



Below Market Price Home Application

Please mail your complete application to:
Hello Housing - Los Gatos BMP Application
1242 Market Street, 3rd Floor
San Francisco, CA 94102

Applications will NOT be accepted in person at the Hello Housing offices nor the Town of Los Gatos Offices, no exceptions.

This application includes required information as well as optional information. Unless a section is labeled "Optional" it is a required section and must be completed, however we encourage applicants to complete all sections. Answers to optional questions are confidential and will NOT impact your eligibility. In aggregate, the collective answers from the pool of applicants will help Hello Housing better understand who benefits from affordable housing programs and to advocate for effective programs to policymakers.

Primary Applicant and Co-Applicant Information

Below, please provide details for the Primary Applicant and Co-Applicant (if applicable). Please note that household composition information is being collected for the purposes of calculating the total number of household members, not for the purposes of determining which household members will be borrowers on a mortgage loan. All adult household members will be required to be listed as owners on title at time of purchase. The requirement for all adult members to be listed on the loan will be evaluated on a case-by-case basis.

Primary Applicant *Please note that a Primary Applicant must be an adult (18 years or older).*

First Name	_____	Home Mailing Address	_____
Last Name	_____	City	_____
Phone	_____	State	_____
Alternate Phone	_____	Zip Code	_____
Email	_____	Date moved to this address	_____
Date of Birth	_____	Primary Language	_____
		Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident Alien

Co-Applicant *Please note that a Co-Applicant must be an adult (18 years or older).*

First Name	_____	Home Mailing Address	_____
Last Name	_____	City	_____
Phone	_____	State	_____
Alternate Phone	_____	Zip Code	_____
Email	_____	Date moved to this address	_____
Date of Birth	_____	Primary Language	_____
		Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Resident Alien

Non-Discrimination Policy

Hello Housing and the Town of Los Gatos do not discriminate against any persons on the grounds of race, color, religion, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, marital status, familial status, source of income, genetic information, medical condition, physical disability or mental disability, or any other category protected by law.

Please provide information on all other members of your household (children, grandparents, or other adults) who are full time or part time household members. This information helps calculate your household size.

Additional Household Members

Household Member (please include children and adults)

First Name _____	Home Mailing Address _____
Last Name _____	City _____
Phone _____	State _____
Alternate Phone _____	Zip Code _____
Email _____	Date moved to this address _____
Date of Birth _____	Primary Language _____
Relationship to Applicant _____	

Household Member

First Name _____	Home Mailing Address _____
Last Name _____	City _____
Phone _____	State _____
Alternate Phone _____	Zip Code _____
Email _____	Date moved to this address _____
Date of Birth _____	Primary Language _____
Relationship to Applicant _____	

Household Member

First Name _____	Home Mailing Address _____
Last Name _____	City _____
Phone _____	State _____
Alternate Phone _____	Zip Code _____
Email _____	Date moved to this address _____
Date of Birth _____	Primary Language _____
Relationship to Applicant _____	

Household Member

First Name _____	Home Mailing Address _____
Last Name _____	City _____
Phone _____	State _____
Alternate Phone _____	Zip Code _____
Email _____	Date moved to this address _____
Date of Birth _____	Primary Language _____
Relationship to Applicant _____	

Please provide accurate information. Eligibility will be determined based on the gross combined household income and will be verified based on the supporting documentation requested at the end of this application.

Economic Profile

Primary Applicant

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Member

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Co-Applicant

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Member

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Eligibility will be determined based on the gross combined household income and will be verified based on the supporting documentation requested at the end of this application.

Economic Profile Continued

Household Member _____

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Member _____

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Member _____

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Member _____

Credit Score (if known) _____

Have you been involved in the foreclosure process?

Yes No

Have you declared bankruptcy within the last 7 years?

