTTERY FOR THE UNITS**

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**HOMEOWNERSHIP COUNSELING CONSENT FORM**

The Mayor’s Office of Housing and Community Development requires every adult household member applying for a City-administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours. Please visit [www.homeownershipsf.org](http://www.homeownershipsf.org) for current list of approved housing counseling agencies.
2. Meet with a counselor and complete a 2-hour one-on-one counseling session at the same agency.
3. Receive a Verification of Homebuyer Education or a Certificate of Homebuyer Education once requirements 1 and 2 noted above are completed.

I/We understand the homebuyer education requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City-administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I/We understand and authorize the Mayor’s Office of Housing and Community Development, its participating nonprofit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

Name as it will appear on Title:	Signature(s):	Date:

**Property to be purchased: (Enter N/A if not yet identified)**

Street No.	Street Name:	Unit No.:	City, State	Zip code:
			San Francisco, CA	



**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
CITY AND COUNTY OF SAN FRANCISCO**

**INCOME TAX AFFIDAVIT**

**Complete this form only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.)**

1. I (We) the undersigned, being first duly sworn, state the following:
2. I (We) (name here) \_\_\_\_\_ hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) \_\_\_\_\_ for the reason(s) below:

**In the case of ownership applications ONLY, affidavit must be accompanied with documented proof that the applicant was a renter during the specified period, e.g. copy of the lease, letter from the landlord or manager, canceled checks or rent receipts.**

**In the case of ownership AND rental applications:**

**If the applicant was a student, affidavit must be accompanied by a copy of the transcripts or diploma to support the status of the applicant for that period of time.**

3. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) household's eligibility for a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a restricted price/rent unit may constitute a federal violation punishable by a fine and/or denial of my (our) application for purchase/rental of this restricted price unit.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**FORM MUST BE NOTARIZED**

**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
CITY AND COUNTY OF SAN FRANCISCO**

**SELF-EMPLOYED AFFIDAVIT**

Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
who, being duly sworn, deposes and says:

I am currently self-employed and am submitting to the Mayor's Office of Housing and Community Development for the purpose of applying for the San Francisco Inclusionary Affordable Housing Program a Profit and Loss Statement from the most recent quarter that is a true and accurate reflection of my income.

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

**This affidavit must be accompanied by a signed and dated Profit and Loss Statement that reflects the most recent quarter. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal tax form.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

**FORM MUST BE NOTARIZED**

**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
CITY AND COUNTY OF SAN FRANCISCO**

**UNEMPLOYED AFFIDAVIT**

Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_, who, being duly sworn, deposes and says:

I (name here) \_\_\_\_\_ am not presently employed, not currently receiving any income, and will not file for unemployment benefits in 201\_\_\_\_ (current calendar year).

I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for purchase/rental of a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for purchase/rental of the restricted unit under the San Francisco Inclusionary Affordable Housing Program may constitute a federal violation punishable by a fine and/or denial of my (our) application for the unit.

\_\_\_\_\_  
Signature of Applicant

**FORM MUST BE NOTARIZED**