

**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 Limited Equity Program
Below Market Rate (BMR) Ownership Units**

Submit Application by October 16, 2014, 5pm

**The SF Shipyard Downtown Sales Center
Attn: Keri Patrick
645 Howard Street
San Francisco, CA, 94105
Hours of Operation: Monday-Friday 11am-6pm**

OR

**The San Francisco Shipyard Welcome Center
Attn: Keri Patrick
11 Innes Court
San Francisco, CA 94124
Hours of Operation: Saturday-Sunday 11am-6pm**

Dear Applicant,

Thank you for your interest in applying for a home through the Limited Equity Homeownership Program (LEP).

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 legal information about program, please review the Limited Equity Homeownership Program – Loan Disclosure Information Form C. This governs all LEP 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. 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 to view approved BMR lenders. To view all upcoming first-time homebuyer workshops, please visit 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)
Below Market Rate Housing Program

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



SAN FRANCISCO LIMITED EQUITY 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.)

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)

2. 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 _____

**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.*

3. Is at least one household member **Rent Burdened or Assisted Housing Resident? Yes ___ / No ___
If yes, name of household member and address: _____

***Rent Burdened means persons who are paying more than 50% of their income for housing who are San Francisco Residents. Assisted Housing Resident means persons residing in public housing or Project-Based Section 8 Housing who are San Francisco Residents (see page 13).*

4. Does one household member hold an ***Ellis Act Housing Preference Program Certificate? Yes ___ / No ___
If yes, name of household member _____

****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. Does at least one household member live in San Francisco? Yes ___ / No ___
If yes, name of household member: _____

6. Name(s) of dependent household member(s) who will live in the unit (See instructions 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 ___

7. Total Household Size (including applicants and dependents) _____ Current Rent Amount: _____

8. Current Applicant Address _____ City/State/Zip _____

Home Telephone Number _____ Work Telephone Number _____

Cell Number _____ Email _____

Household Name: _____

Date: _____

**SAN FRANCISCO LIMITED EQUITY HOUSING PROGRAM
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9. Financial Information, Part I: You must complete and submit pages 3-4 of this application. You must list all jobs, accounts, and sign.

10. 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 holds a Certificate of Preference (if you are applying under this preference)
8. Proof that one household member is Rent Burdened or Assisted Housing Resident – please submit a copy of your current lease agreement plus proof of your last 3 months rent payments i.e. cancelled checks or debits from your bank account (if you are applying under this preference)
9. Proof that one household member holds a Ellis Act Housing Preference (if you are applying under this preference)
10. Proof that one household member lives in San Francisco (if you are applying under this preference)

11. Has any member of your household owned any property in the past 3 years from the date of this application?

Yes ____ / No ____

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 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 LIMITED EQUITY HOUSING PROGRAM
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS
Page 3 of 6**

You must complete this form as a part of your application. See application instructions for more information and examples.
"HH Mbr" = "Household Member"

PART I: HOUSEHOLD COMPOSITION						
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			Adult			
2						
3						
4						
5						
6						

PART II: EMPLOYMENT (Please write "unemployed" under "Name of Employer" for unemployed HH members)						
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
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

PART III: GROSS ANNUAL INCOME					
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)
TOTAL GROSS ANNUAL INCOME Add (a) through (e)					\$

CONTINUED ON NEXT PAGE

Household Name: _____

Date: _____

**SAN FRANCISCO LIMITED EQUITY HOUSING PROGRAM
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS
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PART IV (A): INCOME FROM ASSETS			
<ul style="list-style-type: none"> • 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
		Total Household Liquid Assets (do not include retirement)	

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		
<p>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</p>		
_____	_____	_____
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: _____

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Application Documents Checklist

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

Must complete one form for each member of household age 18 or older	#1	#2	#3	#4	Verifier Initials (sales agent only)
Household Name: _____					
1. Completed, signed and dated BMR application form. (Pages 1-6 of this document.) (One for the entire household.)					
2. Signed 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 (www.sfmohcd.org). 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. Certificate of Preference from the former San Francisco Redevelopment Agency (if you are applying under this preference). Name of HH Member: _____ Certificate Number: _____					
8. Rent Burdened or Assisted Housing Residents (if you are applying under this preference please see page 13 for a list of acceptable documents). Name of HH Member: _____ Address: _____					
9. Ellis Act Housing Preference Certificate (if you are applying under this preference). Name of HH Member: _____ Certificate Number: _____					
10. Proof that one household member lives in San Francisco (if you are applying under this preference please see page 13 for a list of acceptable documents). Name of HH Member: _____ Document included: _____					

**SAN FRANCISCO LIMITED EQUITY HOUSING PROGRAM
APPLICATION FOR BELOW MARKET RATE OWNERSHIP UNITS
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AND COMMUNITY DEVELOPMENT
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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 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 | • Budgeting and credit |
| • Financing a home | • Selecting a home |
| • Maintaining a home and finances | • 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
Application for Limited Equity Program
Below Market Rate (BMR) Ownership Units**

Application Instructions

The following information is intended to assist applicants in completing a BMR application.

