

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



**SAN FRANCISCO AFFORDABLE HOUSING
FIRST COME, FIRST-SERVED
SUPPLEMENTAL RENTAL APPLICATION**

London N. Breed
Mayor

Daniel Adams
Director

YOUR NAME

PRIMARY NUMBER

First Name

Middle Name

Last Name

Phone Number

YOUR CURRENT ADDRESS

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

<p>YOUR RESIDENCE ADDRESS We cannot accept a PO box here.</p> <p>_____ Street No. Street Name Street Type Unit</p> <p>_____ City State Zip Code</p>	<p>YOUR MAILING ADDRESS - you may use a PO box (if different from residence address)</p> <p>_____ Street No. Street Name Street Type Unit</p> <p>_____ City State Zip Code</p>
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WHO CAN CONTACT IF WE CANNOT REACH YOU? (optional)

First Name

Last Name

(Area Code) Phone Number

Email

Street No.

Street Name

Street Type

Unit

City

State

Zip Code

HOW DO YOU KNOW THIS PERSON?

Family Member Friend Other _____

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

IS ANYONE IN YOUR HOUSEHOLD A VETERAN?

Yes No

TERMS

Applicants will be contacted by the leasing agent on a first come, first-served basis until vacancies are filled. All of the information that you provide will be verified and your eligibility confirmed. Please fill out the application and provide required supporting documents. For more information, please contact the developer or leasing agent posted in the listing. **Completing this application does not entitle you to housing or indicate you are eligible for housing; all applicants will be screened as outlined in the property's Resident Selection Criteria.**

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

SIGNATURE

PRINTED NAME

DATE



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City and County of San Francisco



**SAN FRANCISCO BELOW MARKET RATE (BMR)
RENTAL HOUSING PROGRAM
APPLICATION FORM**

London N. Breed
Mayor

Daniel Adams
Director

If you need help filling this form out, please contact HomeownershipSF.

Call 415.202.5464 or email at info@homeownershipsf.org

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

TODAY'S DATE: _____

BMR UNIT ADDRESS	Please enter one:
_____	Unit # _____
Street No. Street Name Street Type Zip Code	Preferred Size _____
	# of bedrooms _____

Primary Applicant/ Head of Household (Household Member 1)

HOUSEHOLD MEMBER #1 Primary Applicant	LEGAL NAME		DATE OF BIRTH	
	_____	_____	_____	_____
	First	Middle	Last	Month Day Year
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

HOUSEHOLD MEMBER INFORMATION

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME		DATE OF BIRTH	
	_____	_____	_____	_____
	First	Middle	Last	Month Day Year
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
	MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME		DATE OF BIRTH	
	_____	_____	_____	_____
	First	Middle	Last	Month Day Year
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
	MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?	IN SCHOOL?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				



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Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME		DATE OF BIRTH	
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>	
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>	IN SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 5

HOUSEHOLD MEMBER #5	LEGAL NAME		DATE OF BIRTH	
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>	
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>	IN SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 6

HOUSEHOLD MEMBER #6	LEGAL NAME		DATE OF BIRTH	
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>	
	EMAIL ADDRESS:		CELL NUMBER:	
	OCCUPATION:			
	MARRIED OR DOMESTIC PARTNERED? Yes <input type="checkbox"/> No <input type="checkbox"/>		DEPENDENT? Yes <input type="checkbox"/> No <input type="checkbox"/>	IN SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

HOUSEHOLD MEMBER INFORMATION

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

Total Household Size
Including Dependents:



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“HH#” = Using the first two pages, enter the number for the corresponding Household Member

HOUSEHOLD EMPLOYMENT AND INCOME	EMPLOYMENT AND INCOME: Please provide the following information for each household member over the age of 18. Household members with more than one source of income, should list each one separately.							
	HH#	Type of Income Received	Employer Name & Occupation or Title	Employer Address	Start Date	End Date	Gross Annual Income	
		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance					\$
TOTAL GROSS ANNUAL INCOME								

HOUSEHOLD ASSETS – NON RETIREMENT	INCOME FROM LIQUID ASSETS			
	Important: You must list every cash account that shows a household member as an account holder including joint accounts, custodial accounts for minors, and other accounts on which a household member's name appears. Liquid asset accounts include, but are not limited to, checking and savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, 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 or boats. Failure to list all accounts will disqualify your household. Attach additional sheets if necessary.			
	“HH #” = Using the first two pages, enter the number for the corresponding Household Member			
	HH #	Name of Institution (bank name, etc.)	Last 4 Digits of Account Number	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)
Total Household Liquid Assets (do not include retirement):			\$	



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THE FOLLOWING QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS:

