BELOW MARKET RATE WAITING LIST APPLICATION

Program managed by:
Hello Housing
1242 Market St., 3rd Floor
San Francisco, CA 94102
(415) 863-3036

CITY OF MENLO PARK

Head of household information		
Applicant name:		
Today's date:	Year initial application was submitted:	
Citizenship status: ☐ U.S. citizen ☐ Resident alien ☐ Other: _____		
Address:		
City:	State:	Zip:
Mailing address (if different from above):		
City:	State:	Zip:
Home phone:	Alternate phone:	
Email:		

Applicant objective

☐ Rent a BMR unit only (no application fees apply)
☐ Purchase a BMR unit only (please include $15.00 application fee)
☐ Purchase and/or rent a BMR unit (please include $15.00 application fee)

Applicant's household size

For the purposes of this program, a household is defined as a single person, or two or more persons sharing residency whose income resources are available to meet the household's needs. To be considered a household, persons must currently live together in a home that is their primary residence. To be included as members of the household, children under the age of 18 must reside in the home at least part-time, or the parent/guardian must have at least partial (50%) custody of the child/children. In determining your household size, below, include ONLY persons who currently live with you and will live with you in a BMR unit.

1. How many adults (including yourself – the applicant), are in your household? Include children 18 years of age and older:	
2. How many children (under 18 years of age) are in your household:	
3. **TOTAL** (Add line 1 and 2):	

Household composition (please attach a separate sheet for additional household members). List yourself as the applicant and first family member. Use a separate line for each member.

	Name	Relationship	Date of birth	Age	Sex
1		Head of household			
2					
3					
4					
5					
6					
7					
8					

Unit criteria

Number of bedrooms desired for which household qualifies:
☐ 1-Bedroom ☐ 2-Bedrooms ☐ 3-Bedrooms ☐ 4-Bedrooms
• Only households of 2 or more persons are eligible to purchase 2-bedroom BMR units
• Only households of 3 or more persons are eligible to purchase 3-bedroom BMR units
• Only households of 4 or more persons are eligible to purchase 4-bedroom BMR units

Household seeking 2008 displacement eligibility (optional)

Only complete this portion if you no longer reside in Menlo Park and you meet the following conditions of the City of Menlo Park Below Market Rate Housing Program Guidelines § 7.1:

A person residing in Menlo Park in 2008 who was subsequently displaced from such housing shall not be disqualified based on current lack of residency, provided they can show their displacement was due to economic conditions beyond their control (including but not limited to job loss, rent increase, eviction, foreclosure or other form of economic hardship resulting in loss of housing). Evidence of such economic displacement shall be in the form of direct evidence (i.e. job termination letter) or declarations submitted under penalty of perjury.

All applicants who meet the above requirements must complete the Household Displacement Affidavit form and submit all necessary declarations.

☐ Check this box if you are submitting a Household Displacement Affidavit form certifying your 2008 Menlo Park residency in 2008. See Household Displacement Affidavit form located at www.menlopark.org/bmr

Unhoused person(s) residency eligibility (optional)

Only complete this portion if you meet the following conditions of the City of Menlo Park Below Market Rate Housing Program Guidelines § 7.1:

Unhoused persons may show local residency by providing evidence that their last permanent residence was located in Menlo Park and/or documentation from a case manager or homeless services provider demonstrating current residency in Menlo Park, including places or structures other than a bona fide dwelling unit (i.e. vehicle or tent).

☐ Check this box if you will be submitting evidence (e.g. case manager or homeless services documentation)

Employment information for all household members

Provide employment information for yourself (the applicant) as well as all other members of your household who currently live with you and will live with you in a BMR unit. If someone works more than one job, please list all the jobs that person works. Work includes any of the following: employment for wages or salary, owning and operating a business, contract employment, and/or commission work. Do not include volunteer or unpaid work.

Applicant or household member's name:	Employer name and address where work is performed:	Hours worked per week:	Job position or title:

First-time homebuyer status	
Do you (the applicant) or any other members of your household (who intend to purchase and reside in a BMR unit with you) currently own the home that you live in as your primary residence?	☐ Yes ☐ No
Have you or any other member of your household owned a home as your primary residence within the last three (3) years?	☐ Yes ☐ No
Have you and/or other household members completed a homebuyer education workshop, class, or counseling session within the last twelve (12) months? If yes, what is the name of the organization that provided this workshop, class, or counseling session? _____	☐ Yes ☐ No

Income for adult household members

Please identify sources of income for all adult (18 years of age and older) household members who currently reside with you and will reside with you in a BMR unit. Include all stable sources of household income including employment (wages, salaries, commissions, bonuses, tips), investments (dividends, interest, annuities), and any other sources of income such as retirement funds, child support payments, social security, disability, etc. Do not include the incomes of household members who are full-time students or under the age of 18.

In the chart below, please identify ALL adult members of your household who earn income as well as ALL sources of income for each member. Include yourself (the applicant) and all household members who currently live with you and will live with you in a BMR unit.

	Adult household member's name	Source of income: (employment, disability, child/spousal support, pension, etc.)	Gross (pre-tax) amount earned per year:
1			
2			
3			
		TOTAL gross annual household income from all sources	

Miscellaneous information	
Is a member of your household confined to a wheelchair:	☐ Yes ☐ No
Is a member of your household a veteran of the U.S. Armed Services:	☐ Yes ☐ No
Do you wish to be contacted about opportunities for below market rate/affordable housing in Menlo Park that are not developed through the City's BMR Program:	☐ Yes ☐ No

How did you hear about the City's BMR Program:

☐ Word-of-mouth
☐ Web/internet research
☐ Ad or article in newspaper
☐ San Mateo County or housing organization
☐ Phone call to city staff
☐ City of Menlo Park Activity Guide
☐ Church or community group
☐ Community or neighborhood meeting
☐ City Council or Commission meeting
☐ Other _____

I certify under penalty of perjury that this information and any attachments are correct.

_____
Signature

_____
Date

Mail your completed form to: **Hello Housing**
1242 Market St., 3rd Floor
San Francisco, CA 94102

For more information regarding the City of Menlo Park's BMR housing programs visit: www.melopark.org/housing