

# CITY OF MILPITAS

DEPARTMENT OF BUILDING AND HOUSING

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## BELOW MARKET RATE HOUSING PROGRAM APPLICATION

Dear Applicant,

Thank you for your interest in the City of Milpitas' Below Market Rate (BMR) Program. The beginning of the application process determines eligibility and does not guarantee housing. If you meet the eligibility requirements and wish to proceed, additional documents may be required. The requirements to participate in the program are outlined below:

- The Below Market Rate program is for first-time homebuyers, meaning you, as the applicant and your spouse or co-applicant(s), have not owned a home during the 3-year period prior to date of the application, nor have your name on any deed or title of a home.
- It is an owner-occupied program. The home will not be rented or leased out. Sale, transfer, and/or refinancing of the property must be done with the City's consent.
- The program is designated for very-low, low- and moderate income households. The entire household must meet very-low, low- or moderate income based on the limits set by U.S. Department of Housing and Urban Development (HUD) and State of California Department of Housing and Community Development (HCD), subject to change each year. Please review the attached income limits chart provided by HUD and HCD on the following page
- Your gross income is determined by the calculation of the entire household's gross income, meaning all adults over 18. 10% of Assets Over \$5,000 are calculated towards gross income.
- The checklist on the next page is for you to ensure that all necessary documentation is included.
- Please Note: The submittal of your application to the City of Milpitas does not guarantee that your application will be eligible for the affordable housing units. All eligible applicants will be notified regarding the status of their application. Should they be selected to move forward in the purchase process, they will need to be evaluated and pre-approved by a lender to ensure that they qualify for a home loan and meet program income requirements.

You do not need to follow up unless you decide to be removed from the waiting list or your contact and income information has changed.

Any false claims, omissions of assets or income to obtain eligibility will dismiss your household and application from the City of Milpitas and will be ineligible to purchase a home through the City program or subject to potentially losing your purchased BMR home.

If you have any questions pertaining to this application, please contact:

**Sara Court, Housing Planner**

**Phone: 408-586-3269 | Email: [scourt@ci.milpitas.ca.gov](mailto:scourt@ci.milpitas.ca.gov)**

## FY 2020 INCOME LIMITS SUMMARY

HUD and HCD set income limits that determine eligibility for assisted housing programs. HUD/HCD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county.

### 2020 HCD Income Limits

Person in Household		1	2	3	4	5	6	7
Extremely Low	30%	\$ 33,150	\$ 37,900	\$ 42,650	\$ 47,350	\$ 51,150	\$ 54,950	\$ 58,750
Very Low	50%	\$ 55,300	\$ 63,200	\$ 71,100	\$ <b>78,950</b>	\$ 85,300	\$ 91,600	\$ 97,900
Low	80%	\$ 78,550	\$ 89,750	\$ 100,950	\$ <b>112,150</b>	\$ 121,150	\$ 130,100	\$ 139,100
<b>Median</b>	<b>100%</b>	\$ 99,100	\$ 113,300	\$ 127,450	\$ <b>141,600</b>	\$ 152,950	\$ 164,250	\$ 175,600
Moderate	120%	\$ 118,950	\$ 135,900	\$ 152,900	\$ <b>169,900</b>	\$ 183,500	\$ 197,100	\$ 210,700

*\*Income limits are subject to change annually and will affect the determination of the applicant's income*

## PREFERENCE IN SELECTION PROCESS

The City of Milpitas shall give the following preference(s) in reviewing all affordable housing applications:

1. Families of veterans and servicemen and women;
2. Persons that have been displaced by public or private action;
3. People that live in Milpitas (at least 90 days);
4. People that work in Milpitas;
5. People who live in Santa Clara County (at least 90 days)

Proof will be required for the above preferences – for example, a copy of the applicant's military identification card, utility bills indicating residence in Milpitas/Santa Clara County, employment verification, and/or verification of public or private action displacement. **Preferences must be current and apply to at least one person who will be living in the household at least 50% of the time.**

## **CHECKLIST FOR SUBMISSION**

Before submitting your Below Market Rate Application to the City, please ensure you have included the following in your application packet:

