



BMR Waiting List Application

Below Market Rate (BMR) Housing Program

City of Menlo Park Housing Division
(650) 330-6706 ♦ FAX (650) 327-1759 ♦ www.menlopark.org

Please print clearly and fill this application out completely. Please keep the attached *BMR Housing Program Introduction* for your reference. Return this application to the City of Menlo Park Housing Division, 701 Laurel Street, Menlo Park, CA 94025. You may also fax it directly to the number above.

Today's Date: _____

Applicant's Name: _____

Please check if you would like to:

Rent a BMR Unit Only _____ *Purchase* a BMR Unit Only _____

Purchase or Rent a BMR Unit _____

A). Applicant's Residence Address and Contact Information

Number and Street: _____

Apartment #: _____ City, State: _____

Zip Code: _____ Home Phone Number: _____

Cell Phone Number(s): _____ Work Phone Number(s): _____

E-Mail Address/Addresses: _____

Name & Phone Number/Email for Additional Applicants (optional): _____

B). Applicant's Mailing Address (if different from residence address)

Number and Street, or P.O. Box: _____

City, State and Zip Code: _____

C). Applicant's Household Size

- For the purposes of this program, a household is defined as a single person, or two or more persons sharing residency whose income resources are available to meet the household's needs. *To be considered a household, persons must currently live together in a home that is their primary residence.*
- To be included as members of the household, children under the age of 18 must reside in the home at least part-time, or the parent/guardian must have at least partial (50%) custody of the child/children.

➤ **In determining your household size, below, include ONLY persons who currently live with you and will live with you in a BMR unit.**

(1). Including yourself (the applicant), how many ADULTS are in your household? *Include children 18 years of age and older.* = _____

(2). How many CHILDREN (under 18 years of age) are in your household? _____

(3). The **TOTAL** number of persons (adults + children) currently in your household = _____

D). Employment Information for All Household Members

Provide employment information for yourself (the applicant) as well as all other members of your household who currently live with you and will live with you in a BMR unit. If someone works more than one job, please list all the jobs that person works.

Work includes ANY of the following: employment for wages or salary, owning and operating a business, contract employment, and/or commission work. *Do not include volunteer or unpaid work.*

Applicant or Household Member's Name:	Employer Name and Address Where Work is Performed:	Number of Hours Worked Per Week:	Job Position or Title:

E). First-Time Homebuyer Status

(1). Do you (the applicant) or any other members of your household (who intend to purchase and reside in a BMR unit with you) currently own the home that you live in as your primary residence?

Yes ___ No ___

(2). Have you or any other member of your household owned a home as your primary residence within the last three (3) years?

Yes ___ No ___

(3). Have you and/or other household members completed a homebuyer education workshop, class, or counseling session within the last twelve (12) months?

Yes ___ No ___

If YES, what is the name of the organization that provided this workshop, class, or counseling session?

F). Income for Adult Household Members

- Please identify sources of income for ALL adult (18 years of age and older) household members who currently reside with you and will reside with you in a BMR unit.
- Include ALL stable sources of household income including employment (wages, salaries, commissions, bonuses, tips), investments (dividends, interest, annuities), and any other sources of income such as retirement funds, child support payments, social security, disability, etc. *Do NOT include the incomes of household members who are full-time students or under the age of 18.*

In the chart below, please identify ALL adult members of your household who earn income *as well as* ALL sources of income for each member. Include yourself (the applicant) and all household members who currently live with you and will live with you in a BMR unit.

#	Adult Household Member's Name:	Source of Income: (Employment, Disability, Pension, etc.)	Gross (Pre-Tax) Amount Earned Per Year:
1			
2			
3			
4			
5			
TOTAL Gross Annual Household Income From ALL Sources			=

G). Miscellaneous Information

(1). Is a member of your household confined to a wheelchair? Yes ___ No ___

(2). Do you wish to be contacted about opportunities for below market rate/affordable housing in Menlo Park that are not developed through the City's BMR Program?

Yes ___ No ___

(3). How did you hear about the City's BMR Program?

- Word-of-mouth
- Ad or article in newspaper
- Phone call to City/program staff
- Church or community group
- City Council or Commission meeting
- Web/internet research
- San Mateo County or housing organization
- City of Menlo Park Activity Guide
- Community/neighborhood meeting
- Other

I certify that all the information in this Application is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Please return your completed application to:

The City of Menlo Park
Housing Division
701 Laurel Street
Menlo Park, CA 94025

Direct FAX: 650-327-1759

You may also scan and email your application to Megan Nee at: mnee@menlopark.org

Should you have questions about this application or the BMR Program please contact Megan Nee in the Housing Division at 650-330-6728 or mnee@menlopark.org

Updated on 6/23/11