



Town of Los Gatos

Below Market Price (BMP) - Income Certification

BMP Property Name and Unit Number

Current Address _____
City _____
State _____
Zip Code _____

Certification Type - *Please check one box below*

Move-In Certification
 Annual Certification

Head of Household & Co-Head of Household

Below, please provide details for the Head of Household and Co-Head of Household.

Head of Household	Co-Head of Household (If Applicable)
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Please note that Head(s) of Household must be an adult (18 years or older).

First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Phone	_____	Phone	_____
Alternate Phone	_____	Alternate Phone	_____
Email	_____	Email	_____
Date of Birth	_____	Date of Birth	_____
Primary Language	_____	Primary Language	_____

Additional Household Members

Below, please provide information on any other members of your household, such as children, grandparents, or other adults in the household who are full or part time residents (if applicable). This information helps calculate your household size.

Household Member	Household Member
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First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Phone	_____	Phone	_____
Alternate Phone	_____	Alternate Phone	_____
Email	_____	Email	_____
Date of Birth	_____	Date of Birth	_____
Relationship to Head	_____	Relationship to Head	_____
Primary Language	_____	Primary Language	_____

Household Member	Household Member
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First Name	_____	First Name	_____
Last Name	_____	Last Name	_____
Phone	_____	Phone	_____
Alternate Phone	_____	Alternate Phone	_____
Email	_____	Email	_____
Date of Birth	_____	Date of Birth	_____
Relationship to Head	_____	Relationship to Head	_____
Primary Language	_____	Primary Language	_____



Economic Profile

Please provide accurate information. Income eligibility will be determined based on the gross combined household income and will be verified based on the supporting documentation requested at the end of this certification (i.e. paystubs, YTD profit and loss statement, and benefits statement).

Head of Household

Annual Income (before taxes)

From Full-Time Employment	\$
From Part-Time Employment	\$
From Self-Employment	\$
From Spousal Support	\$
From Child Support	\$
Investment Income	\$
Social Security Income	\$
SSDI	\$
Pension	\$
Income from Assets	\$
Other (e.g. gift or cash income)	\$
TOTAL	\$

Co-Head of Household

Annual Income (before taxes)

From Full-Time Employment	\$
From Part-Time Employment	\$
From Self-Employment	\$
From Spousal Support	\$
From Child Support	\$
Investment Income	\$
Social Security Income	\$
SSDI	\$
Pension	\$
Income from Assets	\$
Other (e.g. gift or cash income)	\$
TOTAL	\$

Household Member

Annual Income (before taxes)

From Full-Time Employment	\$
From Part-Time Employment	\$
From Self-Employment	\$
From Spousal Support	\$
From Child Support	\$
Investment Income	\$
Social Security Income	\$
SSDI	\$
Pension	\$
Income from Assets	\$
Other (e.g. gift or cash income)	\$
TOTAL	\$

Household Member

Annual Income (before taxes)

From Full-Time Employment	\$
From Part-Time Employment	\$
From Self-Employment	\$
From Spousal Support	\$
From Child Support	\$
Investment Income	\$
Social Security Income	\$
SSDI	\$
Pension	\$
Income from Assets	\$
Other (e.g. gift or cash income)	\$
TOTAL	\$



Household Assets

Please list the current value of all assets for all members of the household aged 18 and older. If zero, please write "0" in the blank. Please include an account description and last 4 digits of the account number (e.g. Bank of America #4567).

Combined Household Assets

	Description & Last 4 Digits of Account Number (if applicable)	Ending Balance of Current Statement
Checking Accounts	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total Checking	\$ _____
Savings Accounts	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total Savings	\$ _____
Retirement Accounts (401K, 403(b), & IRAs)	_____	\$ _____
	_____	\$ _____
	Total Retirement Accounts	\$ _____
Investments	_____	\$ _____
Real Estate	_____	\$ _____
Money Market Accounts	_____	\$ _____
CDs (Certificates of Deposit)	_____	\$ _____
Gift Money	_____	\$ _____
Other	_____	\$ _____



Supporting Documentation

Please provide supporting documentation for EVERY ADULT MEMBER OF THE HOUSEHOLD AGED 18 AND OVER. All documents must be legible to be considered. To help keep you organized, we recommend you print a copy of this checklist for each adult household member to use as a check-list.