- Completed application of all person(s) that would be living in the home at least 50% of the time
- If applicable and filing for families of veterans and service men and women preference:** copy of military identification card or other supporting documents
- If applicable and filing for persons that have been displaced by public or private action preference:** verification of displacement
- If applicable and filing for Milpitas residency preference:** verification of Milpitas residency (i.e. utility bill, water bill etc.) is needed
- If applicable and filing for Milpitas employment preference:** verification of employment in Milpitas is needed
- If applicable and filing for people who live in Santa Clara County:** verification of Santa Clara County residency (i.e. utility bill, water bill, etc.) is needed
- Anyone over the age of 18 who is unemployed will need to complete the Unemployed/No-Income Affidavit (attached)

## **HOW TO SUBMIT APPLICATION**

**\*preferred due to COVID-19\*** Please **email** (scan or take a photo) completed form to:  
Subject: BMR Application – Last Name  
Email: [housing@ci.milpitas.ca.gov](mailto:housing@ci.milpitas.ca.gov)

Alternatively, please **mail** completed form to:  
Attention: BMR Applications  
City of Milpitas  
455 E. Calaveras Blvd.  
Milpitas, CA 95035



# CITY OF MILPITAS

## APPLICATION FOR BELOW MARKET RATE (BMR) OWNERSHIP

TODAY'S DATE: \_\_\_\_\_

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

### HEAD OF HOUSEHOLD'S/APPLICANT'S/HOUSEHOLD MEMBER #1

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS	
STREET:	CITY: <span style="float: right;">ZIP:</span>

### SOURCE OF INCOME INFORMATION

EMPLOYER OR SOURCE OF INCOME:	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER	
STREET:	CITY:
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT
	START DATE:    /    /
	END DATE OR LIST PRESENT:    /    /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME:  \$

**DO YOU HAVE AN ADDITIONAL FORM OF INCOME OR EMPLOYMENT?**     NO     YES, PLEASE SEE PAGE 5.

### ASSETS (I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.)

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

**CO-APPLICANT/SPOUSE/HOUSEHOLD MEMBER #2**

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS STREET:	CITY:

**SOURCE OF INCOME INFORMATION**

EMPLOYER OR SOURCE OF INCOME:	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER STREET:	CITY:
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT START DATE: / / END DATE OR LIST PRESENT: / /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME: \$
DO YOU HAVE AN ADDITIONAL FORM OF INCOME OR EMPLOYMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES, PLEASE SEE PAGE 6.	

**ASSETS** I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

**HOUSEHOLD COMPOSITION**

TOTAL HOUSEHOLD SIZE (INCLUDE EVERYONE LIVING IN THE HOUSEHOLD MORE THAN 50% OF THE TIME):

NAME	DATE OF BIRTH	RELATIONSHIP

ARE THERE HOUSEHOLD MEMBERS THAT ARE NOT THE APPLICANT OR CO-APPLICANT OVER AGE 18?

NO  YES, PLEASE SEE PAGE 4

**DOES YOUR HOUSEHOLD HAVE AVAILABLE FUNDS FOR A DOWN PAYMENT? IF YES, PLEASE IDENTIFY THE SOURCE OF FUNDS FOR YOUR DOWN PAYMENT FOR THE UNIT:**

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**IF GIFT SUPPORT IS BEING USED, MUST INCLUDE GIFT LETTER AMOUNT AND BANK STATEMENT SHOWING THE AMOUNT:**

GIFT SUPPORT FROM:	AMOUNT GIFTED:
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**PREFERENCES**

SELECT THE PREFERENCE(S) YOU ARE ELIGIBLE FOR:

- I and/or my family are veteran(s) and/or serviceman/servicewoman
- I have been displaced by public or private action
- I live in Milpitas (minimum of 90 days to be eligible)
- I work in Milpitas
- I live in Santa Clara County (minimum of 90 days to be eligible)

\*PLEASE ATTACH VERIFICATION DOCUMENTATION IF A PREFERENCE HAS BEEN INDICATED (SEE SECTION TITLED "CHECKLIST FOR SUBMISSION")

**ADDITIONAL PAGE AS NEEDED**

THIS IS TO BE FILLED OUT IF THERE ARE ADDITIONAL HOUSEHOLD MEMBERS OVER THE AGE OF 18 AND IF YOU HAVE ANOTHER JOB NOT LISTED ABOVE AND/OR ADDITIONAL INCOME. PLEASE DUPLICATE AS NEEDED.

