

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



**EDWIN M. LEE  
MAYOR**

**OLSON LEE  
DIRECTOR**

PLEASE SUBMIT THIS APPLICATION DIRECTLY TO THE SALES TEAM, NOT TO THE CITY.  
SEE INSTRUCTIONS BELOW. THANK YOU!

**Application for Inclusionary Housing Program  
Below Market Rate (BMR) Ownership Units**

Dear Applicant,

Thank you for your interest in applying for a home through the San Francisco Inclusionary Housing Below Market Rate (BMR) Ownership Program.

It is important to understand both the guidelines for applying and qualifying for a BMR home, as well as the restrictions placed on the homes. For an informal overview of the program, please review the program overview at [www.sfmohcd.org](http://www.sfmohcd.org). For legal information about the Inclusionary BMR program, please review the City and County of San Francisco Inclusionary Affordable Housing Monitoring and Procedures Manual 2013. This Manual governs all Inclusionary Housing Program BMR units marketed at this time. Finally, please review the application instructions before completing your application.

Please submit a complete application to the sales agent listed on the formal posting for the desired unit in order to be considered for the home. The posting for the unit can be found at [www.sfmohcd.org](http://www.sfmohcd.org). Please note that you must submit income documentation for all household members 18 and older as well as a first-time homebuyer certificate for each titleholder and a loan preapproval letter from an approved BMR lender in order to apply. Please visit [www.sfmohcd.org](http://www.sfmohcd.org) to view approved BMR lenders. To view all upcoming first-time homebuyer workshops, please visit [www.homeownershipsf.org](http://www.homeownershipsf.org).

For specific questions regarding this development and general application questions, please contact the sales agent directly.

Thank you for making San Francisco your home. We wish you luck with your application!

Sincerely,  
San Francisco Mayor's Office of Housing and Community Development (MOHCD)  
Inclusionary Housing Program

MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT (MOHCD)  
CITY AND COUNTY OF SAN FRANCISCO



SAN FRANCISCO INCLUSIONARY HOUSING PROGRAM  
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS

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(Submit pages 1-6 and all required materials directly to the sales agent in order to enter the BMR lottery for the home. Incomplete applications will not be accepted.)

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BMR UNIT ADDRESS: \_\_\_\_\_ Unit Size: \_\_\_\_\_ Date: \_\_\_\_\_

1. Legal name of applicant(s) who will hold title to the BMR unit:

Head of Household Name \_\_\_\_\_ Co-applicant Name \_\_\_\_\_

Head of Household Occupation \_\_\_\_\_ Co-applicant Occupation \_\_\_\_\_

Head of Household Race/Ethnicity \_\_\_\_\_

(optional - for statistical use only)

(Please attach additional sheets for additional applicants, if needed.)

2. Does at least one household member live or work in San Francisco? Yes \_\_\_ / No \_\_\_

If yes, name of household member: \_\_\_\_\_

3. Does one household member hold a \*Certificate of Preference? (Note: This is not a Section 8 voucher.) Yes \_\_\_ / No \_\_\_

If yes, name of household member \_\_\_\_\_

4. Does one household member hold an \*\*Ellis Act Housing Preference Program Certificate? Yes \_\_\_ / No \_\_\_

If yes, name of household member \_\_\_\_\_

*\*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. \*\*Ellis Act Housing Preference holders are primarily 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 701-5613 to determine if you hold a Certificate.*

5. Name(s) of dependent household member(s) who will live in the unit (See Procedures Manual for rules on dependents)

Name \_\_\_\_\_ Relation to Applicants(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent? Yes \_\_\_ / No \_\_\_ In School? Yes \_\_\_ / No \_\_\_

Name \_\_\_\_\_ Relation to Applicants(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent? Yes \_\_\_ / No \_\_\_ In School? Yes \_\_\_ / No \_\_\_

6. Total Household Size (including applicants and dependents) \_\_\_\_\_ Current Rent Amount: \_\_\_\_\_

7. Current Applicant Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

CONTINUED ON NEXT PAGE

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

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

**SAN FRANCISCO INCLUSIONARY HOUSING PROGRAM  
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS**

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8. Financial Information, Part I: You must complete and submit pages 3-4 of this application. You must list all jobs, accounts, and sign.

