**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: Click or tap here to enter text.

**TELL US ABOUT YOURSELF**

1. Your Name (first & last name): Click or tap here to enter text.
2. Your Date of Birth *(mm/dd/yyyy):* Click or tap here to enter text.
3. Your Co-Borrower’s Name (first & last name) *(if applicable):* Click or tap here to enter text.
4. Your Co-Borrower’s Date of Birth (*mm/dd/yyyy):* Click or tap here to enter text.

**NOW WE NEED TO KNOW HOW TO CONTACT YOU**

1. Your Current Address: Click or tap here to enter text. City: Click or tap here to enter text.
2. Your Mailing Address: Click or tap here to enter text. City: Click or tap here to enter text.
3. Your Phone Number: Home Work Cell Click or tap here to enter text.
4. Your Alternate Number: Home Work Cell Click or tap here to enter text.
5. Your Co-Borrower’s Phone Number: Home Work Cell Click or tap here to enter text.
6. Your Co-Borrower’s Alternate Number: Home Work Cell Click or tap here to enter text.
7. Your Email Address: Click or tap here to enter text.

***PLEASE PRINT CLEARLY, THIS IS HOW WE WILL CONTACT YOU***

1. Your Co-Borrower’s Email Address: Click or tap here to enter text.

***PLEASE PRINT CLEARLY, THIS IS HOW WE WILL CONTACT YOU***

**TELL US ABOUT YOUR HOUSEHOLD**

1. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Click or tap here to enter text.
2. **LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE HOUSE:**

|  |  |  |
| --- | --- | --- |
| **NAME (FIRST & LAST NAME)** | **DATE OF BIRTH** | **RELATIONSHIP** |
| Click or tap here to enter text. | Click or tap here to enter text. | *Applicant* |
| Click or tap here to enter text. | Click or tap here to enter text. | *Co-Applicant* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**ARE YOU ELIGIBLE?**

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

Live in County of San Mateo  Work in County of San Mateo

1. Your Current Home Address: Click or tap here to enter text. City: Click or tap here to enter text.
2. Your Current Employer: Click or tap here to enter text. *(Name of Company)*
3. Work Address: Click or tap here to enter text. City: Click or tap here to enter text.
4. 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”):***

1. 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: Click or tap here to enter text.

***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)*

**PLEASE TELL US ABOUT YOUR HOUSEHOLD EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR EMPLOYMENT** | | **CO-BORROWER’S EMPLOYMENT** | |
| Name of Employer: | Click or tap here to enter text. | Name of Employer: | Click or tap here to enter text. |
| Self-Employed: | Yes  No | Self-Employed: | Yes  No |
| Address: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |
| City, State Zip | Click or tap here to enter text. | City, State Zip | Click or tap here to enter text. |
| Employer Phone: | Click or tap here to enter text. | Employer Phone: | Click or tap here to enter text. |
| Dates of Employment  *(From – To)* | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  to  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  (mm/dd/yyyy) | Dates of Employment  *(From -To)* | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  to  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  (mm/dd/yyyy) |
| Gross Annual Income  (*before taxes)* | $Click or tap here to enter text. | Gross Annual Income  *(before taxes)* | $Click or tap here to enter text. |
| Income from this source is received (select one) | | Income from this source is received (select one) | |
| Weekly  Every Other Week  Twice a Month Other | | Weekly  Every Other Week  Twice a Month 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. Click or tap here to enter text. | 1. $Click or tap here to enter text. |
| 1. Click or tap here to enter text. | 2. $Click or tap here to enter text. |
| 1. Click or tap here to enter text. | 3. $Click or tap here to enter text. |
| 1. Click or tap here to enter text. | 4. $Click or tap here to enter text. |
| 1. Click or tap here to enter text. | 5. $Click or tap here to enter text. |
| **Stocks & Bonds** | **Cash or Market Value** |
| 1.Click or tap here to enter text. | 1. $Click or tap here to enter text. |
| **IRA/401K** | 1. $Click or tap here to enter text. |
| **Net Worth of Businesses owned** | 1. $Click or tap here to enter text. |
| **Other Assets (itemize)** | **Cash or Market Value** |
| 1.Click or tap here to enter text. | 1. $Click or tap here to enter text. |
| 2. Click or tap here to enter text. | 2. $Click or tap here to enter text. |
| **Total Assets** | $Click or tap here to enter text. |

**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: \_Click or tap here to enter text. Date: Click or tap here to enter text.

Potential Co-Buyer’s signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Real Estate Agent:Click or tap here to enter text. Agent’s Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Lender: Click or tap here to enter text. Agent’s Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

**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@smchousing.org](mailto:bmr@smchousing.org)

**THE COUNTY WILL ACCEPT APPLICATIONS UNITL THE AVAILABLE UNIT IS PURCHASED.**

**Your Required Documents***Please also include the following supplemental documents with your application.*

**YOUR LIVE AND/OR WORK PREFERENCE**

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

Copy of your current paystub  Copy of your phone bill

Copy of employment verification letter  Copy of your current lease agreement

Copy of your electric bill  Other documents

**YOUR FIRST-TIME HOMEBUYER CERTIFICATION** *(If applicable)*

Copy of 1st time homebuyer certification

**YOUR FINANCES**

Pre-Approval Letter from your lender