**HOUSEHOLD MEMBER #3**

LAST NAME:	FIRST NAME:
HOUSEHOLD STATUS (SINGLE, MARRIED, OR DIVORCED):	CONTACT PHONE:
EMAIL ADDRESS:	DATE OF BIRTH:
PRESENT ADDRESS STREET:	CITY:

**EMPLOYMENT OR INCOME INFORMATION**

ADDITIONAL INCOME SOURCE (I.E. SSI, RETIREMENT, UNEMPLOYMENT, WELFARE, GIFT SUPPORT, ARMED FORCES STIPEND/INCOME, BUSINESS INCOME, INTEREST & DIVIDENDS ETC.):	DATE OF EMPLOYMENT OR START DATE OF INCOME:
NAME AND ADDRESS OF EMPLOYER STREET:	CITY:
EMPLOYER'S PHONE:	DATES OF EMPLOYMENT  START DATE:    /    / END DATE OR LIST PRESENT:    /    /
FREQUENCY OF PAY (CIRCLE ONE): <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	GROSS ANNUAL INCOME:  \$

**ASSETS** I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE

### ADDITIONAL ASSET TABLE AS NEEDED

**ASSETS** I.E. BANK ACCOUNT, SAVINGS, CD, MUTUAL, 401K, 403B, IRA ETC.

HOUSEHOLD MEMBER	BANK/INSTITUTION	TYPE OF ASSETS	ENDING BALANCE



The undersigned certifies that all the information provided is true and complete. Any discrepancies or omissions later found may be grounds for disqualification. The undersigned agrees to provide the City of Milpitas with all the necessary information (verification of employment, credit, income, bank and savings account records, etc.) for the purpose of determining eligibility, if requested. The undersigned agrees to comply with all the required rules and regulations should he/she be approved. Any false documentation submitted (discovered now or later in the review process) shall be grounds for disqualification. Please Note: The submittal of your application to the City of Milpitas does not guarantee that your application will be eligible for the affordable housing units. All eligible applicants will be notified regarding the status of their application. Should they be selected to move forward in the purchase process, they will need to be evaluated and pre-approved by a lender to ensure that they qualify for a home loan and meet program income requirements.

Applicant's Signature (Household Member #1): \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Signature (Household Member #2): \_\_\_\_\_

Date: \_\_\_\_\_

Co-applicant's Signature (Household Member #3): \_\_\_\_\_

Date: \_\_\_\_\_

**City of Milpitas  
Below Market Rate Program**

**UNEMPLOYED/NO-INCOME AFFIDAVIT**

Date: \_\_\_\_\_

I (name here) \_\_\_\_\_, am not presently employed and not currently receiving any form of income and will not file for unemployment benefits nor receiving any other types of benefits (i.e. SSI, SSA, EDD etc.) as of today and not projected to in the upcoming year. I, acknowledge and understand that if I do receive income or accept a job, I must notify City of Milpitas' Housing Staff right away of my income change.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

## OPTIONAL QUESTIONNAIRE

Please help us ensure that we are assisting all people of Milpitas by answering the following optional questions. This portion in no way or form will affect your eligibility in qualifying or disqualifying for housing nor will it increase or decrease your position on the waiting list. Your individual answers will be kept confidential and only be used for statistical analysis.

Please circle one:

**1. Which best describe your gender?**                      Male                      Female                      Other                      Choose not to answer

**2. What language would best help you with this application, other than English?**                      Chinese                      Vietnamese                      Spanish                      Other, not listed (please write in language):

**3. I heard about Milpitas' BMR Program through:**                      Friends & Family                      City's Website                      Google                      Other:

**4. What has prevented you from seeking homeownership before?**                      Down payment                      Availability of affordable housing stock                      Uncertainty of job                      Other: