

**FOR STAFF USE** Rec'd Date \_\_\_\_\_ By \_\_\_\_\_ Acknowledgement \_\_\_\_\_  
 App# \_\_\_\_\_ Check # \_\_\_\_\_ HH Size \_\_\_\_\_ HH Income \_\_\_\_\_ % of AMI \_\_\_\_\_  
 Eligible: Yes  No  Wheelchair Access Required: Yes  No



## Marin Housing Below-Market Rate (BMR) Homeownership Program 2009 Lottery Application

Is this application a renewal application from the previous year? Yes  No

### Section 1: Household Composition

Enter the full name of all intended occupants of the unit who are 18 years of age or older. Please specify the relationship of the household members (spouse, children, etc). Use back side of this form if needed.

Name:	
Date of Birth: ____ / ____ / ____	Relationship: HEAD OF HOUSEHOLD
Present Address:	City, State, Zip:
Home Phone:	Cell/ Alternate Phone:
Work Phone:	Email:

Household Member #2 (Name):	
Date of Birth: ____ / ____ / ____	Relationship:
Present Address:	City, State, Zip:
Home Phone:	Cell/ Alternate Phone:
Work Phone:	Email:

Please complete one line for each member of your household under 18 years of age.

	Name	Relationship	Date of Birth
1			
2			
3			
4			

Total # of household members listed above: \_\_\_\_\_

### Section 2: BMR Program Applicant Status

A. Does any member of your household either live or work in the County of Marin? Yes  No   
 (There is a priority for applicants who live or work in Marin County.)

B. First Time Homebuyer Requirements (**Check one for each adult**)

ADULT HOUSEHOLD MEMBERS LISTED ABOVE	1	2	3
I have not owned a principal residence during the previous three years, <b>or</b>			
I have owned a principal residence while previously married; but no longer have an ownership interest therein, <b>or</b>			
I own or have owned a principal residence during the past 3 years not permanently affixed to a permanent foundation (i.e. Mobile Home).			



**Section 3: Employment**

Complete a separate line for each employed household member 18 years of age or older.

Name	Name of Employer	Job Title	City / Zip	Full-time/ Part-time

**Section 4: Gross Annual Household Income**

Complete a separate line for each household member 18 years of age or older who is employed. Information provided herein will be verified with additional income documentation if drawn in a lottery.

Name	Wages ( including tips, commissions, bonuses)	Social Security/ Pensions (Annually)	Other Sources of Income (i.e. Alimony, Child Support)	Estimated Annual Income

**TOTAL ANNUAL GROSS HOUSEHOLD INCOME (as indicated above)** \_\_\_\_\_

Household Size	Current BMR Annual Gross Household Income Limits	
	Low-Income (80% AMI)	Moderate Income (120%)
1	\$54,200	\$ 81,300
2	\$61,950	\$ 92,950
3	\$69,700	\$ 104,550
4	\$77,450	\$116,150
5	\$83,650	\$ 125,450

**Section 5: Value of Assets**

Approximate amount available for down-payment and/or closing costs (including gift funds): \$ \_\_\_\_\_

Additional assets (i.e.: savings, retirement, investments): \$ \_\_\_\_\_

**Section 6: Demographic Data (Optional – for statistical purposes only)**

Are you a female Head of Household? Yes  No

Primary languages spoken: \_\_\_\_\_

Does anyone in your household require **wheelchair accessibility**? Yes  No  (Please explain below.)

\_\_\_\_\_

Please indicate below the Ethnic and/or Racial Categories of the **Head of Household**:

Hispanic or Latino \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ American Indian or Alaska Native \_\_\_\_ Asian \_\_\_\_

Black or African American \_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_ White \_\_\_\_ Other \_\_\_\_\_

**Over for signatures** ➡



**Section 7: Household Certification & Signatures**

My household is interested in purchasing a home through the Marin County Housing Authority Below Market Rate Homeownership Program. I (we) have read the program description and eligibility requirements, and understand our obligation to provide valid documentation of the information provided in this application if drawn in a lottery. The information on this form will be used to determine income eligibility.

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud and will invalidate this application.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

*\*\* There is a **\$25 Application fee** to participate in the lottery. Please mail a check payable to Marin Housing/ BMR Program along with this completed and signed application form. Make sure your application is complete; the \$25 fee is NOT REFUNDABLE. Please mail your application & fee to:*

**Marin Housing Authority  
Attention: BMR Program  
4020 Civic Center Drive  
San Rafael, Ca 94903**

For more information, please visit our website at [www.marinhousing.org](http://www.marinhousing.org) or call (415) 491-2550 for more information. You will receive an acknowledgment letter once your application has been processed.

Thank you for your interest in the BMR Program.