Yes No

Annual Income (before taxes)

From Full-Time Employment \$ _____

From Part-Time Employment \$ _____

From Self-Employment \$ _____

From Spousal Support \$ _____

From Child Support \$ _____

Investment Income \$ _____

Social Security Income \$ _____

SSDI \$ _____

Income from Assets
(e.g. rental income) \$ _____

Other \$ _____

TOTAL \$ _____

Household Assets & Debt

Please list the current value of all assets for all members of the household aged 18 and older. If zero, please write "0" in the blank. Please include an account description and last 4 digits of the account number (for example, Bank of America #4567).

Combined Household Assets

	Value of Assets	Description & Last 4 Digits of Account Number
Checking Accounts	\$ _____	_____ (continued)
Savings Accounts	\$ _____	_____ (continued)
Retirement Accounts	\$ _____	_____ (continued)
Investments	\$ _____	_____
Real Estate	\$ _____	_____
Certificates of Deposit (CDs)	\$ _____	_____
Gift Money	\$ _____	_____
Other	\$ _____	_____

Combined Household Debt

Please list the current value of all debt for all members of the household. If zero, please write "0" in the blank.

	Total Debt	Bank/Institution Name	Monthly Payment
Credit Cards	\$ _____	_____	\$ _____
Education Loans	\$ _____	_____	\$ _____
Auto Loans	\$ _____	_____	\$ _____
Lines of Credit	\$ _____	_____	\$ _____
Mortgages	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____

Please share your current housing expenses and homeownership goals on this page. Your responses will not impact your eligibility for the program, but will help us design and implement programs that correspond to the goals of applicants.

Current Living Situation (Optional)

What best describes your current living situation?

- | | |
|---|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Own |
| <input type="checkbox"/> Lease Purchase | <input type="checkbox"/> Live with Parents/Relative/Friends |
| <input type="checkbox"/> Other _____ | |

How many bedrooms are in your current home?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 0 (studio) | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 or more |

What is your current monthly rent? \$ _____

How much do you spend monthly on utilities? \$ _____
(gas, water, electric, trash)

Please describe any special needs or accommodations required by your household. For example, "one-level only" or "at least one ADA-accessible bathroom required"

Homeownership Goals (Optional)

What is your primary reason for wanting to purchase a home? *Select one goal.*

- | | |
|--|--|
| <input type="checkbox"/> Desire to own a home of my own | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Desire for a larger home | <input type="checkbox"/> Establish household |
| <input type="checkbox"/> Change in family situation | <input type="checkbox"/> Greater # of homes on the market for sale |
| <input type="checkbox"/> Homebuyer tax credit | <input type="checkbox"/> Tax benefits |
| <input type="checkbox"/> Job-related relocation/move | <input type="checkbox"/> Desire for a newly built or custom-built home |
| <input type="checkbox"/> Affordability of homes | <input type="checkbox"/> Purchase home for family member or relative |
| <input type="checkbox"/> Desire to be closer to family/friends | <input type="checkbox"/> Financial security |
| <input type="checkbox"/> Desire for a home in a better area | <input type="checkbox"/> Desire for vacation home/investment property |
| <input type="checkbox"/> Desire to be closer to job/school/transit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Desire for a smaller home | |

Which of the following are barriers to buying a home? *Select all that apply. If none, select none.*

- | | |
|--|--|
| <input type="checkbox"/> Insufficient savings for down payment | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Insufficient income | <input type="checkbox"/> Lack of references |
| <input type="checkbox"/> Insufficient work history | <input type="checkbox"/> Pending divorce |
| <input type="checkbox"/> Residency | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Over-Income (for BMRs) | <input type="checkbox"/> Own existing home |
| <input type="checkbox"/> Too many assets (for BMRs) | <input type="checkbox"/> Process is overwhelming |
| <input type="checkbox"/> Poor credit history | <input type="checkbox"/> None |

What is most important to you about the neighborhood in which you purchase a home? *Pick top three.*

- | | |
|---|--|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Proximity to family/friends |
| <input type="checkbox"/> Safety/crime | <input type="checkbox"/> Strong housing market |
| <input type="checkbox"/> Proximity to work/school | <input type="checkbox"/> Part of an affordable homeownership program |
| <input type="checkbox"/> Proximity to amenities | |