GENERAL RULES FOR COMPLETING A BMR APPLICATION

- Each household must review the general rules for the BMR program Limited Equity Homeownership Program – Loan Disclosure Information Form C. This governs all LEP BMR units marketed at this time.
- 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 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 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.

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	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 <u>general</u> 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/PacificIslander, White, Other, Unknown" in our final reporting. However, you can enter the information as you wish.
2. 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.)
3. Is at least one household member **Rent Burdened or Assisted Housing Resident?	Please see page 13 for instructions on how this preference must be verified.
4. Is at least 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. Does at least one household member live in San Francisco?	Please see below in these instructions to review how this preference must be verified.
6. Name of dependent household members	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?	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.
7. Total Household Size	You must include every household member who intends to live in the unit. Rules 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.
8. 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
9. Financial Information	You must complete and return the "Income Certification Form" as a part of your application
10. 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.
11. Has any member of your household owned any property in the past 3 years from the date of this application	Mark "yes" if any member of your household owned a property in the past 3 years (whether living in it or renting it out).
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 15th 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: A loan pre-approval from a MOHCD-approved BMR lender for all titleholders/borrowers 18 years and older.

Each buyer household must submit one loan pre-approval from an approved BMR lender in order to apply for the lottery. If a dependent, must be claimed on last year's taxes and/or the legal child of an adult household member. (This is not a loan pre-*qualification* but a loan pre-*approval*.) Please see the list of approved lenders at www.sfmohcd.org or ask the sales agent for a copy of the most current list.

___ 6: A certificate of completion from a certified first-time homebuyer workshop for all titleholders/borrowers 18 years and older.

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. Visit www.homeownershipsf.org to view upcoming classes. Certificate is valid for 2 years from the date of issuance for all MOHCD first-time homebuyer programs except in the case of buyers receiving down payment assistance from the City, whose certificates must not be older than 6 months from the time of closing on the unit.

___ 7: 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.

___ 8: If applying under the lottery preference for Rent Burdened or Assisted Housing Residents Who are San Francisco Residents, please submit the required documents noted below

All individuals and households may enter the lottery for a BMR unit. However, those households in which one member is either Rent Burdened or Assisted Housing Residents will be given second highest *preference* in the lottery ranking process.

***Rent Burdened* is households spending more than 50% of their income for housing, who are San Francisco Residents.

Example:

Household of 2 earns \$2,500 gross income per month
Rent Payment = \$1,500 per month
Total rent-to-income ratio = 60%

To be considered a Rent Burdened, you must include a copy of your current lease agreement *plus* proof of your last 3 months rent payments i.e. cancelled checks or debits from your bank account with this application. A Request for Verification of Rent will be completed post-lottery.

***Assisted Housing Residents* are household residing in public housing or Project-Based Section 8 housing, who are current San Francisco Residents. To be considered an Assisted Housing Resident, you must include a copy of your current lease agreement with this application. *This preference does not apply to Section 8 Voucher holders.*

___ 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 third 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.

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.

___ 10: If applying under the lottery preference for households that lives in San Francisco, proof that one household member lives in San Francisco

Live Preference

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

To be considered a household that lives in San Francisco, at least one applicant who will reside in the unit as a household member must provide the following proof of residency 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 or award letter with a San Francisco address; or
- (3) A current, formal lease with a San Francisco address.

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 10th 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. Ten percent (10%) of all assets between \$15,001 and 100,000 will be added to the total household income; and thirty-five percent (35%) of assets above \$100,001 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 \$50,000 a year
Total household assets = \$140,000
First \$15,000 of assets is excused: \$140,000 - \$15,000 = \$125,000 remaining
10% of first \$100,000 remaining is added to income: \$100,000 x 10% = \$10,000
35% of all remaining assets is added to income: \$25,000 x .35 = \$8,750
Total amount added to income: \$10,000 + \$8,750 = \$18,750
New total household income: \$50,000 + \$18,750 = \$68,750

**CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
LIMITED EQUITY HOMEOWNERSHIP 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 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 Limited Equity 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
LIMITED EQUITY HOMEOWNERSHIP 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 Limited Equity 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 Limited Equity Homeownership 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 of the San Francisco Limited Equity 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
LIMITED EQUITY HOMEOWNERSHIP 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 of a restricted unit under the San Francisco Limited Equity 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 of the restricted unit under the San Francisco Limited Equity 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