

City of Millbrae – Below Market Rate Home - Program Application

Park Broadway – 1388 Broadway, Millbrae, CA. 94030

(Submit pages 1-5 and all required materials directly to the realtor/sales agent in order to enter the BMR lottery for the home(s). Incomplete applications will not be accepted. Completed applications can be submitted by e-mail to lynn@parkbroadway.com or dropped off at the 1301 Broadway Sales Center Thurs–Tuesday 11AM-6PM – Submission Deadline February 15, 2010 @ 6:00PM)



1 and 2 Bedroom BMR Homes Now Available - Prices range from **\$311,974-\$375,763**

Buyers must meet first time homebuyer requirements, priority for homes will be given to people who live or work in Millbrae, applicants must be able to qualify for a first mortgage and be income eligible as follows:

Homes 238, 338 and 438 (1 Bedroom): 120% of HUD Median Income

(Applicants must make no more than the following amounts per household.)

	One	Two	Three	Four	Five
120%	\$81,300	\$92,900	\$104,550	\$116,150	\$125,450

(One or more household members to purchase one bedroom home)

Homes 181, 182, 268, 277 and 479 (2 Bedroom): 120% of HUD Median Income

(Applicants must make no more than the following amounts per household.)

	Two	Three	Four	Five	Six
120%	\$92,900	\$104,550	\$116,150	\$125,450	\$134,750

(Two or more household members to purchase two bedroom home)

Homes available through City of Millbrae are subject to resale controls, monitoring and other restrictions.

Polaris Group – DRE # 01499250 Licensed California Broker

BMR UNIT ADDRESS: _____ **Desired Unit Size:** _____
Date: _____

1. Legal name of applicant(s) who will hold title to the BMR unit:

Name _____

Name:

Occupation _____

Occupation _____

Does one household member live or work in Millbrae? Yes _____ No _____

If yes, name of household member: _____

2. Name(s) of dependent household member(s) who will live in the unit (must be claimed on most recent tax form)

Name _____ Relation to Applicants(s) _____

Age _____

Dependent? Yes/No (circle one)

In School? Yes/No (circle one)

Name _____ Relation to Applicants(s) _____

Age _____

Dependent? Yes/No (circle one)

In School? Yes/No (circle one)

3. Total Household Size (including applicants and dependents) _____

4. Current Applicant Address _____ City/State/Zip _____

5. Home Telephone Number _____ Work Telephone Number _____

6. Cell Number _____ Email: _____

Household Name: _____ Date: _____

7. Financial Information Part I: You must complete and submit all pages of this application. You must list all jobs and sign.

8. Financial Information Part II: You must include copies of the following documents for each household member 18 years old or older. See instructions for more guidance or call the sales office for instruction (650) 697-3388.

_____ *Complete set of past two (2) years' federal Income Tax Returns (signed & dated)
(Either 2007 & 2008 Returns or 2008 & 2009 Returns can be submitted)*

_____ *Complete set of past two (2) years' W-2 forms*

_____ *Two (2) most recent and consecutive pay stubs*

9. Does any household member currently own any property? Yes _____ No _____

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 OF MILLBRAE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I/WE FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

Must be signed by all applicants - 18 years or older

Applicant's Signature **Date**

Applicant's Signature **Date**

Applicant's Signature **Date**

Applicant's Signature **Date**

Applicant's Signature **Date**

**INCLUSIONARY HOUSING PROGRAM
APPLICATION FOR BELOW-MARKET-RATE UNITS
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You must complete this form as a part of your application. See application instructions for more information and examples.
"HH Mbr" = "Household Member"

PART I: HOUSEHOLD COMPOSITION						
HH Mbr #	Last Name	First Name and Middle Initial	Household Member Type	Date of Birth (mm/dd/yyyy)	Full-Time Student (Y or N)	Social Security, Alien Reg, or Green Card. #
1			Adult	/ /		
2				/ /		
3				/ /		
4				/ /		
5				/ /		
6				/ /		

PART II: EMPLOYMENT (Please write "unemployed" under "Name of Employer" for unemployed HH members)						
HH Mbr #	Name of Employer	City	Full-time (FT) or Part-time (PT)	First Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Estimated Annual Income
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

PART III: GROSS ANNUAL INCOME				
HH Mbr #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually
Totals	\$ (a)	\$ (b)	\$ (c)	\$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d)				\$ (e)

**MILLBRAE INCLUSIONARY HOUSING PROGRAM
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PART V: HOUSEHOLD CERTIFICATION & SIGNATURES – PLEASE COMPLETE

The information on this form will be used to determine income eligibility. I/we have listed in Part I all persons in my/our household. I/we have provided for each person(s) set forth in Part II and III acceptable verification of current annual income. 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. False, misleading or incomplete information may result in the termination of application review and the Ownership Agreement.

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