9. Financial Information, Part II: You must include copies of the following documents for each household member 18 years old or older. Please see instructions for more guidance.

1. Complete set of past three (3) years' Federal Income Tax Returns (signed & dated)
2. Complete set of past three (3) years' W-2 forms
3. Three (3) most recent and consecutive pay stubs or other income statements
4. Three (3) most recent and consecutive statements from each savings, checking or any other type of account in which money is saved
5. Loan Pre-approval Letter from a MOHCD-approved lender
6. Certificate of completion from a MOHCD-approved first-time homebuyer workshop for all titleholders/borrowers
7. Proof that one household member lives or works in San Francisco (if you are applying under this preference)
8. Proof that one household member holds a Certificate of Preference or Ellis Act Housing Preference (if you are applying under either preference)
9. Resale BMR Units Only -- A complete San Francisco Purchase Agreement (for resale units only)

10. Has any member of your household 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 \_\_\_\_

11. Does any member of your household own land? Yes \_\_\_\_ / No \_\_\_\_

If yes, owner name and location of land \_\_\_\_\_

12. Does any member of your household own a commercial business? Yes \_\_\_\_ / No \_\_\_\_

If yes, owner name, name of business and location of business \_\_\_\_\_

13. Where did you learn about the available unit(s)? (Newspaper ad; City website; etc.) \_\_\_\_\_

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 THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

Must be signed by all applicants 18 years or older.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

Please use additional sheets of paper if necessary for any question above  
CONTINUED ON NEXT PAGE

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

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

**SAN FRANCISCO INCLUSIONARY HOUSING PROGRAM  
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS  
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You must complete this form as a part of your application. See application instructions for more information and examples.  
"HH Mbr" = "Household Member"

<b>PART I: HOUSEHOLD COMPOSITION</b>						
HH Mbr #	Last Name	First Name and Middle Initial	Household Member Type (Adult, child, etc.)	Date of Birth	Full-Time Student? (Y or N)	Married or State Domestic Partnered? (Y or N)
1			<b>Adult</b>			
2						
3						
4						
5						
6						

<b>PART II: EMPLOYMENT (Please write "unemployed" under "Name of Employer" for unemployed HH members)</b>						
HH Mbr #	Name of Employer	City	Full-time (FT) or Part-time (PT)	First Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Estimated Annual Income
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

<b>PART III: GROSS ANNUAL INCOME</b>					
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)
<b>TOTAL GROSS ANNUAL INCOME Add (a) through (e)</b>					\$

CONTINUED ON NEXT PAGE

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

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

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**PART IV (A): 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, 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 (in the case of ownership units) 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, please 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 Mbr #	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>	

**PART IV (B): EXCLUDED RETIREMENT ACCOUNTS**

HH Mbr #	Name of Institution (bank name, etc.)	Type of Retirement Account (e.g: pension, 401k, 401B, etc.)	Current Approximate Cash Value of Retirement Account

**YOU MUST ATTACH 3 CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE AND ONE FOR EACH RETIREMENT ACCOUNT AND SIGN BELOW. THIS IS A LEGAL DOCUMENT.**

**PART V: HOUSEHOLD CERTIFICATION & SIGNATURES – PLEASE COMPLETE**

The information on this form will be used to determine income eligibility. I/we have listed in Part I all persons in my/our household. I/we have provided for each person(s) set forth in Part II and III acceptable verification of current annual income. I have also disclosed ALL assets held by each person listed in Part I, 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. False, misleading or incomplete information may result in the termination of application review

_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date

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

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

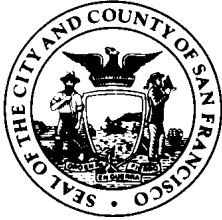
**SAN FRANCISCO INCLUSIONARY HOUSING PROGRAM  
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**Application Documents Checklist**

