

INSTRUCTIONS FOR PACKAGING YOUR SUPPLEMENTAL (POST-LOTTERY) APPLICATION HABITAT FOR HUMANITY HOMES AT 36 AMBER DRIVE

If your application is selected by lottery, you will be contacted for a supplemental (post-lottery) application. You have 5 business days to submit a complete application. Please use these instructions to help you prepare a complete application package.

GENERAL INSTRUCTIONS

- Use the most current version of the application, available at <https://habitatgsf.org/amber-drive-info>. Submission of an outdated version may result in rejection of your application.
- Complete this application to its entirety, leaving no blanks. If an item does not apply enter "N/A".
- All applicants 18 years or older must sign this application.
- Do not submit originals. Documents you submit will not be returned.
- If you submit any documents in a foreign language, you must include a complete English translation.
- To ensure a timely submission, you should gather all the Required Documents (as provided below) ahead of time. If you have already gathered all these documents, completing the supplemental (post-lottery) application should take no more than 30 minutes.
- Submit a complete application before the established deadline. Applications received after the deadline or incomplete applications will be rejected.

4 Essential Tips




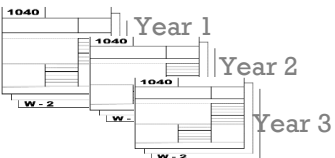
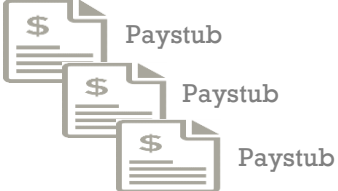
1. Follow instructions
2. Start preparing early
3. Include all required documents
4. Upload your documents on time




Need Help?

Contact Habitat for Humanity Greater SF at 415-625-1041 or HDDIntake@HabitatGSF.org if you need help to submit your application!



REQUIRED DOCUMENTS

Item	Description (check at least one box per item)
Application 	<input type="checkbox"/> Completed, signed and dated BMR Supplemental Application (one for the entire household)
Information Session 	<input type="checkbox"/> An email from Habitat for Humanity confirming your attendance at an Information Session (only one applicant needs to attend)
Photo ID 	<input type="checkbox"/> Copy of current photo identification for <u>all</u> adult household members
Tax Information 	<input type="checkbox"/> Signed and dated copies of last 3 years of Federal Income Tax Returns <ul style="list-style-type: none"> - Include <u>ALL</u> schedules and/or attachments required by the IRS - Include <u>ALL</u> 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
Proof of Income 	<input type="checkbox"/> Copies of 3 most recent, 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 signed and dated Profit and Loss statement <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire

<p>Bank Statements</p> 	<p><input type="checkbox"/> Copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts. Must be official statements. All pages must be included.</p> <p><input type="checkbox"/> Copies of 1 most recent monthly or quarterly statement for all retirement accounts.</p>
<p>Lease Agreement & 3 Rent Payments</p> 	<p><input type="checkbox"/> Copy of current lease agreement with all pages with proof of 3 most recent rent payments</p> <p><input type="checkbox"/> If rent free, provide a signed letter from your landlord</p>
<p>Gift Funds – if applicable</p> 	<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> If applicable, completed gift letter and evidence of donor availability of funds</p>

ASSEMBLE YOUR APPLICATION

- Make sure you are organizing your application package using the enclosed dividers for each section so that information can be easily identified and nothing left out. If the section is not applicable, still have a divider for that section and then check the box “N/A” on the divider.
- The section dividers are placed in the following order:
 - Section I: Application
 - Section II: Information Session
 - Section III: ID
 - Section IV: Income
 - Section V: Assets
 - Section VI: Rent
 - Section VII: Gift Funds

BE CAREFUL!

When you fill out your application for assisted housing from MOHCD make sure the information provided is complete, accurate and honest. You must include:

- All sources of income and changes in income for any member of your household, such as wages, welfare payments, benefits, retirement, all contributions or gifts you regularly received, and etc.
- All assets, such as bank accounts, savings bonds, stocks, and investments and etc. that are owned or jointly owned by you or any member of your household.
- If you don’t understand something on the application, always ask questions. Better to be safe than sorry! The information you provide on your application will be verified. Providing false or misleading information is fraud, and subject to penalties and prohibition from participating in the program.

