



San Mateo County's Department of Housing
Below Market Rate Pre-Application

Thank you for your interest in the County of San Mateo's Below Market Program

Please make sure the form is completed thoroughly and with the most accurate information, and you've included **ALL** necessary supplemental documents.

One application per household

Address of BMR Property:

TELL US ABOUT YOURSELF

1. Your Name (first & last name):
2. Your Date of Birth: *(mm/dd/yyyy)*
3. Your Co-Borrower's Name (first & last name) *(if applicable)*:
4. Your Co-Borrower's Date of Birth: *(mm/dd/yyyy)*

NOW WE NEED TO KNOW HOW TO CONTACT YOU

5. Your Current Address: City:
6. Your Mailing Address: City:
7. Your Phone Number: Home Work Cell
8. Your Alternate Number: Home Work Cell
9. Your Co-Borrower's Phone Number: Home Work Cell
10. Your Co-Borrower's Alternate Number: Home Work Cell
11. Your Email Address:

PLEASE PRINT CLEARLY, THIS IS HOW WE WILL CONTACT YOU

12. Your Co-Borrower's Email Address:

PLEASE PRINT CLEARLY, THIS IS HOW WE WILL CONTACT YOU



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TELL US ABOUT YOUR HOUSEHOLD

1. HOW MANY PEOPLE WILL LIVE IN THE UNIT? _____

2. LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE HOUSE:

NAME (FIRST & LAST NAME)	DATE OF BIRTH	RELATIONSHIP
		<i>Applicant</i>
		<i>Co-Applicant</i>

ARE YOU ELIGIBLE?

1. Do you currently (select all that apply):

Live in County of San Mateo

Work in County of San Mateo

2. Your Current Home Address:

City:

3. Your Current Employer:

(Name of Company)

4. Work Address:

City:

5. Do you have the minimum Down payment Requirement of three (3) percent?

Yes

No

PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR LIVE AND/OR WORK PREFERENCE

(One document for each preference, see below "Required Documents"):

6. Are you a first-time homebuyer? Yes No

- If yes, have you completed a homebuyer education course? Yes No

- Organization name of homebuyer education course:

PLEASE INCLUDE COPY OF HOMEBUYER CERTIFICATION.

(While not required at this time, it is required to be completed within six (6) months of close of escrow)



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PLEASE TELL US ABOUT YOUR HOUSEHOLD EMPLOYMENT

YOUR EMPLOYMENT		CO-BORROWER'S EMPLOYMENT	
Name of Employer:		Name of Employer:	
Self-Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Address:	
City, State Zip		City, State Zip	
Employer Phone:		Employer Phone:	
Dates of Employment (From - To)	____/____/____ to ____/____/____ (mm/dd/yyyy)	Dates of Employment (From -To)	____/____/____ to ____/____/____ (mm/dd/yyyy)
Gross Annual Income (before taxes)	\$	Gross Annual Income (before taxes)	\$
Income from this source is received (select one)		Income from this source is received (select one)	
<input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other		<input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other	

PLEASE TELL US ABOUT YOUR ASSETS

List all checking and saving accounts below:

Name of Bank, S&L, or Credit Union	Current Balance
1.	1. \$
2.	2. \$
3.	3. \$
4.	4. \$
5.	5. \$
Stocks & Bonds	Cash or Market Value
1.	1. \$
IRA/401K	1. \$
Net Worth of Businesses owned	1. \$
Other Assets (itemize)	Cash or Market Value
1.	1. \$
2.	2. \$
Total Assets	\$



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CERTIFICATION OF APPLICANTS

I/We understand that (initial each):

- _____ A. All information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the County can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority for the County of San Mateo's Below Market Rate Program; otherwise this information is confidential.
- _____ B. Verifiable documentation supporting the statements made herein is required to participating in the BMR Program.
- _____ C. If there are any false statements, or misrepresentations made on all this application, I/We will relinquish all rights to participate in the BMR Program.

I/We certify the following (initial each):

- _____ D. That the information provided in this application is true and correct, and complete to the best of my knowledge. I have not knowingly omitted any pertinent information.
- _____ E. That I/We will occupy the BMR home as my/our primary residence.

Potential Buyer's signature:

Date:

Potential Co-Buyer's signature:

Date:

Real Estate Agent:

Agent's Name:

Phone Number:

Email Address:

Lender:

Agent's Name:

Phone Number:

Email Address:



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YOUR REQUIRED DOCUMENTS

Your application **MUST** be submitted via email:

Please submit your application and required documents to:

Attn: Nila Kim, HCD Specialist
County of San Mateo, Department of Housing

bmr@smhousing.org

THE COUNTY WILL ACCEPT APPLICATIONS UNTIL THE AVAILABLE UNIT IS PURCHASED.

Your Required Documents

Please also include the following required documents with your application.

- Copy of identification, i.e., driver's license, CA identification

YOUR LIVE AND/OR WORK PREFERENCE

Please provide one document for each preference, live and/or work (options):

- | | |
|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Copy of your current paystub | <input type="checkbox"/> Copy of your phone bill |
| <input type="checkbox"/> Copy of employment verification letter | <input type="checkbox"/> Copy of your current lease agreement |
| <input type="checkbox"/> Copy of your electric bill | <input type="checkbox"/> Other documents |

YOUR FIRST-TIME HOMEBUYER CERTIFICATION

(If applicable)

- Copy of 1st time homebuyer certification

YOUR FINANCES

- Pre-Approval Letter from your lender