Demographics

Primary Applicant _____

Race (please check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Chamorro
 Chinese
 Filipino
 Japanese
 Korean
 Native Hawaiian
 Samoan
 Vietnamese
 White
 Other Race _____
 (please specify other race)

Ethnicity

- Not of Hispanic, Latino, or Spanish origin
 Mexican, Mexican American, Chicano
 Puerto Rican
 Cuban
 Another Hispanic, Latino, or Spanish origin

Marital Status

- Single
 Married/Domestic Partnership
 Separated
 Divorced
 Widowed

Education

- Less than high-school diploma
 High-school diploma or equivalent
 Some post-secondary education
 Certification from training program
 Associate's degree
 Bachelor's degree
 Master's or other graduate degree

Employment Status

- Self-Employed
 Work Full-Time for Employer
 Work Part-Time for Employer
 Homemaker
 Full-Time Student
 Permanently unable to work
 Unemployed and seeking work
 Unemployed and not seeking work
 Retired

Military Status

- Non-Military
 Active
 Veteran
 Reserve

Gender

- Male
 Female
 Transgender
 Other

Co-Applicant _____

Race (please check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Chamorro
 Chinese
 Filipino
 Japanese
 Korean
 Native Hawaiian
 Samoan
 Vietnamese
 White
 Other Race _____
 (please specify other race)

Ethnicity

- Not of Hispanic, Latino, or Spanish origin
 Mexican, Mexican American, Chicano
 Puerto Rican
 Cuban
 Another Hispanic, Latino, or Spanish origin

Marital Status

- Single
 Married/Domestic Partnership
 Separated
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 Widowed

Education

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 High-school diploma or equivalent
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 Certification from training program
 Associate's degree
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Employment Status

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 Homemaker
 Full-Time Student
 Permanently unable to work
 Unemployed and seeking work
 Unemployed and not seeking work
 Retired

Military Status

- Non-Military
 Active
 Veteran
 Reserve

Gender

- Male
 Female
 Transgender
 Other

Frequently Asked Questions about Demographic Data Collection

Why do we ask for demographic information?

We believe that fair and equal access to housing opportunities is critical to support diverse communities where people thrive. To further the goal of fair housing, we ask applicants to provide demographic information. By providing this information, you are helping us better understand the impact of our programs on the communities we serve, which in

How is my demographic information used?

This information is only used in the aggregate and is not used in any way to determine your eligibility for housing programs. The aggregate demographic data from this program may be shared with other affordable housing providers for the purpose of advocating for better housing policies or more resources.

Why are these questions mandatory?

The data we collect by asking these questions is critical to improve the accessibility of our housing programs. It may help us enhance our outreach strategy or advocate for more government support for affordable housing. Frankly, we can only get an accurate picture of who is being served – and not served - if we obtain responses from everyone who applies. We appreciate your help to advance the goal of fair and equal access to housing.

Hello Housing believes that everyone deserves a home that is safe, decent and affordable. To further our fair housing goals, we ask applicants to provide demographic information. This information is only used in the aggregate and is not used in any way to determine your eligibility for the AC Boost Program. Frequently Asked Questions about Demographic Data Collection are available on page 10

Language(s) Spoken

Primary Applicant _____

How well does this person speak English?

- Very well Well
 Not well Not at all

Does this person speak a language other than English at home?

- Yes No

What is this language?

- Arabic
- Armenian
- ASL
- Burmese
- Chinese - Cantonese
- Chinese - Mandarin
- French
- French Creole
- German
- Greek
- Gujarati
- Hindi
- Hmong
- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Urdu
- Vietnamese
- Other language _____
(please specify other language)

Co-Applicant _____

How well does this person speak English?

- Very well Well
 Not well Not at all

Does this person speak a language other than English at home?

- Yes No

What is this language?

- Arabic
- Armenian
- ASL
- Burmese
- Chinese - Cantonese
- Chinese - Mandarin
- French
- French Creole
- German
- Greek
- Gujarati
- Hindi
- Hmong
- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Urdu
- Vietnamese
- Other language _____
(please specify other language)

Please provide supporting documentation for EVERY ADULT MEMBER OF THE HOUSEHOLD AGED 18 AND OVER. All documents must be legible to be considered. To help keep you organized, we recommend you print a copy of this checklist for each adult household member to use as a check-list.

Supporting Documentation

A. Proof of Identify: One form of legal identification for every adult, check below for which form of ID. *Required*

- CA Driver License CA Identification Card US Passport

B. Social Security Card: Please contact Social Security at (800) 772-1213 if you cannot locate. *Required*

- Social Security Card

C. Proof of US Residency: One form of Proof of Residency is required for all household members aged 18 and over.

- Copy of Birth Certificate US Passport (if applicable)
 Non-US Passport with I-551 Stamp (if applicable) Green Card (if applicable)
 Other: _____ INS Form I-94 (if applicable)

D. Documentation of Employment Income: If employed, provide three (3) months of the most recent consecutive paystubs. *Required*

Please contact your Human Resources department if you cannot locate.

- Pay stubs for current month Dates covered _____ to _____ (e.g. 10/1/17 to 1/1/18)
 Pay stubs for prior month Dates covered _____ to _____
 Pay stubs for next prior month Dates covered _____ to _____

OR

If self-employed:

- A year-to-date Profit & Loss statement

E. Two (2) Months of documentation for any other income: *Required if applicable*

- Child Support Pension Foster Care
 Social Security Alimony Gift letter (if applicable)
 SSI Long Term Disability Other (please describe)
OR

F. If you are NOT earning income: *Required if applicable*

- Zero-Income Affidavit (If applicable, please request from Hello Housing.)

G. Last Three (3) years of Federal Tax Returns OR Verification of Non-Filing: *Required*

If you or any household member cannot locate your returns, please contact the IRS to request tax transcripts at (800) 829-1040 or online at <https://www.irs.gov/individuals/get-transcript>. If you or any household member were NOT required to file taxes for ANY OR ALL of the last three (3) years, please provide a "Verification of Non-Filing", which you can request by submitting a Form 4506-T to the IRS. This form is available online at <http://www.irs.gov/pub/irs-pdf/f4506t.pdf> or you may request it by contacting the IRS at (800) 829-1040.

- 2018 Federal 1040 Tax Return or Verification of Non-Filing (if applicable)
 2017 Federal 1040 Tax Return or Verification of Non-Filing (if applicable)
 2016 Federal 1040 Tax Return or Verification of Non-Filing (if applicable)

H. Last Three (3) years of W-2s: *Required if issued W-2s*

Please contact your Human Resources department if you cannot locate. You may also call the IRS at (800) 829-1040.

- 2018 W-2s *W-2s should cover all reported income in same year's tax return*
 2017 W-2s
 2016 W-2s

Please note, applications that are missing any of the supporting documentation for any adult household member aged 18 and over, which do not include a letter of explanation or supplemental documentation may be deemed an incomplete application.

Supporting Documentation (continued)

I. Last Three (3) consecutive statements from ALL Financial Accounts: *Required*

Please include statements for ALL OPEN accounts, even if they contain a \$0 balance. Write N/A if you do not have such accounts. Computer printouts are acceptable ONLY if they contain a complete account number, begin & end balances, and begin & end dates.

- Most recent three (3) consecutive Bank Statements
- Most recent three (3) consecutive statements for Retirement Accounts (401k, IRA, etc.)
- Most recent three (3) consecutive statements for Stocks, Mutual Funds, Profit Sharing accounts
- Most recent three (3) statements for CDs, Money Market accounts, etc.

J. Explanation of Deposits: *Required for all deposits over \$500*

- Please complete App - Page 11.

