

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



London N. Breed
Mayor

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

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

London N. Breed
Mayor

Eric D. Shaw
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?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	DEPENDENT?	IN SCHOOL?
	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?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	DEPENDENT?	IN SCHOOL?
	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?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	DEPENDENT?	IN SCHOOL?
	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"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
		<input type="checkbox"/> Employment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
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.)	Current Cash Value of Asset
					\$
					\$
					\$
					\$
				\$	
				\$	
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: _____	\$ _____ per month
	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 will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

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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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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