

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



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

**Edwin M. Lee**  
Mayor

**Kate Hartley**  
Acting Director

**ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING**  
(All applications containing any person who appears on more than one application  
will be removed from the lottery)

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

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

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

Print household member legal names as they will appear on the mortgage loan and title.

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

<b>HOUSEHOLD MEMBER #1</b> Head of Household	<b>LEGAL NAME</b>	<b>DATE OF BIRTH</b>
	_____	_____
	<i>First Middle Last</i>	<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>	<b>DATE OF BIRTH</b>
	_____	_____
	<i>First Middle Last</i>	<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>	<b>DATE OF BIRTH</b>
	_____	_____
	<i>First Middle Last</i>	<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>#4</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 5**

<b>#5</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 6**

<b>#6</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>		

*(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**

<b>RESIDENCE ADDRESS</b> We cannot accept a PO box here.  _____ <i>Street No. Street Name Street Type Unit</i>  _____ <i>City State Zip Code</i>	<b>MAILING ADDRESS - you may use a PO box</b> (if different from residence address)  _____ <i>Street No. Street Name Street Type Unit</i>  _____ <i>City State Zip Code</i>
---	--

**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*



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APPLICATION DATE: \_\_\_\_\_

HEAD OF HOUSEHOLD LAST NAME: \_\_\_\_\_

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

To verify your preference, you **MUST** include proof of address. If your application is submitted **without** proof, your household **WILL NOT** receive the preference (you will not be otherwise penalized).

Not all preferences listed below apply to all projects. Please see the project posting to find out which preferences 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 preferences below.

To prove eligibility, **ONE** of the listed documents must be submitted with your application (**CHECK ONE**):

**Live in San Francisco Preference**

- |   |  |
|---|--|
| <input type="checkbox"/> Telephone bill<br>(land line only) | <input type="checkbox"/> Paystub<br>(listing home address) |
| <input type="checkbox"/> Cable or internet bill             | <input type="checkbox"/> Water bill                        |
| <input type="checkbox"/> Gas or Electric bill               | <input type="checkbox"/> Public benefits record            |
| <input type="checkbox"/> Garbage bill                       | <input type="checkbox"/> School record                     |

**Work in San Francisco Preference**

- Paystub (showing employer address in San Francisco)  
Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City

**Live in Neighborhood**

**This preference applies only to new projects.**

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. To prove eligibility, **one** of the following must be submitted with your application (**CHECK ONE**):

- |   |  |
|---|--|
| <input type="checkbox"/> Telephone bill<br>(land line only) | <input type="checkbox"/> Paystub<br>(listing home address) |
| <input type="checkbox"/> Cable or internet bill             | <input type="checkbox"/> Water bill                        |
| <input type="checkbox"/> Gas or Electric bill               | <input type="checkbox"/> Public benefits record            |
| <input type="checkbox"/> Garbage bill                       | <input type="checkbox"/> School record                     |

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

\_\_\_\_\_  
Street # Street Name Street Type Unit

\_\_\_\_\_  
Zip Code Name of NRHP Holder

**Documentation must list the household member's name and current address and be dated within 45 days of the date of this application.**

**Rent Burdened Or Assisted Housing Preference**

San Francisco households that are currently spending more than 50% of their 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 must be submitted with your application (we will verify the amount of rent you pay after the lottery):

- For Residents of HUD Assisted Housing: a copy of your current lease agreement
- For Rent Burdened: copy of current lease 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 payments

**Displaced Tenant Housing Preference**

If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are tenants 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:** \_\_\_\_\_

**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:** \_\_\_\_\_

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.

HOUSEHOLD PREFERENCE INFORMATION



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**THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:**

**HOUSEHOLD DISCLOSURES**

A) What is the household's total <b>current</b> rent amount?	\$ _____ per month
B) Do you currently live in a BMR rental unit? If yes, please provide the address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Does any household member own a commercial business? If yes, please provide the name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Has any household member appeared on title for a housing unit (whether living in it or renting it out) in the past 3 years from the date of this application? If yes, please enter name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Does your household have 5% of the purchase price of this BMR unit available for the down payment? 2% can be from gift funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Will your household be receiving gift funds for the purchase of this BMR unit? If yes, please indicate amount expected:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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APPLICATION DATE:

HEAD OF HOUSEHOLD LAST NAME:

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

<b>EMPLOYMENT: 2 YEAR WORK HISTORY IS REQUIRED</b>					
<b>(Please write "unemployed" under "Name of Employer" for unemployed household members)</b>					
HH#	Employer Name	Employer Address	1 <sup>st</sup> Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$

"HH#" = Household Member Number

<b>GROSS ANNUAL INCOME for each household member</b>				
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				
5				
6				
<b>TOTALS</b>	\$ (a)	\$ (b)	\$ (c)	\$ (d)
<b>TOTAL GROSS ANNUAL INCOME</b> Add (a) through (d):				\$ (e)

HOUSEHOLD EMPLOYMENT AND INCOME



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HEAD OF HOUSEHOLD LAST NAME:

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

**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 the BMR unit. All money used toward down payment and closing costs is counted as an asset and should be included. 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.)	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			\$
5			\$
6			\$
<b>Total Household Liquid Assets (do not include retirement):</b>			\$

HOUSEHOLD ASSETS – NON RETIREMENT

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



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HEAD OF HOUSEHOLD LAST NAME:

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

HOUSEHOLD ASSETS FROM RETIREMENT ACCOUNTS

"HH #" = Household Member Number

HH #	Name of Institution	Specify Type of Asset (e.g: 401K, 403B, IRA, etc.)	Current Value
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
<b>Total Household Retirement Accounts:</b>			\$

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



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**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. 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 provided false, misleading or inaccurate information. If we 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 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.

