

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
 2018 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. Please specify the relationship of the household members (spouse, children, etc). Use back side of this form if needed.

Applicant Name: _____	(Household Member #1)
Date of Birth: _____ / _____ / _____	Relationship: HEAD OF HOUSEHOLD
Present Address:	City, State, Zip:
Home Phone:	Cell/ Alternate Phone:
Work Phone:	Email:

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

Please complete one line for each **additional member** of your household.

	Name	Relationship	Date of Birth
1			
2			
3			
4			

Total # of household members listed in both sections 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 listed above as Applicant and Co-Applicant**)

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

OVER

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 2018 BMR Annual Gross Household Income Limits (Limits Effective as of 4/1/2018)	
		Moderate Income (120%)
1		\$ 99,500
2		\$113,650
3		\$127,850
4		\$142,100
5		\$153,400
6		\$164,800

Section 5: Value of Assets *

Name	Checking Account	Savings Account	Retirement Accounts	Investments, Stocks	Gift Funds Available
TOTALS of each asset:					

APPROXIMATE AMOUNT AVAILABLE FOR DOWN PAYMENT AND CLOSING COSTS:

*A percentage of certain assets may be factored into your income.

Section 6: Demographic Data ([Some drawings are Age-Restricted for Seniors and some for 55 or older.](#))

Are you a Senior (62 or older)? Yes No

Are you 55 or older? Yes No

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