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

<b>Must complete one form for each member of household age 18 or older</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>Verifier Initials (sales agent only)</b>
<b>Household Name:</b> _____					
1. Completed, signed and dated BMR application form. (Pages 1-6 of this document.) (One for the entire household.)					
2. <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 or attachments - Include all W-2 form(s)  OR – If applicable, complete attached Income Tax Affidavit form, have it notarized and submit with supporting documents as specified in the form.					
3. 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.					
4. 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.					
5. Copy of mortgage loan pre-approval letter from a participating lender listed on the MOH website ( <a href="http://www.sfmohcd.org">www.sfmohcd.org</a> ). Name of Lender: _____ Date: _____					
6. Copy of First-time Homebuyer Workshop certificate from a participating non-profit agency listed on MOHCD website for <u>each</u> titleholder/borrower. Name of Agency: _____ Date: _____					
7. Proof that one household member lives or works in San Francisco (if you are applying under this preference) Name of HH Member: _____ Document included: _____					
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: _____					
9. Resale BMR Units Only -- A complete San Francisco Purchase Agreement					

**SAN FRANCISCO INCLUSIONARY HOUSING PROGRAM  
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**MAYOR'S OFFICE OF HOUSING  
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**EDWIN M. LEE  
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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.
2. Meet with a counselor, from one of the City's participating, non-profit housing counseling agencies, to receive a one-on-one counseling session. (Wee [www.homeownershipsf.org](http://www.homeownershipsf.org) for current list of approved housing counseling agencies.)
3. Receive a Certificate of Completion once requirements 1 and 2 noted above are completed.

I/We understand the Certificate of Completion 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.:	San Francisco, CA	Zip code:
			San Francisco, CA	

**1 S. Van Ness Ave. • San Francisco, California 94103 • (415) 701-5500 FAX (415) 701-5501**

**City and County of San Francisco  
Inclusionary Housing Below Market Rate (BMR) Program**

**Application Instructions**

The formal rules for the Inclusionary Housing Below Market Rate (BMR) Program are contained in the City and County of San Francisco Inclusionary Affordable Housing Monitoring and Procedures Manual 2013 (“Procedures Manual”). The following information is intended to assist applicants in completing a BMR application, but does not supersede the Procedures Manual. Applicants should refer to the Procedures Manual for specific, legal information about the BMR Program. Applicants can also refer to the informal BMR program overview at [www.sfmohcd.org](http://www.sfmohcd.org) for general information about the rules and restrictions of the program.

**GENERAL RULES FOR COMPLETING A BMR APPLICATION**

- Each household must review the general rules for the BMR program by reviewing the City and County of San Francisco Inclusionary Affordable Housing Monitoring and Procedures Manual 2013 (“Procedures Manual”) and the informal BMR program overview at [www.sfmohcd.org](http://www.sfmohcd.org).
- Each household must submit one complete application plus supplemental materials for all household members 18 years old or older, regardless of dependency status. The application must be complete. It must include all household members, must be signed, and must include complete and accurate information on employment, salary, assets, and other statements made on the application. The application is a legal document and any inability to include all relevant information, whether accidental or intentional, may lead to the rejection of the application.
- It is very important to submit a complete application. MOHCD may reject incomplete applications.
- Applicants must submit only one application per household, and each applicant must be included in only one application per development.
- All spouses and State Domestic Partners must be included in the application for the unit.
- Applicants must contact the developer’s sales or rental agent or visit [www.sfmohcd.org](http://www.sfmohcd.org) for each individual development for the most current application. Please do not re-use older applications.
- Please do not submit applications to the Mayor’s Office of Housing and Community Development. All applications must be submitted directly to the developer’s agent for the BMR unit by the established deadline for the unit. The agent will ensure that your application is delivered to MOHCD.
- Residential developers or their agents work in partnership with MOHCD to hold a lottery for the available BMR units in each development. Placing high on the lottery list does not guarantee the unit, as applicants must still be program qualified, must be the correct household size for an available BMR unit, and must be able to secure a mortgage loan (in the case of ownership units) or pass building selection criteria (in the case of rental units).
- Applicants are not approved to proceed with a purchase or rental until they receive an approval letter from MOHCD or a letter from the building on behalf of MOHCD (which will be indicated in the letter). This letter is generated approximately 15 business days after MOHCD receives your complete application from the developer’s agent.
  - The public can learn about new BMR opportunities through the MOHCD website at [www.sfmohcd.org](http://www.sfmohcd.org) by calling (415) 701-5500. Once a unit is listed on the MOHCD website, you must contact developers directly to obtain an application for unit(s) available or visit [www.sfmohcd.org](http://www.sfmohcd.org).

