

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



**SAN FRANCISCO SMALL SITES PROGRAM (SSP)
RENTAL HOUSING PROGRAM
APPLICATION FORM**

Daniel Lurie
Mayor

Daniel Adams
Director

If you need help filling this form out, please contact HomeownershipSF.

Si necesita ayuda para completar este formulario, póngase en contacto con HomeownershipSF.

如果您需要幫助填寫此表格，請聯繫 HomeownershipSF。

Kung kailangan mo ng tulong kumpletuhin ang aplikasyon na ito, mangyaring makipag-ugnay sa HomeownershipSF.

415.202.5464 (phone/teléfono/電話/telepono) --- info@homeownershipsf.org (email/correo electrónico/電子郵件)

*****SSP applications must be submitted with all required attachments*****

TODAY'S DATE: _____

<p>SSP UNIT ADDRESS</p> <p>_____</p> <p>Street No. Street Name Street Type Zip Code</p>	<p>Please enter one:</p> <p>Unit # _____</p> <p>Preferred Size _____</p> <p># of bedrooms</p>
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Head of Household = Household Member 1

<p>HOUSEHOLD MEMBER</p> <p>#1</p> <p>Head of Household</p>	LEGAL NAME		DATE OF BIRTH			
	_____		_____			
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	OCCUPATION:					
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?		IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Household Member 2

<p>HOUSEHOLD MEMBER</p> <p>#2</p>	LEGAL NAME		DATE OF BIRTH			
	_____		_____			
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	OCCUPATION:					
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?		IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:						

Household Member 3

<p>HOUSEHOLD MEMBER</p> <p>#3</p>	LEGAL NAME		DATE OF BIRTH			
	_____		_____			
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	OCCUPATION:					
MARRIED OR DOMESTIC PARTNERED?		DEPENDENT?		IN SCHOOL?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELATIONSHIP TO HEAD OF HOUSEHOLD:						

HOUSEHOLD MEMBER INFORMATION



**SAN FRANCISCO SMALL SITES PROGRAM (SSP)
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HOUSEHOLD MEMBER INFORMATION

Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME		DATE OF BIRTH		
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>		
	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>		
	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>		
	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 7

HOUSEHOLD MEMBER #7	LEGAL NAME		DATE OF BIRTH		
	_____ <i>First Middle Last</i>		_____ <i>Month Day Year</i>		
	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:					

(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#" = Household Member Number

EMPLOYMENT: Please write "unemployed" under "Name of Employer" for unemployed household members						
HH#	Employer Name	Employer Address	Begin Date & End Date (mm/dd/yyyy)	Self-Employed? (Yes/No)	Hours per Week	Gross Annual Income
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$

"HH#" = Household Member Number

GROSS ANNUAL INCOME for each household member				
HH#	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
1				
2				
3				
4				
5				
6				
7				
TOTALS	\$ (a)	\$ (b)	\$ (c)	\$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d):				\$ (e)

HOUSEHOLD EMPLOYMENT AND INCOME



**SAN FRANCISCO SMALL SITES PROGRAM (SSP)
RENTAL HOUSING PROGRAM APPLICATION FORM**

HOUSEHOLD ASSETS – NON RETIREMENT

INCOME FROM ASSETS

Important: You must list every cash account that shows a household member as an account holder. Asset accounts can 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, boats, etc. -- only cash assets. Failure to list all accounts will disqualify your household from applying for the SSP unit. 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			\$
Total Household Liquid Assets (do not include retirement):			\$

THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:

HOUSEHOLD DISCLOSURES

A) How much is your rent 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) Are you a Certificate of Preference (COP) or Displace Tenants Housing Program (DTHP) certificate holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Have you used your COP or DTHP certificate for another rental opportunity? If yes, provide the address: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) 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
F) 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
G) Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance? If yes, what type of housing assistance do you receive? _____ Please provide recipient's name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



Mayor's Office of Housing and Community Development

City and County of San Francisco

SAN FRANCISCO SMALL SITES PROGRAM (SSP)
RENTAL HOUSING PROGRAM APPLICATION FORM

HOUSEHOLD CERTIFICATION AND SIGNATURES

All statements made in this application are true and made for the purpose of applying for a Small Sites Program 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.

