

Mayor's Office of Housing and Community Development

City and County of San Francisco



SAN FRANCISCO BELOW MARKET RATE HOMEOWNERSHIP LOTTERY APPLICATION

London N. Breed

Mayor

Daniel Adams

Acting Director

Dear Applicant:

Thank you for your interest in applying for a home through the Below Market Rate (BMR) Homeownership Program administered by the San Francisco Mayor's Office of Housing and Community Development (MOHCD).

Before you begin filling out the attached application, please follow the steps below.

Step 1: Answer the following questions

- 1) Are you and all your household members first-time homebuyers? Yes No
First-time homebuyer: no ownership interest in a residential property in the past 3 years.
- 2) Have you completed homebuyer education from a MOHCD-Approved Housing Counseling Agency? Yes No
Homebuyer education: 6-hour workshops and 2-hour individual counseling.
- 3) Are you pre-approved for a mortgage loan by a MOHCD-Approved Lender? Yes No
MOHCD-Approved Lenders are listed on www.sfmohcd.org

If you answered "No" to any of the questions above, you are not eligible for the BMR Homeownership Program at this time. If you answered "Yes" to all of the questions above, please continue with Step 2.

Step 2: Attach the following documents to your application

Homebuyer Education Proof 	<input type="checkbox"/> Verification of Homebuyer Education from a MOHCD-Approved Housing Counseling Agency for <u>all</u> titleholders/borrowers Name of Agency: _____ Date of Verification: _____
Mortgage Loan Pre-Approval 	<input type="checkbox"/> Copy of mortgage loan pre-approval letter from a MOHCD-Approved Lender Name of Loan Officer: _____ Name of Loan Company: _____ Date of Pre-Approval Letter: _____
Proof of Housing Lottery Preferences – if applicable 	<input type="checkbox"/> N/A -- I/we are not claiming any housing lottery preferences <input type="checkbox"/> If applicable, proof of housing lottery preferences. Please see page 4 of the application for a list of acceptable documentation for the housing lottery preferences.



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**SAN FRANCISCO BELOW MARKET RATE
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ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
(All applications containing any person who appears on more than one application
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Acting Director

THIS APPLICATION MUST BE COMPLETED IN ENGLISH

PRIMARY APPLICANT'S LEGAL NAME

DATE OF BIRTH

First Name

Middle Name

Last Name

mm/dd/yyyy

BMR UNIT ADDRESS

PREFERRED UNIT SIZE

Street No. Street Name

Street Type

Unit

Zip Code

of bedrooms

How many people
will live in your unit?

What is the total annual household gross (grant total before taxes are
taken out) income from all sources for every person in your household?

\$

Do you or another member of your household have a housing voucher or subsidy? Yes No

YOUR RESIDENCE ADDRESS

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

YOUR RESIDENCE ADDRESS

We cannot accept a PO box here.

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address)

Street No. Street Name

Street Type

Unit

Street No. Street Name

Street Type

Unit

City

State

Zip Code

City

State

Zip Code

YOUR PHONE #

Home Work Cell

YOUR SECOND PHONE #

Home Work Cell

YOUR EMAIL

(leave blank if you don't have one)

Area Code

Phone Number

Area Code

Phone Number

ALTERNATE CONTACT (whom should we contact if we cannot reach you?) (Optional)

First Name

Middle Name

Last Name

Home Work Cell

Area Code

Phone Number

Email

Street No. Street Name

Street Type

Unit

City

State

Zip Code

RELATIONSHIP (how do you know this person?)

Family Member Friend Other

Social Worker or Housing Counselor NAME OF AGENCY: _____

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Who else will live in the unit for which you are applying, including minors?

LEGAL NAME (Household Member #2)	DATE OF BIRTH (REQUIRED)		
First	Middle	Last	Month Day Year
RESIDENCE ADDRESS (if different from primary applicant's residence address)			
Street No.	Street Name	Street Type	Unit City State Zip Code
RESIDENCE ADDRESS (if different from primary applicant's residence address)			
Street No.	Street Name	Street Type	Unit City State Zip Code
RESIDENCE ADDRESS (if different from primary applicant's residence address)			
Street No.	Street Name	Street Type	Unit City State Zip Code
RESIDENCE ADDRESS (if different from primary applicant's residence address)			
Street No.	Street Name	Street Type	Unit City State Zip Code
RESIDENCE ADDRESS (if different from primary applicant's residence address)			
Street No.	Street Name	Street Type	Unit City State Zip Code

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

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Does anyone in your household have any of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the posting to find out which apply.