REPORT FRAUD

If you know of anyone who provided false information on a MOHCD assisted housing application, or if anyone tells you to provide false information, report that person to the MOHCD Confidential Hotline by:

- Call the Hotline at 415-701-5613 Monday through Friday, from 8:00am to 5:00pm, or
- Email the Hotline at housinginfo@sfgov.org, or
- Write the Hotline at: MOHCD, 1 South Van Ness Ave, 5th Floor, San Francisco, CA 94103

Application Section Divider

Section I: Application

Signed and dated application with applicable Declaration(s)

One application per household

Application Section Divider

Section II: Information Session

An email confirming your attendance at an Information Session.

Only one applicant needs to attend

Application Section Divider

Section III: ID

Copy of current government-issued photo ID for
ALL adult household members

Section IV: Income

Income documents for ALL adult household members

Income documents:

Copies of last 3 years of federal income tax returns including ALL W-2 and 1099s

Copies of 3 most recent, consecutive paystubs and/or income statements

For self-employment income, a year-to-date Profit and Loss Statement

Section V: Assets

Assets documents for all adult household members

Assets documents:

Liquid Assets: copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts. Must be official statements. All pages must be included.

Non-Liquid Assets: copies of 1 most recent monthly or quarterly statement

Section VI: Proof of Rent

Rent documents:

Copy of current lease agreement with all pages with proof of 3 most recent rent payments

If rent free, provide a signed letter from the landlord to support

Section VII: Gift Funds

N/A (check the box if not applicable)

Gift documents:

Completed gift letter (gift letter form is attached)

Evidence of donor availability of funds (such as donor's bank statement)

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

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

TODAY'S DATE: _____

BMR UNIT ADDRESS	Please enter one:
_____	Lottery Ticket # _____
<i>Street No. Street Name Street Type Unit Zip Code</i>	Preferred Size _____
	# of bedrooms _____

Primary Applicant (Household Member 1):

HOUSEHOLD MEMBER #1 Primary Applicant	LEGAL NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed)	
	<input type="checkbox"/> Separated	

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed)	
	<input type="checkbox"/> Separated	
RELATIONSHIP TO PRIMARY APPLICANT:		

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed)	
	<input type="checkbox"/> Separated	
RELATIONSHIP TO PRIMARY APPLICANT:		

Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME	DATE OF BIRTH
	_____	_____
	<i>First Middle Last</i>	<i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed)	
	<input type="checkbox"/> Separated	
RELATIONSHIP TO PRIMARY APPLICANT:		

HOUSEHOLD MEMBER INFORMATION



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

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

Household Member 5

HOUSEHOLD MEMBER INFORMATION (continued)

#5	LEGAL NAME _____ <i>First Middle Last</i>	DATE OF BIRTH _____ <i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
	DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed) <input type="checkbox"/> Separated
	RELATIONSHIP TO PRIMARY APPLICANT:	

Household Member 6

#6	LEGAL NAME _____ <i>First Middle Last</i>	DATE OF BIRTH _____ <i>Month Day Year</i>
	OCCUPATION:	<input type="checkbox"/> Married or Domestic Partnered
	DEPENDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Unmarried (including single, divorced, widowed) <input type="checkbox"/> Separated
	RELATIONSHIP TO PRIMARY APPLICANT:	

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

Total Household Size :

TITLE REQUIREMENTS

All Household members aged 18 and older must appear on the title for a BMR Ownership Unit except 1) Legal dependents of titleholders as claimed on the two most recent federal income tax returns (spouses and domestic partners are not considered dependents); 2) A Household member younger than age 24 who is the child of a titleholder and will reside in the BMR Unit as their Primary Residence, regardless of being named as a dependent on the federal tax form; 3) Household members that do not count toward the BMR Unit size and their income does not change the applicant's Household income eligibility. Household members falling into this category are usually those who do not intend to live in the BMR Unit as their Primary Residence for the entire duration of ownership of the Unit.