**INSTRUCTIONS FOR COMPLETING THE COVER APPLICATION**

**How to Complete the Front Page of the Application**

BMR Unit Address	Enter the name of the building or the address. You do not need to enter the unit number.
Desired Unit Size	Applicants must enter the development name and the size unit desired. You will be offered the opportunity to choose any size unit (of those remaining) that meets the household size standard if you win the lottery. In other words, you are not locking yourself into this unit size by stating it on your application.
Date	Today’s date
1. Legal Name of Applicants who will be named on the lease for the BMR unit	Except for certain exceptions laid out in the Procedures Manual, all adults must appear on the title <u>and</u> loan (in the case of ownership units) or the lease (in the case of rental units) for the unit.
Head of Household Name	The “head of household” member is generally considered



	the person who earns the highest income in the household, although applicants may assign another adult household member to this role.
Head of Household Occupation	Name the general occupation (e.g. nurse, cashier, etc.)
Co-applicant Name	The name of the other adults in your households whose names will appear on the title and loan or lease.
Co-applicant Occupation	Name the general occupation (e.g. nurse, cashier, etc.)
Head of Household Race/Ethnicity	We collect this information so that we can make sure that we are serving all segments of the population. We use the census categories of "LatinoHispanic, AmerIndian/Alaskan, Asian, Black/ AfricanAmer, Hawaiian/Other/PacIslander, White, Other, Unknown" in our final reporting. However, you can enter the information as you wish.
2. Does at least one household member live or work in San Francisco?	Please see the Procedures Manual or see below in these instructions to review how this preference must be verified.
3. Does one household member hold a *Certificate of Preference?	Mark "yes" only if you hold a Certificate of Preference. Please contact 415-701-5613 for questions on these programs. (Note: This is <u>not</u> a Section 8 voucher.)
4. Does one household member hold an **Ellis Act Housing Preference?	Mark "yes" only if you hold an Ellis Act Housing Preference. Please contact 415-701-5613 for questions on these programs.
5. Name of dependent household members	Rules for dependent status are laid out in the Procedures Manual. In general, dependents must be claimed on last year's taxes and/or the legal child of an adult household member.
Name	The name of the dependent(s)
Relation to Applicants	Child, Parent, etc.
Date of Birth	Enter the month, day and year of birth
Dependent?	Rules for dependent status are laid out in the Procedures Manual. In general, dependents must be claimed on last year's taxes and/or the legal child of an adult household member.
In School?	Mark "yes" if the dependent is a student.
6. Total Household Size	You must include every household member who intends to live in the unit. Rules for household members to include in the application are laid out in the Procedures Manual. In general, every person who will live in the unit must be included in the application. All of the household members are added together to obtain the household size.
7. Current Applicant Address	Enter the current address of the head of household
City/State/Zip	Enter the city, state and zip code for the head of household
Home Telephone Number	Enter the home telephone number for the head of household
Work Telephone Number	Enter the work telephone number for the head of household
Cell Number	Enter the cell number for the head of household
Email	Enter the email for the head of household
8. Financial Information	You must complete and return the "Income Certification Form" as a part of your application
9. Financial Information, Part II	You must submit specific income documentation for each person who is 18 years old or older. See the application instructions for detailed information on what is required.
10. Does any member of your household appear on title for a housing unit (whether living in it or renting it out)?	Mark "yes" if any member of your household appear on title for a housing unit (whether living in it or renting it out).
11. Does any member of your household own land? If yes, owner name and location of land	Mark "yes" if any member of your household owns land and note the name of the household member and the address of the land. Owning land will not disqualify you from the program, but the land's income will be added to your household income.
12. Does any member of your household own a commercial business? If yes, owner name, name of business and location of business	Mark "yes" if any member of your household owns a commercial business and note the name of the household member and the business location. Owning a business will not disqualify you from the program, but the business's income will be added

