



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

**SAN FRANCISCO HOMEOWNER EMERGENCY  
LOAN PROGRAM (HELP) APPLICATION**

TODAY'S DATE: \_\_\_\_\_

YOU NEED ASSISTANCE WITH (PLEASE CHOOSE ALL THAT APPLY):

- PAST DUE MORTGAGE PAYMENTS    PAST DUE HOA MONTHLY DUES    PAST DUE PROPERTY TAXES  
 UNAFFORDABLE HOA SPECIAL ASSESSMENTS (i.e., renovation costs passed down to residents)

<b>PROPERTY INFORMATION</b>	Year Built: _____ Year Purchased: _____
Street No. _____ Street Name _____ Street Type _____ Unit # _____	Total # of Units: _____
City _____ State _____ Zip Code _____	How many units are tenant-occupied: _____
	How many units are vacant: _____
	Is this a BMR unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Head of Household (Household Member 1):**

<b>HOUSEHOLD MEMBER #1</b> Head of Household	<b>LEGAL NAME</b> _____ <i>First Middle Last</i>	<b>DATE OF BIRTH</b> _____ <i>Month Day Year</i>
	<b>OCCUPATION:</b>	<b>DEPENDENT?</b> Yes No
	<b>MARRIED OR DOMESTIC PARTNERED?</b> Yes No	

**Household Member 2**

<b>HOUSEHOLD MEMBER #2</b>	<b>LEGAL NAME</b> _____ <i>First Middle Last</i>	<b>DATE OF BIRTH</b> _____ <i>Month Day Year</i>
	<b>OCCUPATION:</b>	<b>DEPENDENT?</b> Yes No
	<b>MARRIED OR DOMESTIC PARTNERED?</b> Yes No	
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD:</b>		

**Household Member 3**

<b>HOUSEHOLD MEMBER #3</b>	<b>LEGAL NAME</b> _____ <i>First Middle Last</i>	<b>DATE OF BIRTH</b> _____ <i>Month Day Year</i>
	<b>OCCUPATION:</b>	<b>DEPENDENT?</b> Yes No
	<b>MARRIED OR DOMESTIC PARTNERED?</b> Yes No	
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD:</b>		

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**Household Member 4**

<b>HOUSEHOLD MEMBER</b>  <b>#4</b>	<b>LEGAL NAME</b>			<b>DATE OF BIRTH</b>		
	_____	_____	_____	_____	_____	_____
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	<b>OCCUPATION:</b>		<b>DEPENDENT?</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b>	
			Yes No		Yes No	
	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD:</b>					
	_____					

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

**Total Household Size**

**Including Dependents:**

**CONTACT INFORMATION FOR HEAD OF HOUSEHOLD**

<p><b>RESIDENCE ADDRESS</b></p> <p><input type="checkbox"/> <b>Mark if same as property address</b> We cannot accept a PO box here.</p> <p>_____</p> <p><i>Street No. Street Name Street Type Unit</i></p> <p>_____</p> <p><i>City State Zip Code</i></p>	<p><b>MAILING ADDRESS - you may use a PO box</b></p> <p><input type="checkbox"/> <b>Mark if same as property address</b> (if different from residence address)</p> <p>_____</p> <p><i>Street No. Street Name Street Type Unit</i></p> <p>_____</p> <p><i>City State Zip Code</i></p>
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**PRIMARY PHONE #**

Home  Work  Cell

**SECOND PHONE #**

Home  Work  Cell

**EMAIL**

(leave blank if you don't have one)

\_\_\_\_\_

*Area Code Phone Number*

\_\_\_\_\_

*Area Code Phone Number*

**SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional)**

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*(Area Code) Phone Number*

**HOW DO YOU KNOW THIS PERSON?**

Family Member  Friend  Social Worker  Housing Counselor or  Other: \_\_\_\_\_

**HUD-APPROVED HOUSING COUNSELING INFORMATION:**

*Name of Housing Counseling Agency:* \_\_\_\_\_

*Counselor Name:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Email:* \_\_\_\_\_



