

FOR STAFF USE	Rec'd Date _____	By _____	Acknowledgement _____
App# _____	Check # _____	HH Size _____	HH Income _____ % of AMI _____
Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/> Wheelchair Access Required: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Marin Housing
Below-Market Rate (BMR) Homeownership Program
2011 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.

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

Household Member #2 (Print Full Name):	
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**)

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).			



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 (Limits Effective as of 5/31/11)	
	Low-Income (80% AMI)	Moderate Income (120%)
1	\$59,850	\$ 85,350
2	\$68,400	\$ 97,550
3	\$76,950	\$109,750
4	\$85,450	\$121,900
5	\$92,300	\$131,650
6	\$99,150	\$141,450

Section 5: Value of Assets

Name	Checking Account	Savings Account	Retirement Accounts	Investments, Stocks	Gift Funds Available
TOTALS					

APPROXIMATE AMOUNT AVAILABLE FOR DOWN PAYMENT AND CLOSING COSTS:

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

Are you a Female Head of Household? **Yes** **No**

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



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

Does anyone in your household require wheelchair accessibility? (Please explain below.)

Primary Languages Spoken: _____

Please indicate below the Ethnic and 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 _____

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, including a list of any upcoming lottery drawings, please visit our website at www.marinhousing.org and go to the Home Ownership Programs page, 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.