	to your household income.
13. Where did you learn about the available unit(s)? (Newspaper ad; City website; etc.)	We'd love to know how you learned about the program!
Household Certification & Signatures	All household members who are not dependents must sign all parts of the application. Spouses or State Domestic Partners are not considered dependents and must sign, as well.

### **How to Complete the Income Certification Form**

Applicants will be entering information for the different household members who are 18 and older throughout this form. You will use the same number for each member. For instance, if John Lee is "household member 1" in Part I, then John Lee is "household member 1" throughout the remainder of the form.

#### ***Part I: Household Composition***

Enter the full name of all intended occupants of the unit who are 18 years old or older. If there are more than six occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification form. State each household member's status using one of the following:

- Adult - Adult household member
- Child - Applicant's dependent child
- Other - Please specify (e.g., "Other - Niece")

#### ***Part II: Employment***

Complete a separate line for each household member 18 years old or older, whether the member is employed or not. List the respective household member number from Part I. If there is not enough room to list all employers for each household member, use an additional sheet of paper to list the remaining employers and attach it to the certification form.

#### ***Part III: Annual Gross Income***

Complete a separate line for each household member who is 18 or older. List the respective household member number from Part I. If there is not enough room to list all sources of income for each household member, use an additional sheet of paper to list the remaining income sources and attach it to the certification form.

- Wages(Gross) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
- Social Security/  
Pensions Enter the annual amount of income from Social Security, Supplemental Security Income, pensions, military retirement, etc.
- Public  
Assistance Enter the annual amount of income received from public assistance (e.g., TANF, general assistance, disability, etc.).
- Other Income Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household. Please see the Procedures Manual for a complete list of income sources to be included.

#### ***Part IV: Income from Asset Accounts***

- List the respective household member number from Part I and complete a separate line for each member.
- List every cash account for every household member who is 18 years or older.
- Asset accounts are accounts in which an individual has any money saved. These 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 downpayment or other costs (in the case of ownership units), and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), you must list this amount, as well. Do not include material assets such as cars, boats, etc., only cash assets.
- Applicants must list each asset account separately, identifying the name of the bank or institution in which the asset is held, the type of asset (banking account, checking account, etc.) and the current balance (amount of money) in each account.
- If there is not enough room to list all liquid (cash) assets for each household member, use an additional sheet of paper to list the remaining household members and attach it to the certification form.
- All money used toward downpayment and closing costs (in the case of ownership units) is counted as an asset and imputed onto the household income.
- Applicants must submit statements for any account on which the applicant's name appears. All joint accounts must be noted and statements must be included.

- Applicants must include any account that the adult holds for a person who is under 18 years old (custodial accounts) but for qualified college savings plans. Applicants may not transfer their savings to their children or other youth in order to qualify for a BMR unit.
- Assets from retirement savings will not be counted toward the household income, but at least one recent retirement statement from each account must be included in the application.
- Your assets must not change significantly from the time you apply for a BMR unit to the time when you are about to purchase or lease the unit. MOHCD will compare the income and assets stated on the application with income and assets stated on the final documents. However, our office is willing to work with applicants post-lottery who are receiving new gift money, cashing out retirement funds, etc. to determine how much money they can add to their assets in order to remain qualified.
- Each applicant household is legally swearing to its current asset accounts and cash asset holdings. An application will be disqualified in its entirety if asset accounts are falsely represented.