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

**THE FOLLOWING QUESTIONS APPLY TO ALL BORROWERS:**

**BORROWER DISCLOSURES**

A) Is the head of household applicant on the mortgage and title of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Does the applicant(s) have any outstanding judgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Has the applicant(s) declared bankruptcy in the past ten (10) years? <input type="checkbox"/> Chapter 13 Discharge Date: _____ <input type="checkbox"/> Chapter 7 Discharge Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Are there any delinquent tax liens or other liens against the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Are the applicant(s) currently living in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Are the HOA monthly assessments delinquent? Number of months behind: _____ Total past due amount: _____ HOA Name: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Are any mortgages delinquent? Number of months behind _____ Total past due amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Have you received a Notice of Default? Name of Entity filing NOD: _____ NOD Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Have you obtained a mortgage modification? If yes, please provide date modification was granted: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Is property listed for sale? If yes, please provide the following information: Date of listing: _____ Realtor Name: _____ Realtor Phone No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Do you own other properties? If yes, please list addresses below: 1. _____ 2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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"HH#" = Household Member Number

HOUSEHOLD EMPLOYMENT AND INCOME

EMPLOYMENT: (Please write "unemployed" under "Name of Employer" for unemployed household members)						
HH#	Employer Name	Employer Address	Begin Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
1						\$
2						\$
3						\$
4						\$

"HH#" = Household Member Number

GROSS ANNUAL INCOME for each household member				
HH#	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
1				
2				
3				
4				
<b>TOTALS</b>	\$ (a)	\$ (b)	\$ (c)	\$ (d)
<b>TOTAL GROSS ANNUAL INCOME</b> Add (a) through (d):				\$ (e)

Tenant Information (details for each tenant, including roommates, or duplex, triplex, or fourplex units):

Name	Unit #	Rent Amount	Phone #	Is Rent Delinquent?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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**HOUSEHOLD ASSETS – NON RETIREMENT**

**INCOME FROM ASSETS**

Important: You must list every cash account that shows the household member as an account holder. Asset accounts can include, but are not limited to, checking accounts, savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, gifts for down payment or other costs, retirement accounts, monthly income from retirement and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars, boats, etc. -- only cash assets.

You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears. Failure to list all accounts will disqualify your household from applying for a Homeowner Emergency Loan. Retirement money will not be counted toward the asset test and should not be listed below.

"HH #" = Household Member Number

HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
1			\$
2			\$
3			\$
4			\$
<b>Total Household Liquid Assets (do not include retirement):</b>			\$

YOU MUST ATTACH THE 2 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.

**Monthly Housing Expenses:**

**HOUSEHOLD MONTHLY EXPENSES**

Expense Type	Description/Name/Loan #	Current Balance	Monthly Payment
1 <sup>st</sup> Mortgage		\$	\$
2 <sup>nd</sup> Mortgage/HELOC			
Homeowner's Insurance			
Property Taxes			
Homeowners Association (HOA)			



**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM  
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**BORROWER CERTIFICATION AND SIGNATURES**

**BORROWER CERTIFICATION AND SIGNATURES**

The Mayor's Office of Housing and Community Development (MOHCD) must obtain any documents needed to verify the information provided. You must understand the requirements and the provisions of the loan agreement prior to closing the loan. If you have any questions, please make sure you understand the program requirements before loan closing. The information on this application will be used to determine loan eligibility. I/we have listed all persons in my/our household. I/we have provided for each person(s) set forth in this application acceptable verification of current annual income. I have also disclosed ALL assets held by each person listed in this 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. False, misleading or incomplete information may result in the termination of the Homeowner Emergency Loan Program (HELP).

\_\_\_\_\_  
*Borrower's Signature*

\_\_\_\_\_  
*Borrower's Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower's Signature*

\_\_\_\_\_  
*Co-Borrower's Printed Name*

\_\_\_\_\_  
*Date*



**SAN FRANCISCO HOMEOWNER EMERGENCY LOAN PROGRAM  
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**HOUSEHOLD CERTIFICATION AND SIGNATURES**

The undersigned specifically acknowledge(s) and agree(s) that: 1) the loan requested by this application would be secured by a junior deed of trust on the property described herein, 2) the property will be used solely as the principal residence of the undersigned, 3) all statements made in this application are true and made for the purpose of obtaining a Homeowner Emergency Loan Program (HELP) loan from the City and County of San Francisco. Verification may be obtained from any source named in this application. I/we fully understand that to make any false statements, whether negligent or intentional, concerning this application will result in the City's denial of a Homeowner Emergency Loan Program (HELP) loan or will be a default under the Homeowner Emergency Loan Program (HELP) loan, as applicable.