K. Proof of Student Status: *Required if applicable*

- Copy of Current Registration OR an Unofficial Transcript

L. Copy of Credit Report including FICO Score: *Required, a free credit report can be obtained at www.CreditKarma.com*

- Copy of a recent credit report with FICO Score

M. Prequalification from a Lender: *Required*

- Prequalification letter from a lender for, at minimum, the purchase price of the home you are pursuing. **Please be sure your prequalification letter indicates your Back-End Debt to Income Ratio**

N. Preference Point Verification Documentation: *Required*

- At least one acceptable document as listed on page 10 of this application for each preference point category earned by household.

Please check the box for each preference point your household qualifies for AND submit at least one of the listed supporting documents for each preference point claimed. Some of the documents are a mandatory part of the overall application, and therefore will fulfill this requirement.

Preference Points

Points earned for Household Member Living in the Town of Los Gatos

To qualify for this preference, a member of the household must have a primary residence within the incorporated Town of Los Gatos limits. Please provide one of the supporting documents listed below as verification of your preference and be sure your documents reflect the number of years claimed in your pre-application submission.

Tax Returns OR Lease documents

Points earned for Household Member Working in the Town of Los Gatos

To qualify for this preference, a member of the household must work as an employee at a business located within the Los Gatos town limits for a minimum of two (2) years. Please provide one of the supporting documents listed below as verification of your preference. Please note, if you are using paystubs as supporting documentation, they must show a business address located in the Town of Los Gatos. If your paystubs do not show a Town of Los Gatos address, please provide additional documentation such as a letter from your employer confirming your jobsite is located in the Town of Los Gatos.

Paystubs OR Letter from Employer

Points earned for Household Member Relocated due to Town Council Action or Mobile Home

To qualify for this preference, a member of your household must have been required to relocate their residence as a result of Council action or mobile home park closure. Please provide one of the supporting documents listed below as verification of your preference.

Letter from the Town OR Lease documents

Points earned for previously living in the Town

To qualify for this preference, a member of the household must have lived in the Town for at least 10 years and have moved out within the last ten years prior to the time of pre-application. Please provide one of the supporting documents listed below as verification of your preference.

Tax Returns OR Lease documents

Points earned for a Single Parent Head of Household

To qualify for this preference, the head of household must be unmarried with dependent children and reside in the Town for a minimum of two (2) years at the time of the pre-application. Please provide one of the supporting documents listed below as verification of your preference.

Lease documents OR Tax Returns

Points earned for a Disabled Household Member

To qualify for this preference, the disabled household member must reside in the Town at the time of the pre-application and have lived in the Town for at least the prior two (2) years. The definition of "disabled" under this section shall be that used by the U.S. Social Security Administration for the purpose of determining eligibility for Social Security disability benefits. Please provide one of the supporting documents listed below as verification of your preference.

Social Security Disability Income documentation issued by the Social Security Administration OR Verification from a licensed doctor of the disability and its effect on the ability of the person to maintain full-time employment

Signature Page

Please have each adult in the household print their name, sign and date this page.

I certify that the foregoing application accurately reflects all income received from all sources for all members of the household.

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud and that false, misleading, or incomplete information may result in the termination of real estate purchase documents

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____

This Borrower Authorization form will allow Hello Housing or its authorized representative to share information about your application with a mortgage lender.

Lender Authorization

Homeowner Information

Primary Applicant _____ Co-Applicant _____
Mailing Address _____
Phone Number(s) _____
Email Address(es) _____
Program Applying for _____

Lender information

Mortgage Company _____
Mortgage Company Contact _____
Mailing Address _____
Phone Number(s) _____
Email Address(es) _____

I (We) hereby authorize Hello Housing to release, furnish, provide, exchange and request information related to the Town of Los Gatos Below Market Rate Housing Application to the Authorized Third Party identified above.

Name	_____	Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

Name	_____	Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

Expiration of Authorization

If applicable, please specify a period of time or the particular transaction for which the authorization is valid. If no expiration date or operational transaction is provided, this authorization will remain valid until revoked in writing.