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 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 information about my application.

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. 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.

HH # "HH#" = Household Member Number

Form with 7 rows for signatures. Each row includes a number (1-7), a line for 'Applicant's Signature', a line for 'Applicant's Printed Name', and a line for 'Date'.



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Daniel Lurie
Mayor

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Director

SSP RENTAL PROGRAM DOCUMENTATION CHECKLIST

The following documentation is due for each household member who is 18 years old or older.

Household Name: _____	HH member #1	HH member #2	HH member #3	HH member #4
1. TAXES If you filed a Federal Income Tax form, submit: <ul style="list-style-type: none"> Signed and dated copies of the most recent (2) years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form) Include all SCHEDULES, attachments, and W-2 form(s) 				
If you did NOT file a recent Federal Income Tax form, you must: <ul style="list-style-type: none"> Complete the attached Income Tax Declaration and submit it with documents to support your claim. 				
If you are applying between January 1st and April 15th, you must: <ul style="list-style-type: none"> Submit the most recent Federal Income Tax Form filed, and provide W-2 form(s) for the year you are about to file 				
2. INCOME If you work and receive paystubs, submit: <ul style="list-style-type: none"> Copies of the most recent and consecutive paystubs, covering a minimum of six weeks, with the most recent paystub dated no earlier than 30 day prior to the date of this application. If hired recently, provide Employment Offer Letter. 				
If you receive severance pay , Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the: <ul style="list-style-type: none"> Most recent benefits or award letter stating your income. 				
If you are Self-Employed, you must: <ul style="list-style-type: none"> Complete the attached Self-Employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 2 years of federal income tax returns. 				
If you are Unemployed and have ZERO income, you must: <ul style="list-style-type: none"> Complete the attached Certification of Zero Income 				
3. ASSETS <ul style="list-style-type: none"> 3 consecutive and most recent official bank and asset statements for ALL accounts and include ALL pages, with the most recent statement dated no earlier than 30 days prior to the date of this application. A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment. 				



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<p>4. Housing Assistance Documentation If you receive a subsidy or have a housing voucher, you must:</p> <ul style="list-style-type: none">▪ Submit most recent document stating eligibility for housing assistance voucher or subsidy				
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BLANKET AUTHORIZATION

CONSENT

I authorize any direct Federal, State, or local agency, organization, business, or individual to release to Propiedades Adelante any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Mayor's Office of Housing and Community Development (MOHCD) in administering and enforcing program rules and policies.

I also consent for Propiedades Adelante to release information from my file about my rental history to the Mayor's Office of Housing and Community Development (MOHCD), or future landlords. This includes records on my payment history, and any violations of my lease.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and Inquiries that may be requested, include but are not limited to:

Identity and Marital Status / Employment, Income, and Assets / Residences and Rental Activity
Medical or Child Care Allowances / Credit and Criminal Activity

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies), Courts and Post Offices, Social Security Administration, Medical and Child Care Providers, Banks and other Financial Institutions, past and Present Employers, Utility Companies, State Unemployment Agencies, Schools and Colleges, Support and Alimony Providers, Internal Revenue Service, Veterans Administration, Retirement Systems, Welfare Agencies, Law Enforcement Agencies, Credit Providers Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that MOCHD or Propiedades Adelante may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and an opportunity to disprove incorrect information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with Propiedades Adelante and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURE

PRINT NAME

DATE

EQUAL OPPORTUNITY HOUSING



TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	Unit # _____
<input type="checkbox"/> Re-Certification	
<input type="checkbox"/> Other	
<input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____	

INCOME INFORMATION

MONTHLY GROSS INCOME

	Yes	No		
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed (<i>list nature of self employment</i>) _____	(use adjusted net income for self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer:</u> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI)	\$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Yes No

<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (<i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i>)</p> <p><i>*Do not include CalFresh, SNAP, Food Stamps</i></p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>I am entitled to receive child support payments (<i>court ordered or parental agreement</i>)</p> <p>I am currently receiving child support payments If yes, from how many persons do you receive support? _____</p> <p>I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made: _____ _____ _____</p>	<p>Total amount of support received:</p> <p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>I am entitled to receive alimony or spousal support payments (<i>court ordered or divorce agreement</i>)</p> <p>I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____</p> <p>I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made: _____ _____ _____</p>	<p>Total amount of support received:</p> <p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.</p> <p>If yes, list sources: _____ _____</p>	<p>\$ _____</p> <p>\$ _____</p>