HOUSEHOLD DISCLOSURES	1. What is the household's total current rent amount? If "0", please explain: _____	\$ _____ per month
	2. From the asset accounts listed on page 3, which account do you pay your rent from? (list Name of Institution and the last 4 digits of the account number)	
	3. From the asset accounts listed on page 3, which account do you pay your utilities from? (list Name of Institution plus the last 4 digits of the account number)	
	4. Does any household member receive income from the ownership of a business entity, commercial property, or vacant land? If yes, how much per month: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Has any household member appeared on title for a residential housing unit in the past 3 years from the date of this application? If yes, enter name(s): _____ Property Address: _____ City and State: _____ County: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing subsidy/assistance? If yes, please provide the following information. Recipient's name(s): _____ Type of housing assistance: <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Q Foundation Temporary subsidy <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Other: _____ Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Deposit only Amount: \$ _____ If this assistance is temporary, please provide the expiration date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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TERMS AND SIGNATURES

HOUSEHOLD CERTIFICATION AND SIGNATURES

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 ("City"). Verification may be obtained from any source named in this application. I/we fully understand the City may terminate my/our participation in the Program at any time if it finds that I/we have knowingly provided false, misleading or inaccurate information and documents or withheld information or documents. In such case, I/we understand that I/we may be prohibited from participating in the Program for a minimum of one (1) year, or a longer period of time in the City's sole discretion. For purposes of this Certification, "knowingly" means that an applicant, with respect to any information provided to MOHCD, does any of the following: (1) Has actual knowledge of the information; (2) Acts in deliberate ignorance of the truth or falsity of the information; (3) Acts in reckless disregard of the truth or falsity of the information. Proof of specific intent is not required and reliance on my/our information by MOHCD is also not required. If the City cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. I/we have provided each household member's acceptable verification of current annual income. I/we have also disclosed ALL assets held by each person listed on the application, and have provided documentation thereof. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Public Records Act: The City is subject to the requirements of the California Public Records Act, Government Code Section 6250, et seq. The Public Records Act provides that virtually all documents held or used by the City in the course of conducting the public's business are public records which the City, subject to certain limited exemptions, must make available for inspection and copying by the public. All information provided by the applicant(s) which is covered by this ordinance (as it may be amended) will be made available to the public upon appropriate request. MOHCD strives to protect your personally identifiable information (PII) from loss, theft, misuse and unauthorized access and disclosure. PII includes your name, address, birthdate, race and ethnicity, gender, sexual orientation/identity, and household size and income. Also, PII is never included in reports, public documents or public websites, and can only be seen by authorized persons when it's necessary.

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies, HomeownershipSF, alternate contacts designated on the lottery application, and the project's leasing agent or representative to exchange documentation and information provided as part of my/our application.

Must be signed by all applicants 18 years or older.

HH # "HH#" = Household Member Number

1	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
2	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
3	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
4	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
5	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>
6	_____	_____	_____
	<i>Applicant's Signature</i>	<i>Applicant's Printed Name</i>	<i>Date</i>



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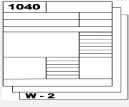




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APPLICATION FORM**

London N. Breed
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BMR RENTAL PROGRAM DOCUMENTATION CHECKLIST

The following documentation is due for each household member who is 18 years old or older.

Item	Description <i>(check at least one box per item)</i>
<p>1. Application</p> 	<p><input type="checkbox"/> Completed, signed and dated San Francisco BMR Rental Housing Program Application (this form) (one for the entire household)</p>
<p>2. Tax Information</p> <p>Year 1</p> 	<p><input type="checkbox"/> Signed and Dated copies of last 1 year of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY)</p> <p><input type="checkbox"/> Include ALL schedules and attachments required by the IRS Include ALL W-2s, 1099 form(s), etc....</p> <p>PLEASE NOTE: WE DO NOT ACCEPT TAX TRANSCRIPTS IN LIEU OF TAX RETURNS</p> <p><input type="checkbox"/> If you did not file a recent Federal Income Tax form, complete the attached Income Tax Declaration and submit with supporting documents as specified in the form.</p> <p><input type="checkbox"/> If you are applying between February 1st and April 15th, submit the most recent Federal Income Tax Form filed and W-2 form(s) for the year you are about to file.</p>
<p>3. Proof of Income</p> 	<p><input type="checkbox"/> Copies of the 2 most recent and consecutive paystubs and/or income statements.</p> <p><input type="checkbox"/> Most recent benefits or award letter stating your income.</p> <p><input type="checkbox"/> If you are Self-Employed, complete the attached Self-employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 2 years of federal income tax returns.</p> <p><input type="checkbox"/> If you are Unemployed and have ZERO income, complete the attached Unemployment Declaration</p>
<p>4. Bank Statements</p> 	<p><input type="checkbox"/> Copies of 2 most recent and consecutive bank or asset statements from ALL bank or other liquid asset accounts listed on page 3 of this application. Must be official statements. Please include All pages.</p>
<p>5. Housing Assistance</p> 	<p><input type="checkbox"/> If you receive a subsidy or have a housing voucher, submit most recent document stating eligibility for housing assistance voucher or subsidy</p>
<p>6. Demographic Information</p> 	<p><input type="checkbox"/> Please help ensure we are meeting our goal to serve all people. This optional form is to be filled out by each adult over the age of 18 in the household.</p>



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INCOME TAX DECLARATION

If you were not required by law to file Federal Income Tax returns, complete this form.