A. Proof of Identify: One form of legal identification for every adult, check below for which form of ID. *Required*

- CA Drivers License CA Identification Card US Passport

B. Documentation of Employment Income: *Required if applicable*

If employed, provide three (3) months of the most recent consecutive paystubs. If you cannot locate your paystubs, please contact your Human Resources Department.

- Pay stubs for current month Dates covered _____ to _____ (e.g. 1/1/18 to 3/31/18)
 Pay stubs for prior month Dates covered _____ to _____
 Pay stubs for next prior month Dates covered _____ to _____
OR

If self-employed:

- A year-to-date Profit & Loss statement

C. Two (2) Months of documentation for any other income: *Required if applicable*

- Child Support Pension Section 8
 SSI/SSA/SSDI Spousal Support Gift letter (if applicable)
 Foster Care Other (e.g. gift or cash income) _____

D. If you are NOT earning income: *Required if applicable*

- Zero-Income Affidavit (If applicable, please request from Hello Housing.)

E. Most Recent Federal Tax Returns OR Verification of Non-Filing: *Required*

If you or any household member cannot locate your returns, please contact the IRS to request tax transcripts at (800) 829-1040 or at <https://www.irs.gov/individuals/get-transcript>. If you or any household member were NOT required to file taxes, please provide a "Verification of Non-Filing", which you can request by submitting a Form 4506-T to the IRS. This form is available online at <http://www.irs.gov/pub/irs-pdf/f4506t.pdf> or you may request it by contacting the IRS at (800) 829-1040.

- 2017 Federal 1040 & State 540 Tax Return or Verification of Non-Filing (if applicable)

F. Most recent year of W-2s: *Required if issued W-2s*

Please contact your Human Resources department if you cannot locate. You may also call the IRS at (800) 829-1040.

- 2017 W-2s W-2s should cover all reported income in same year's tax return

G. Last Three (3) consecutive statements from ALL Financial Accounts: *Required*

Please include statements for ALL OPEN accounts, even if they contain a \$0 balance. Write N/A if you do not have such accounts. Computer printouts are acceptable ONLY if they contain a complete account number, begin & end balances, and begin & end dates.

- Most recent three (3) consecutive Bank Statements
 Most recent three (3) consecutive statements for Retirement Accounts (401k, IRA, etc.)
 Most recent three (3) consecutive statements for Stocks, Mutual Funds, Profit Sharing accounts
 Most recent three (3) statements for CDs, Money Market accounts, etc.

H. Explanation of Deposits: *Required for all deposits over \$500*

- Please complete Certification - Page 5

I. Proof of Student Status: *Required if applicable*

- Copy of Current Registration OR an Unofficial Transcript



Demographics (Optional)

Demographic information is optional and will not impact your eligibility, however, this information helps provide a clearer picture on who may benefit from affordable housing opportunities and can help advocates of affordable housing make the case to policymakers.

Head of Household

Race (please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

Ethnicity

- Hispanic Non-Hispanic

Female Head of Household

- Yes No

Marital Status

- Single
- Married/Domestic Partnership
- Separated
- Divorced
- Widowed

Education

- Less than high-school diploma
- High-school diploma or equivalent
- Some post-secondary education
- Certification from training program
- Associate's degree
- Bachelor's degree
- Master's or other graduate degree

Employment Status

- Self-Employed
- Work Full-Time for Employer
- Work Part-Time for Employer
- Homemaker
- Full-Time Student
- Permanently unable to work
- Unemployed and seeking work
- Unemployed and not seeking work
- Retired

Veteran

- Yes No

Co-Head of Household

Race (please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

Ethnicity

- Hispanic Non-Hispanic

Female Head of Household

- Yes No

Marital Status

- Single
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- Separated
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- Homemaker
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- Permanently unable to work
- Unemployed and seeking work
- Unemployed and not seeking work
- Retired

Veteran

- Yes No



Signature Page

Please have each adult household member, aged 18 and over, print their name, sign, and date this page.

I certify that the foregoing certification accurately reflects all income received from all sources for all members of the household.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of real estate purchase documents related to this certification (28 U.S. Code 1746).

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____



Hello Housing and the Town of Los Gatos do not discriminate against any persons on the grounds of race, color, religion, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, marital status, familial status, source of income, genetic information, medical condition, physical disability or mental disability, or any other category protected by law.