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

Public records act: the City and County of San Francisco is subject to the requirements of the California public records act, government code section 6250, et seq. the public records act provides that virtually all documents held or used by the city in the course of conducting the public's business are public records which the city, subject to certain limited exemptions, must make available for inspection and copying by the public. Applications for loans or grants from the city are public records as are the completed loan and grant documents. Under section 67.24(e) of San Francisco administrative code, applications for financing and all other records of communication between the City and the borrower must be open to public inspection immediately after a contract has been awarded. All information provided by the borrower which is covered by that ordinance (as it may be amended) will be made available to the public upon appropriate request. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

**Must be signed by all applicants 18 years or older.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Date*



## Homeowner Emergency Loan Program (HELP)

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

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

### What best describes your race and ethnicity? (select all that apply)

#### Asian

- Chinese
- Filipino
- Japanese
- Korean
- Mongolian
- Central Asian
- South Asian
- Southeast Asian
- Other Asian \_\_\_\_\_

#### Black

- African
- African American
- Caribbean, Central American, South American or Mexican
- Other Black \_\_\_\_\_

#### Indigenous

- American Indian/Native American  
(Specific Group: \_\_\_\_\_)
- Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: \_\_\_\_\_)
- Other Indigenous \_\_\_\_\_

#### Latino

- Caribbean
- Central American
- Mexican
- South American
- Other Latino \_\_\_\_\_

#### Middle Eastern/West Asian or North African

- North African
- West Asian
- Other Middle Eastern or North African \_\_\_\_\_

#### Pacific Islander

- Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander \_\_\_\_\_

#### White

- European
- Other White \_\_\_\_\_

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

- Female  Male
- Genderqueer/Gender Non-binary
- Trans Female  Trans Male
- Not listed – please specify: \_\_\_\_\_

### How do you describe your sexual orientation or sexual identity?

#### (Check one)

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

### For Service Rendering: Pronouns and Chosen Name

- She/Her/Hers  He/Him/His  They/Them/Theirs
- Not listed. Please specify: \_\_\_\_\_

### By what name do you wish to be called?

\_\_\_\_\_

### Which primary language is spoken at home? (select one)

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

### Are you a veteran? (Check one)

- Yes
- No
- Prefer not to answer

### Is anyone else on this application a veteran? (Check one)

- Yes
- No
- Prefer not to answer







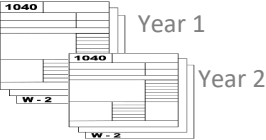




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**REQUIRED DOCUMENTS CHECKLIST**

**You must include copies of the following documents for each household member 18 years old or older. If any form is missing, your application may be disqualified. Please check each box upon completion.**

<b>Item</b>	<b>Description</b> <i>(check at least one box per item)</i>
<b>Photo ID</b> 	<input type="checkbox"/> Copy of photo identification for <u>all</u> title holders.
<b>Application</b> 	<input type="checkbox"/> Completed, signed and dated HELP Application (this form) (one for the entire household).
<b>Hardship Letter</b> 	<input type="checkbox"/> Signed and date hardship letter (include copy of any applicable supporting document or form)
<b>Mortgage Statements</b> 	<input type="checkbox"/> Copy of most recent mortgage statements for all existing mortgages.
<b>HOA Statements</b> 	<input type="checkbox"/> Copy of most recent homeowner's association statement if applicable.
<b>Homeowner's Insurance</b> 	<input type="checkbox"/> Copy of current homeowner's insurance declaration.
<b>Tax Information</b> 	<input type="checkbox"/> Signed and dated copies of last 2 years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY). Include all SCHEDULES and/or attachments required by the IRS Include all W-2 and/or 1099 form(s).  <input type="checkbox"/> OR – If applicable, complete attached Income Tax Declaration form, and submit with supporting documents as specified in the form.
<b>Proof of Income</b> 	<input type="checkbox"/> Copies of 2 most recent and most consecutive paystubs and/or income statements.  <input type="checkbox"/> OR – If applicable, complete the attached Unemployed Declaration form. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance)  <input type="checkbox"/> OR – If applicable, complete the attached Self-employed Declaration form. Must be submitted with most recent and current Profit and Loss statement.  <input type="checkbox"/> OR – Benefits award letter.  <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire.
<b>Bank Statements</b> 	<input type="checkbox"/> Copies of 2 most recent, consecutive bank or asset statements from all bank or other liquid asset accounts listed in this application. Statements must be official and include all pages.