## WHAT TO ATTACH TO THE APPLICATION -- DOCUMENTATION REQUIRED

### Who Must Submit Documentation?

- All applicants who are 18 years old or older must submit complete documentation in order for the household application to be considered complete.
- All dependents who are 18 years old or older must submit full documentation. This includes dependent parents, children and others who are 18 years old or older.

### Documentation That Must Be Submitted

A complete application includes the following documents for each person who is 18 years old or older.

#### **\_\_\_1: Complete Set of Past Three (3) Year Federal (IRS) Income Tax Returns for Each Household Member 18 Years of Age or Older**

Applicants who file taxes must provide:

- Copies of complete and final tax form(s) that were submitted to the IRS, including all schedules. MOHCD will not accept brief, computer-generated tax reports.
  - Tax form(s) must be signed & dated. Applicants may use the current date if they are signing an allowable computer-generated tax form (such as a form that was generated through a tax preparer or Turbo Tax.)
  - Applicants should not include state tax returns.
- Applicants who were not required to file federal taxes must provide a *Tax Affidavit* Form, a form that legally swears that applicant was not required to file taxes.
  - *Tax Affidavit* must be signed and notarized.
  - Affidavit may only be used if applicant was not required to complete tax form(s).
  - Affidavit document must be used in the event that the applicant is not able to provide MOHCD with a tax form. Failure to order copies of documents in time for an application deadline is not a qualified reason for using the affidavit.
- Applicants who have not yet filed taxes for the past year and the application date is between January 1 and April 15<sup>th</sup> of a year must provide:
  - All W-2s from the previous tax year (even though taxes have not been filed)
  - Complete federal tax forms from the year prior to year for which taxes were not filed

#### **\_\_\_2: A Complete Set of the Past Three (3) Year W-2 Forms for Each Household Member 18 Years of Age or Older**

- Applicants must submit official W-2 forms for each tax year. Please do not submit computer generated and hand-prepared forms that are not official.
- All W-2 forms must add up to incomes stated on the corresponding year's tax form.
- If the applicant worked but was not required to file taxes, s/he is still required to provide W-2s for the corresponding tax year and a tax affidavit is required.

#### **\_\_\_3: A Complete Set of the Three (3) Most Recent and Consecutive Pay Stubs for Each Household Member 18 Years of Age or Older**

Employed applicants must provide:

- Paystubs that are recent and consecutive
- Paystubs that state the pay period dates

- Paystubs that show the year-to-date and current gross earning amount

Applicants who are employed (not self-employed) but lack current, consecutive and complete paystubs must provide a *Verification of Employment (VOE)* form, a form that legally states applicant's recent pay.

- The *VOE* must include the year-to-date gross earning amount; pay period dates; hire date; and the number of pay periods in the year.
- The *VOE* must be signed and dated by the employer.

Self-employed applicants must provide:

- Notarized *Self-Employment Affidavit* with the following attachment:
  - Profit & Loss Statement from most recent quarter attached
  - All Profit and Loss statements from the past 3 years as submitted with federal tax returns

Applicants who are not employed or not receiving any income must provide an *Unemployment Affidavit*, a form that legally swears that the applicant is not receiving any current income and is unemployed.

- The *Unemployment Affidavit* must be signed and notarized.
- The *Unemployment Affidavit* must be used in the event that the applicant is not able to provide MOHCD with paystubs or other documentation of regular income. Failure to order copies of documents in time for an application deadline is not a qualified reason for using the following signed statements.

#### **\_\_\_4: Three (3) Most Recent and Consecutive Statements from Each Cash Asset Account**

Applicants must submit:

- Complete statements for all asset accounts. Asset accounts are accounts in which an individual has any money saved or money that will be gifted to the applicant household. These accounts can include, but are not limited to, checking accounts, savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, and gift funds.