I/We (enter name(s) 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:

Please note you may be asked to fill out the Federal form 4506-T, the Request for Transcript of Tax Return from the Internal Revenue Service.

By signing below, I/(we) certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I/(We) acknowledge and understand that this declaration will be used to determine my/(our) household's initial or recertification income and asset eligibility for a restricted MOHCD BMR unit.

Dated: _____

Signature of Applicant

Dated: _____

Signature of Applicant



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SELF-EMPLOYED DECLARATION

If you are self-employed, complete this form.

I (name here) _____
am currently self-employed. Attached to this declaration is my Year-To-Date Profit and Loss
Statement which is a true and accurate reflection of my income.

I have been self-employed since (month and year): _____

This declaration must be accompanied by a signed and dated Year-To-Date Profit and Loss Statement. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal income tax form. If you need help creating a Profit and Loss Statement, please contact HomeownershipSF for application assistance at 415.202.5464 or at info@homeownershipsf.org.

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's initial or recertification income and asset eligibility for a restricted MOHCD BMR unit.

Dated: _____

Signature of Applicant



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UNEMPLOYMENT DECLARATION

If you are currently unemployed or do not work, complete this form.

This Declaration is to be signed by each household member 18 years of age and older with no employment income.

I (name here) _____
am not presently employed and am not currently receiving any income. I am **NOT** eligible to apply for unemployment benefits and have had no other type of compensation.

Please read carefully and complete all statements that apply:

- I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.
- I am not presently employed, but I am seeking employment. Based on my past work experience, skills, and income history, I expect to earn \$_____ yearly.
- I am not working, but will begin a new employment opportunity soon.
 - ❖ Please attach supporting documents, such as a job offer letter or contract for future employment and anticipated income if available.
 - ❖ Please provide the following information.

Expected Start Date	
Hourly Rate	
Number of hours per week	
Annual Salary	

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's initial or recertification income and asset eligibility for a restricted MOHCD BMR unit.

Dated: _____

Signature of Applicant



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RENTAL HOUSING PROGRAM APPLICATION FORM**

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

These questions are **OPTIONAL** and will **not** affect your eligibility for housing in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which primary language is spoke at home?

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

How did you hear about this listing?

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

HH #	Race and Ethnicity (Please use the key below to describe each adult household member)	What is your gender? (Choose one that best describes your current gender identity)	How do you describe your sexual orientation or sexual identity?
1		<input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed <input type="checkbox"/> Genderqueer/Gender Non-binary	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same- Gender Loving <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed
		<input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed <input type="checkbox"/> Genderqueer/Gender Non-binary	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same- Gender Loving <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed
		<input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed <input type="checkbox"/> Genderqueer/Gender Non-binary	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same- Gender Loving <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed
		<input type="checkbox"/> Female <input type="checkbox"/> Trans Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Not Listed <input type="checkbox"/> Genderqueer/Gender Non-binary	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same- Gender Loving <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed

<p>What best describes your race and ethnicity? (select all that apply)</p> <p>A1. Asian - Chinese A2. Asian - Filipino A3. Asian - Japanese A4. Asian - Korean A5. Asian - Mongolian A6. Asian - Central Asian A7. Asian - South Asian A8. Asian - Southeast Asian A9. Asian - Other Asian</p> <p>B1. Black - African B2. Black - African American B3. Black - Caribbean, Central American, South American or Mexican B4. Black - Other Black</p> <p>I1. Indigenous - American Indian/Native American I2. Indigenous - from Mexico, the Caribbean, Central America or South America I3. Indigenous - Other Indigenous</p>	<p>L1. Latino - Caribbean L2. Latino - Central American L3. Latino - Mexican L4. Latino - South American L5. Latino - Other Latino</p> <p>M1. Middle Eastern/West Asian or North African - North African M2. Middle Eastern/West Asian or North African - West Asian M3. Middle Eastern/West Asian or North African - Other Middle Eastern or North African</p> <p>P1. Pacific Islander - Chamorro P2. Pacific Islander - Native Hawaiian P3. Pacific Islander - Samoan P4. Pacific Islander - Other Pacific Islander</p> <p>W1. White - European W2. White - Other White</p>
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