TITLE WILL BE HELD IN WHAT NAME(S):

(PRINT EXACTLY how you wish to have your legal name(s) shown on title, which will be exactly how your name appears on the final City documents.)

TITLHOLDER	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
1				
2				
3				
4				
5				
6				

TITLE INFORMATION



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

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:

HOUSEHOLD DISCLOSURES

A) What is the household's total current rent amount? If nothing, write "0" and explain: _____	\$ _____ per month
B) Do you currently live in a BMR rental unit? If yes, provide the address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Does any household member own a manufactured home, agricultural or commercial property, or vacant land? If yes, provide address of property/land: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Does any household member have an ownership interest in a business entity? If yes, provide name of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Has any household member appeared on title for a housing unit in the past 3 years from the date of this application? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Are you willing and able to complete 500 volunteer hours towards construction, education, and other opportunities? More information available at https://www.habitat.org/stories/what-is-sweat-equity .	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Will your household be receiving gift funds for the purchase of this BMR unit? If yes, indicate gift funds amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Do you and any co-applicants meet the following basic requirements? <ul style="list-style-type: none"> • Must be permanent residents or U.S. Citizens • Must have a minimum credit score of 650 • Must have history of reliable payments on credit report • Must have a total debt-to-income ratio below 45% 	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Is there a person with a disability in your household? If yes, how many: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Do you have any household member(s) who are not your dependent(s) and will not appear on title of this BMR unit? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

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

****PLEASE PROVIDE A TWO YEAR WORK HISTORY****

"HH#" = Household Member Number

EMPLOYMENT: 2 YEAR WORK HISTORY IS REQUIRED					
(Please write "unemployed" under "Employer Name" for unemployed household members)					
HH#	Employer Name	Employer Address	Begin Date & End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
					\$
					\$
					\$
					\$
					\$
					\$

"HH#" = Household Member Number

GROSS ANNUAL INCOME for each household member			
HH#	Wages/Salary	Self-Employment	Non-Employment Received Annually (i.e. Income from Pension; Social Security; Retirement; Unemployment; Child Support; Alimony; Income from Investments; etc.)
1			
2			
3			
4			
5			
6			
TOTALS	\$ (a)	\$ (b)	\$ (c)
TOTAL GROSS ANNUAL INCOME Add (a) through (c):			\$ (d)

You must complete this form as a part of your application.

HOUSEHOLD EMPLOYMENT AND INCOME



**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

See application instructions for more information and examples.

HOUSEHOLD ASSETS – NON RETIREMENT

INCOME FROM LIQUID ASSETS

Important: You must list every cash account that shows the household member as an account holder. Liquid 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 the BMR unit. Retirement money will not be counted toward the asset test and should not be listed below. However, applicant must 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 #" = Household Member Number

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):				\$

YOU MUST ATTACH THE 3 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.

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

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 City and County of San Francisco

**SAN FRANCISCO BELOW MARKET RATE (BMR)
 HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

"HH #" = Household Member Number

HOUSEHOLD ASSETS FROM RETIREMENT ACCOUNTS

HH #	Name of Institution	Last 4 Digits of Account Number	Specify Type of Asset (e.g: 401K, 403B, IRA, etc.)	Current Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Household Retirement Accounts:				\$

YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE AND SIGN ON THE NEXT PAGE.



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

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

HOUSEHOLD CERTIFICATION AND SIGNATURES

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 ("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 or withheld information. 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.

I/we are willing to partner with MOHCD and Habitat for Humanity Greater San Francisco. I/we also understand that my/our information may be shared with MOHCD and Habitat for Humanity Greater San Francisco as needed.

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

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

TERMS AND SIGNATURES




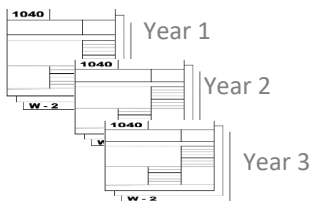
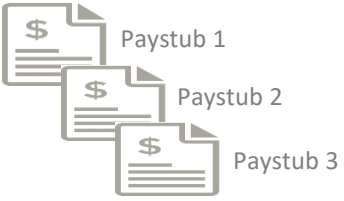






Mayor's Office of Housing and Community Development
City and County of San Francisco

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

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.