Notes:

- Applicants must submit statements for any account on which the applicant's name appears, including all joint accounts on which applicant's name appears. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, nonetheless.
- Do not include material assets such as cars, boats, etc. -- only cash assets.
- Assets from retirement savings will not be counted toward your income but retirement statements must be included in your application to verify that they are retirement accounts.
- All money used toward downpayment and closing costs (in the case of ownership units) is counted as an asset and must be stated.
- All money given as a gift to a BMR applicant must be counted as an asset. In the case of ownership units, buyers must submit a gift letter with their application or a signed letter from the gift giver stating the amount to be given.
- Applicants must include any account that the adult holds for a person who is under 18 years old (custodial accounts) but for qualified college savings plans. Applicants may not transfer their savings to their children or other youth in order to qualify for a BMR unit.
- Assets must not change significantly from the time of applying for a BMR unit to the time when the unit is being purchased or leased. MOHCD will compare the income and assets stated on the application with income and assets stated on the final documents.
- Each applicant household is legally swearing to its current asset accounts and cash asset holdings. An application will be disqualified in its entirety if asset accounts are falsely represented.

#### **\_\_\_5: If you are applying for an ownership unit, certificate of completion from a certified first-time homebuyer workshop for all titleholders/borrowers.**

All BMR ownership applicants for new or resale ownership BMR units must submit a certificate of completion from a MOHCD-approved first-time homebuyer workshop and one-on-one counseling from an approved homeownership counseling organization listed at [www.sfmohcd.org](http://www.sfmohcd.org). Visit [www.homeownerships.org](http://www.homeownerships.org) to view upcoming classes.

#### **\_\_\_6: If you are applying for an ownership unit only, loan pre-approval from a MOHCD-approved BMR lender**

Each buyer household must submit one loan pre-approval from an approved BMR lender in order to apply for the lottery. (This is not a loan pre-*qualification* but a loan pre-*approval*.) Please see the list of approved lenders at [www.sfmohcd.org](http://www.sfmohcd.org) or ask the sales agent for a copy of the most current list.

#### **\_\_\_7: If applying under the lottery preference for households that live or work in San Francisco, proof that one household member lives or works in San Francisco**

### Live or Work Preference

All individuals and households may enter the lottery for a BMR unit. However, those households that live or work in San Francisco will be given third highest *preference* in the lottery ranking process. If the number of units available exceeds the number of qualified applicants who live or work in San Francisco, the units will become available to other qualified applicants outside of San Francisco.

To be considered a household that lives or works in San Francisco, at least one applicant who will reside in the unit as a household member must provide the following proof of residency or employment with the submitted application:

Live –

- (1) One utility bill with a San Francisco address dated within the 45 days preceding the application deadline for the BMR unit. Utility bills can include gas, electric, garbage or water; or
- (2) Current paystubs with a San Francisco address; or
- (3) A current, formal lease with a San Francisco address.

Work –

MOHCD shall verify that a person works in San Francisco by reviewing an applicant's paystubs. If an applicant's employer is not based in San Francisco, or if a person's paystubs do not reflect a San Francisco work address, the applicant must supply a notarized letter from the employer stating that the person works primarily in San Francisco and demonstrate that at least 75% of their working hours are in San Francisco.

### **\_\_\_ 8: If applying under the lottery preference for Certificate of Preference (COP) holders, proof that one household holds a COP**

All individuals and households may enter the lottery for a BMR unit. However, those households in which one member holds a Certificate of Preference from the former San Francisco Redevelopment Agency will be given highest *preference* in the lottery ranking process.

\*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.

To be considered a Certificate of Preference (COP) holder, you must submit a copy of your certificate with the application. To verify that you are a COP holder, please contact us at 415-701-5613.

### **\_\_\_ 9: If applying under the lottery preference for Ellis Act Housing Preference (EAHP) holders, proof that one household holds a EAHP Certificate**

All individuals and households may enter the lottery for a BMR unit. However, those households in which one member holds an Ellis Act Housing Preference Certificate from the Mayor's Office of Housing and Community Development will be given second highest *preference* in the lottery ranking process.