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the Live or Work in San Francisco preferences below. To prove eligibility, **one** of the listed documents must be submitted with your application:

<input type="checkbox"/> Live in San Francisco Preference Which type of proof are you including with your application? (check one) <input type="checkbox"/> Telephone bill (land line only) <input type="checkbox"/> Water bill <input type="checkbox"/> Cable or internet bill <input type="checkbox"/> Paystub (listing home address) <input type="checkbox"/> Gas or Electric bill <input type="checkbox"/> Public benefits record <input type="checkbox"/> Garbage bill <input type="checkbox"/> School record	<input type="checkbox"/> Work in San Francisco Preference Which type of proof are you including with your application? (check one) <input type="checkbox"/> Paystub (showing employer address in San Francisco) <input type="checkbox"/> Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City
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Documentation must list the household member's name and current address
and be **dated within 45 days** of the date of this application.

At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying for the Neighborhood Resident Housing Preference (NRHP) below. To prove eligibility, **one** of the listed documents must be submitted with your application:

<input type="checkbox"/> Live in the Neighborhood This preference applies only to <u>new</u> projects. Which type of proof are you including with your application? (check one) <input type="checkbox"/> Telephone bill (land line only) <input type="checkbox"/> Garbage bill <input type="checkbox"/> Public benefits record <input type="checkbox"/> Cable or internet bill <input type="checkbox"/> Water bill <input type="checkbox"/> School record <input type="checkbox"/> Gas or Electric bill <input type="checkbox"/> Paystub (listing home address)	What is the name and address of the household member for whom this preference applies? Name of NRHP Holder _____ Street # _____ Street Name _____ Street Type _____ Unit _____ City _____ State _____ Zip Code _____
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Documentation must list the household member's name and current address
and be **dated within 45 days** of the date of this application.

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Household Preferences (continued)

San Francisco households that are currently spending more than 50% of their gross income for housing, or that reside in public housing or Project-Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. **Households who qualify for this preference must meet the building's minimum income requirements.** To prove eligibility, the following documentation for the preference you are claiming must be submitted with your application (we will verify the amount of rent you pay after the lottery):

Rent Burdened Preference

How much is the total rent per month
paid by all members of this household?

Please submit from only **one** household member:

- Copy of your current lease agreement
- AND
- Proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are **not** acceptable as proof of rent payment

Assisted Housing Preference

Please submit from only **one** household member:

- Copy of your current lease agreement

What is the name and address of the household member for whom this preference applies?

Name

Street # *Street Name and Type* *Unit*

City *State* *Zip Code*

Displaced Tenant Certificate

If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction, or have been displaced by a fire.

Name of DTHP Certificate Holder:

DTHP Certificate Number: _____

(if you do not know the number, leave blank)

Certificate of Preference

If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s.

Name of COP Holder:

COP Certificate Number: _____

(if you do not know the number, leave blank)

If you have not heard of these preferences, you most likely do not have one.
Please call 415-701-5613 if you think you qualify for either.

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TERMS

This application must be physically received (by mail or in person) by the application due date. Please see www.sfmohcd.org, or contact the property developer or sales agent for deadline and location to submit the application.

Applicants will be contacted by the sales agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have submitted an incomplete application or made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents within five (5) business days. For more information, please contact the developer or sales agent posted in the listing. **Completing this lottery application does not entitle you to housing or indicate you are eligible for housing.**

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

SIGNATURE

PRINTED NAME

DATE

How did you hear about this listing? Newspaper MOHCD Website Developer Website Flyer Friend
 Email Alert Housing Counselor Radio Ad Bus or Billboard Ad Other

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.

Which best describes your ethnicity? (select one)

Hispanic/Latino Not Hispanic/Latino

Which best describes your race? (select one)

American Indian/Alaskan Native
 American Indian/Alaskan Native and Black/African American
 American Indian/Alaskan Native and White
 Asian
 Asian and White
 Black/African American
 Black/African American and White
 Native Hawaiian/Other Pacific Islander
 Other/Multiracial
 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: _____