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Yes No

14.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
15.	<input type="checkbox"/> <input type="checkbox"/>	I receive student financial aid (<i>public/private, exclude loans</i>) Subtract cost of tuition from aid received <i>* For households receiving Section 8 assistance only</i>	\$ _____
16.	<input type="checkbox"/> <input type="checkbox"/>	Are any of the above noted income sources (<i>including Social Security, wages, unemployment, public assistance, disability, etc.</i>), currently being received as a Debit Visa or MC?	List Income Source: _____ _____
17.	<input type="checkbox"/> <input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

ASSET INFORMATION

Yes No

Interest Rate

Current Value

18.	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	% \$ _____ % \$ _____
19.	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. _____ 2. _____	% \$ _____ % \$ _____
20.	<input type="checkbox"/> <input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC	Current Balance: \$ _____
21.	<input type="checkbox"/> <input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc. Source: _____ _____	\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

	Yes	No		Interest Rate		Current Value
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1. _____ 2. _____	_____ % _____ %		\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____			\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period: _____ % _____ %		\$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average: _____ % _____ %		\$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names 1. _____ 2. _____	_____ % _____ %		\$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, lump sum pension, Keogh account, or 401K. If yes, list bank(s): 1. _____ 2. _____	_____ % _____ %		\$ _____ \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value. If yes, how many policies? _____			\$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (<i>i.e. gave away money/assets</i>) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____			\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

30.	<input type="checkbox"/> <input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____
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Yes No STUDENT ELIGIBILITY

<input type="checkbox"/> <input type="checkbox"/>	I am a part-time student
<input type="checkbox"/> <input type="checkbox"/>	I am a full-time student (<i>Example: K-12, College, Trade School, etc.</i>)
<input type="checkbox"/> <input type="checkbox"/>	Does the entire household consist of people who are currently <u>full-time</u> students?
<input type="checkbox"/> <input type="checkbox"/>	Does the entire household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

Yes No If you answered yes to any of the previous 5 questions, are you:

<input type="checkbox"/> <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (<i>AFDC, TANF, CalWorks - not SSA/SSI</i>)
<input type="checkbox"/> <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/> <input type="checkbox"/>	Married and filing (<i>or are entitled to file</i>) a joint tax return (<i>please provide copy of marriage certificate or tax return</i>)
<input type="checkbox"/> <input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/> <input type="checkbox"/>	Previously enrolled in the Foster Care Program (<i>currently age 18-24</i>)

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

Printed Name of Applicant / Tenant

Signature of Applicant / Tenant

Date

Witnessed by (Signature of Owner Representative)

Date

**Child and Spousal Support
Affidavit**

Applicant / Resident Name: _____
Development Name: _____
Unit Number / Identification: _____

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when third party documentation verifies that payments are not being made and that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Go to B	Go to C.1	
B. I receive:			
1. Payment Amount	\$	_____	
2. Frequency		_____	
3. Name(s) of Recipient(s)		_____	

4. Name of Source(s)		_____	

5. Go to C.1			
C.			
1. Have you been awarded child or spousal support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Go to C.2	Sign Form	
2. <i>Provide copy of court order</i>			
Enter amount of award:		_____	
Frequency of award:		_____	
		Go to C. 3	
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Go to 3.a	Go to 3.b	
a. Indicate the manner by which payment is received and sign form.			
i. _____ Enforcement Agency	Name of Agency:		_____
			<i>Provide Agency Printout</i>

**Child and Spousal Support
Affidavit**

ii. ____ Court of Law	Name of Court: _____
iii. ____ Direct from responsible party	Name Source _____
iv. ____ Other	Explain: _____ _____
b. If payment is not received or if amount received is less than amount awarded, provide details and documentation of collection efforts. _____ _____ _____	

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Under \$5,000 Asset Certification

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement **(Joint)** next to the applicable asset.