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**THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977  
FAIR LENDING NOTICE**

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, domestic partnership, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one- to four-unit family residences occupied by the owner and for the purpose of the home improvement of any one- to four-unit family residence.

*If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or the Department of Real Estate at one of the following locations:*

2550 Mariposa Mall, Room 3070  
Fresno, CA 93721-2273

650 Bannon Street, Suite 500  
Sacramento, CA 95811

320 W. 4th Street, Suite 350  
Los Angeles, CA 90013-1105

8620 Spectrum Center Blvd, Suite 301A  
San Diego, CA 921023

1515 Clay Street, Suite 702  
Oakland, CA 94612-1462

**ACKNOWLEDGMENT OF RECEIPT**

***I (we) received a copy of this notice.***

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

DEPARTMENT OF REAL ESTATE — Mortgage Lending Unit RE 867 (Rev. 7/18)



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**INCOME TAX DECLARATION**

**Complete this form only if you do not have copies of Federal Income Tax Returns for any year during the preceding three years. Please complete the option(s) below that apply.**

**I (We) the undersigned (name here) \_\_\_\_\_ hereby declare the following:**

I (We) (name here) \_\_\_\_\_ hereby declare 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 (attach documentation to support reason):

\_\_\_\_\_  
\_\_\_\_\_

*Please provide applicable documentation supporting the above explanation such as income earning did not meet requirement for tax filing, proof of date of entry to US, school transcripts or diploma, etc. for that period of time.*

I (We) hereby declare that I (we) was (were) not required hereby certify that the application in connection with which I (we) am (are) applying for the San Francisco Homeowner Emergency Loan Program (HELP) is occurring between **January 1 and April 15**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20\_\_\_\_\_ is \$\_\_\_\_\_ and does not exceed the income limits for the San Francisco Homeowner Emergency Loan Program (HELP).

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 (our) knowledge and belief. I (We) further understand that this Declaration will be relied upon for purposes of determining my (our) household's eligibility for the San Francisco Homeowner Emergency Loan Program (HELP). I (We) acknowledge that a material misstatement fraudulently or negligently made in this declaration or in any other statement made by me (us) in connection with an application may constitute a federal violation punishable by a fine and/or denial of my (our) application.

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

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

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

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



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**SELF-EMPLOYED DECLARATION**

I (name here) \_\_\_\_\_ hereby declare the following:

I hereby attach copies of my federal tax returns (both individual returns and business returns if applicable) for the immediate preceding three calendar years for which self-employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the San Francisco Homeowner Emergency Loan Program (HELP) is net income from the operation of a business or profession, including cash withdrawals from the business.

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

Number of Self-Employment Federal Tax Returns filed in the last three years: \_\_\_\_\_

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_  
(Year of)

Attach a) copies of Federal Income Tax Returns (both individual returns and business returns if applicable) for preceding three calendar years; and b) signed and dated Profit/Loss Statement to date from last tax filing.

**OR**

If this is a new business, or if you do not file income taxes, you will need to provide a) a signed and dated Profit/Loss Statement; and b) copies of all invoices and payments made to the borrower as a part of self-employment in the current calendar year.

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 representation herein constitutes an act of fraud, and results in the denial of my application.

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

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



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**UNEMPLOYED DECLARATION**

This Declaration is to be signed by each household member 18 years of age and older when no employment income for them is indicated on the San Francisco Homeowner Emergency Loan Program (HELP) Application.

I (name here) \_\_\_\_\_ am not presently employed, not currently receiving any income and will not file for unemployment benefits in 202\_\_\_\_ (current calendar year). I am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.

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 anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills, and income history, I expect to earn \$\_\_\_\_\_ /year when I become employed.
  
- I am not presently employed but am aware of an employment start date of \_\_\_\_\_ at \$\_\_\_\_\_ per \_\_\_\_\_ (If amount is hourly, please provide number of hours per week, \_\_\_\_\_). Please attach supporting documents, such as borrower's offer or contract for future employment and anticipated income if available.

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 this Declaration will be relied upon for purposes of determining my eligibility for the San Francisco Homeowner Emergency Loan Program (HELP). I acknowledge that a material misstatement fraudulently or negligently made in this declaration or in any other statement made by me in connection with a loan application may constitute a federal violation punishable by a fine and/or denial of my application.

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

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