Item	Description (check at least one box per item)
Application 	<input type="checkbox"/> Completed, signed and dated BMR Supplemental Application (this form) (one for the entire household)
Information Session Proof 	<input type="checkbox"/> An email from Habitat for Humanity confirming your attendance at an Information Session (only one applicant needs to attend)
Photo ID 	<input type="checkbox"/> Copy of current photo identification for <u>all</u> adult household members
Tax Information 	<input type="checkbox"/> Signed and dated copies of last 3 years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) Include <u>ALL</u> schedules and/or attachments required by the IRS Include <u>ALL</u> 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
Proof of Income 	<input type="checkbox"/> Copies of 3 most recent, 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 signed and dated Profit and Loss statement <input type="checkbox"/> OR – Employment offer letter if less than 3 weeks from date of hire
Bank Statements 	<input type="checkbox"/> Copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts (listed on page 5 of 9 of this application). Must be official statements. All pages must be included. <input type="checkbox"/> Copies of 1 most recent monthly or quarterly statement for all retirement accounts
Lease Agreement & 3 Rent Payments 	<input type="checkbox"/> Copy of current lease agreement with all pages with proof of 3 most recent rent payments <input type="checkbox"/> If rent free, provide a signed letter from the landlord to support
Gift Funds <i>– if applicable</i> 	<input type="checkbox"/> N/A <input type="checkbox"/> If applicable, completed gift letter and evidence of donor availability of funds
Other Income <i>– if applicable</i> 	<input type="checkbox"/> Any other income not listed elsewhere, provide the applicable documentation. <input type="checkbox"/> N/A

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE DETERMINED INELIGIBLE

DEMOGRAPHIC INFORMATION

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information</p>

Amber Drive

Habitat for Humanity Greater San Francisco Homeownership Application

Application Deadline: **Friday, April 22, 2022 5:00 PM**

Release of information for the purpose of determining eligibility for affordable housing

I authorize the release of any information Habitat for Humanity Greater San Francisco may request from third parties regarding myself and all other persons included in the application for Amber Drive for the purpose of determining my eligibility for affordable housing, including the following:

Please sign one form for each adult applicant (18 years and older).

Please make as many copies as necessary.

- Credit Report Checks
- Criminal Background
- Money Laundering
- Sex Offender Screenings
- Employment
- Self – Employment
- Alimony
- Child Support
- Aid to Families with Dependent Children (AFDC)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Workers Compensation
- Unemployment
- Financial Assistance
- Social Security Benefits
- Disability
- Pensions Benefits
- Annuities
- Union Benefits
- Assets
- Savings and Checking Accounts
- Any other Income or Assets not listed
- Personal, Credit, Landlord and Employer References
- Apartment Rentals and Tenant History

Name (Signature)

Date

Name (Please Print)

Date

Equal Housing Opportunity: Habitat for Humanity Greater San Francisco selects households on an impartial and non-discriminatory basis. Race, color, gender, national origin, marital status, family status, sexual orientation, age, religion, and disability are not part of the decision-making process. **Equal Access Opportunity**

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City and County of San Francisco

**SAN FRANCISCO BELOW MARKET RATE (BMR)
HOMEOWNERSHIP SUPPLEMENTAL APPLICATION**

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, 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.

Declaration 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 rental management company, canceled checks or rent receipts.

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 BMR Homeownership Housing Program 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 BMR Homeownership Housing Program.

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 a restricted unit under the San Francisco BMR Homeownership Housing Program. 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 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

Dated: _____

Signature of Applicant



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

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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 BMR Homeownership Housing Program 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



Mayor's Office of Housing and Community Development
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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 BMR Homeownership Housing Program Application.

I (name here) _____ am not presently employed, not currently receiving any income and will not file for unemployment benefits in 20____ (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 BMR Homeownership Housing Program. 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 for the San Francisco BMR Homeownership Housing Program.

Dated: _____

Signature of Applicant