Household Name: _____ Unit #: _____

Development Name: _____ City: _____

Complete the following:

1. Choose one:

I/we do not have any assets at this time.
If this box is checked, draw a line through the asset information below and go to Question #2.

My/our assets include:
Please complete fully. Put a zero, line, or dash in columns that do not apply.

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	
				Source				Source
\$	_____	_____	_____	Checking I	_____	_____	_____	Savings I
\$	_____	_____	_____	Checking II	_____	_____	_____	Savings II
\$	_____	_____	_____	EBT / Debit	_____	_____	_____	CD
\$	_____	_____	_____	Paypal/Venmo/Etc	_____	_____	_____	Crypto
\$	_____	_____	_____	IRA Account	_____	_____	_____	401K
\$	_____	_____	_____	Money Market	_____	_____	_____	Trust
\$	_____	_____	_____	Cash >\$250	_____	_____	_____	Stocks
\$	_____	_____	_____	Life Insurance Policies with cash out option				
\$	_____	_____	_____	Other Retirement/Pension Funds not named above				
\$	_____	_____	_____	Other (list) _____				

Note: Certain funds (retirement, pension, trust) may not be fully accessible. Include only the amounts that are.

** Cash value is defined as market value minus the cost of converting the asset to cash, such as, broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.*

2. Choose one:

I/we have not sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years.

Within the past two (2) years, I/we have sold or given away assets (including cash,

Under \$5,000 Asset Certification

*For households whose combined net assets do not exceed \$4999.99.
real estate, etc.) for more than \$1,000 below their fair market value (FMV).*

Those amounts are included above and are equal to a total of: _____
Amount equals the difference between fair market value and the amount received

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____ This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Employment Verification

Commissions, bonuses, tips, other additional pay: \$ _____ (check one)

hourly weekly bi-weekly semi-monthly monthly other _____

List any anticipated change in the employees rate of pay within the next 12 months (raise):

Amount: _____ Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Additional Remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

E-mail Phone Fax

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. Choose one:
 - Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
 - Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: _____
- _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY AND COUNTY OF SAN FRANCISCO

INCOME TAX DECLARATION

If you were not required by law to file Federal Income Tax returns, complete this form.

I/We (enter names 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:

Please note you may be asked to fill out the Federal form 4506-T, the Request for Transcript of Tax Return.

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 knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I (We) acknowledge and understand that this declaration will be used to determine my (our) household's initial or recertification income and asset eligibility for a restricted BMR unit under the San Francisco Inclusionary Affordable Housing Program.

Dated: _____

Signature of Applicant

Dated: _____

Signature of Applicant



SELF-EMPLOYMENT AFFIDAVIT

This certifies that I, _____ received a total of
\$ _____ (Gross receipts minus cost and expenses) in the year
of _____

Estimated Annual Gross Income:	\$ _____
Estimated Annual Cost & Expenses:	\$ _____
Estimated Net Profit:	\$ _____

I expect to earn \$ _____ for the coming 12 months
from ____ / ____ / ____ to ____ / ____ / ____) for the following work:

I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information will be cause for my application to be denied or my lease terminated.

Signature

Date

NO BANK ACCOUNT DECLARATION

If you do not have a bank account, complete this form.

I (enter name here): _____
hereby certify that I do not have a savings, checking, brokerage or any other type of account with a financial institution or bank and cannot therefore submit 3 consecutive months of bank statements.

I have not had these types of accounts since (please enter a date): _____

Explain why you do not have these types of accounts:

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 representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's eligibility for an affordable housing unit under the Small Sites Program of the Mayor's Office of Housing and Community Development.

Dated: _____

Signature of Applicant



SELF-EMPLOYMENT DECLARATION

If you are self-employed, complete this form.

I _____
am currently self-employed. Attached to this declaration is my Year-To-Date Profit and Loss Statement which is a true and accurate reflection of my income.

I have been self-employed since (month and year): _____

This declaration must be accompanied by a signed and dated Year-To-Date Profit and Loss Statement. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal income tax form.

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 representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's eligibility for an affordable housing unit under the Small Sites Program of the San Francisco Mayor's Office of Housing and Community Development.

Dated: _____

Signature of Applicant