TERMS AND SIGNATURES

**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*





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**REQUIRED DOCUMENTS CHECKLIST**

You must include copies of the following documents for <u>each</u> household member 18 years old or older. Please use check-boxes below for more guidance. If any form is missing, your application may be disqualified.  <b>Must complete one form per household – Please initial columns</b> <b>HEAD OF HOUSEHOLD LAST NAME:</b>	HH #1	HH #2	HH #3	HH #4	HH #5	HH #6	Verifier Initials (sales agent only)
Completed, signed and dated BMR application form. (Pages 1-8 of this document.) (One for the entire household.)							
Verification of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for <u>all</u> titleholders/borrowers. <b>Name of Agency:</b> _____ <b>Date:</b> _____							
Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website ( <a href="http://www.sfmohcd.org">www.sfmohcd.org</a> ). <b>Name of Lender:</b> _____ <b>Date:</b> _____							
<b>Signed</b> and dated copies of last three years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) <ul style="list-style-type: none"> <li>▪ Include all SCHEDULES and/or attachments required by the IRS</li> <li>▪ Include all W-2 and/or 1099 form(s)</li> </ul> OR – If applicable, complete attached Income Tax Affidavit form, have it notarized and submit with supporting documents as specified in the form.							
Copies of 3 most recent and most consecutive paystubs and/or income statements.  OR – If applicable, complete the attached Unemployed Affidavit form, and have it notarized. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance.)  OR – If applicable, complete the attached Self-employed Affidavit form and have it notarized. Must be submitted with most recent and current Profit and Loss statement.  OR – Employment offer letter if less than 3 weeks from date of hire.							
Copies of 3 most recent and most consecutive bank or asset statements from all bank or other cash asset accounts. Must be official statements. All pages must be included. Include one statement for each retirement account, as well.							
Copy of photo identification for all adult households members							
Proof of applicable preferences. Please see page 3 for a list of acceptable documentation.							
Resale BMR Units Only -- A complete San Francisco Purchase Agreement. This section does not apply to new for sale BMR units.							

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE ENTERED INTO THE LOTTERY FOR THE UNITS**



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**HOMEOWNERSHIP COUNSELING CONSENT FORM**

The Mayor's Office of Housing and Community Development requires every adult household member applying for a City-administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours. Please visit [www.homeownershipsf.org](http://www.homeownershipsf.org) for current list of approved housing counseling agencies.
2. Meet with a counselor and complete a 2-hour one-on-one counseling session at the same agency.
3. Receive a Verification of Homebuyer Education once requirements 1 and 2 noted above are completed.

I/We understand the homebuyer education requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City-administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

<b>Applicant Name(s):</b>	<b>Signature(s):</b>	<b>Date:</b>





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**INCOME TAX AFFIDAVIT**

**Complete this form only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.**

1. I (We) the undersigned, being first duly sworn, state the following:
2. I (We) (name here) \_\_\_\_\_ hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) \_\_\_\_\_ for the reason(s) below:

**In the case of ownership applications ONLY, affidavit 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 manager, canceled checks or rent receipts.**

**In the case of ownership AND rental applications:**

**If the applicant was a student, affidavit must be accompanied by a copy of the transcripts or diploma to support the status of the applicant for that period of time.**

3. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) household's eligibility for a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit 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

**THIS FORM MUST BE NOTARIZED**



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SELF-EMPLOYED AFFIDAVIT

Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
who, being duly sworn, deposes and says:

I am currently self-employed and am submitting to the Mayor's Office of Housing and Community Development for the purpose of applying for the San Francisco Inclusionary Affordable Housing Program a Profit and Loss Statement from the most recent quarter that is a true and accurate reflection of my income.

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

**This affidavit must be accompanied by a signed and dated Profit and Loss Statement that reflects the most recent quarter. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal tax form.**

\_\_\_\_\_  
Name of Applicant

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

**THIS FORM MUST BE NOTARIZED**



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UNEMPLOYED AFFIDAVIT

Before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
who, being duly sworn, deposes and says:

I (name here) \_\_\_\_\_ am not presently employed, not currently receiving any income, and will not file for unemployment benefits in 201\_\_\_\_ (current calendar year). I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for purchase/rental of a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for purchase/rental of the restricted unit under the San Francisco Inclusionary Affordable Housing Program may constitute a federal violation punishable by a fine and/or denial of my (our) application for the unit.

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

**THIS FORM MUST BE NOTARIZED**