\*\*Ellis Act Housing Preference holders are primarily households displaced by Ellis Act evictions as defined by The Ellis Act Displacement Emergency Assistance Ordinance passed into law on December 18, 2013.

To be considered an EAHP holder, you must submit a copy of your certificate with the application. To verify that you are an EAHP holder, please contact us at 415-701-5613 or [eahpcertificate@sfgov.org](mailto:eahpcertificate@sfgov.org).

For new developments going through the initial sale process, the EAHP priority applies to twenty percent (20%) of the affordable units. Buildings with four (4) or fewer affordable units are not required to provide the EAHP priority at initial sale because 20% of that number of units is zero. For re-sale units, EAHP certificate preference applies to every unit that becomes available, regardless of the number of affordable units in the building.

## **CALCULATING HOUSEHOLD INCOME**

MOHCD reviews the most recent three paystubs or other income statements (e.g. social security statements, unemployment income) for each applicant. The annual gross income is derived by dividing the current year-to-date gross income as stated on the most recent pay stub for the calendar year by the current pay period and then by annualizing the estimated pay period amount by the number of times the person is paid in a year.

*Example:*

Year-to-date income as stated on the most recent paystub for the calendar year is \$20,000.  
It is the 10<sup>th</sup> pay period of the calendar year as determined by the end date of the most recent pay stub.

The total number of pay periods in a year for the applicant is 24.  
The estimated pay period amount is \$20,000 divided by 10 = \$2,000.  
The annualized pay is \$2,000 x 24 = \$48,000.

MOHCD will include all tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Sources of income include:

Wages(Gross)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
Social Security/ Pensions	Enter the annual amount of income from Social Security, Supplemental Security Income, pensions, military retirement, etc.
Public Assistance	Enter the annual amount of income received from public assistance (e.g., TANF, general assistance, disability, etc.).
Other Income	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household. Please see the Procedures Manual for a complete list of income sources to be included.

In the case of a self-employed person, MOHCD reviews an applicant's tax forms, current year Profit and Loss Statement or other relevant documents on a case-by-case basis.

MOHCD must review income for all household members 18 years old or older, regardless of dependent status.

#### **\*Asset Test for BMR Applicants**

MOHCD will apply an asset test to all applicants. Assets include all savings, checking accounts, gifts and other sources of money (cash) other than retirement accounts. (If your retirement account is currently generating income -- i.e. you are living off of your retirement -- you must count this money as income on the BMR application.) Assets also include any money that will be used toward a down payment on a BMR unit. 10% of all assets above \$60,000 will be added to the total household income. Retirement savings will be excluded from the asset test, but all retirement statements should be included in the application package.

#### *Example:*

Household of 4 earns \$72,000 a year

Total household assets = \$140,000

First \$60,000 of assets is excused: \$140,000 - \$60,000 = \$80,000 remaining

10% of \$80,000 remaining is added to income: \$8,000 x 10% = \$8,000

Total amount added to income: \$8,000

New total household income: \$72,000 + \$8,000 = \$80,000

*\*Units formerly managed under the San Francisco Redevelopment Agency Limited Equity Program (LEP) are subject to the asset test published in the posting as well as the Loan Disclosure Information – Form C.*

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

**INCOME TAX AFFIDAVIT**

1. I (We) the undersigned, being first duly sworn, state the following:

**(Complete Paragraph 2 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.)**

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public in and for the City and County of San Francisco, California

My Commission Expires: \_\_\_\_\_

**Notary Seal**

(rev. 102512)

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

**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 (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for purchasing/renting 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 San Francisco Inclusionary Affordable Housing Program unit may constitute a federal violation punishable by a fine and/or denial of my (our) application for the unit.

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.**

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

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

STATE OF CALIFORNIA

Before me personally appeared, \_\_\_\_\_ who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_.

(NOTARIAL SEAL) Notary Public



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

**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.

\_\_\_\_\_  
Applicant/Resident Signature

STATE OF CALIFORNIA

Before me personally appeared, \_\_\_\_\_ who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_.

(NOTARIAL SEAL) Notary Public