



San Francisco Redevelopment Agency Affordable Homeownership Application Packet

Cubix Yerba Buena, in partnership with the San Francisco Redevelopment Agency (the “Agency”), is offering seven studio units, located at 766 Harrison Street between Third and Fourth Streets. **These homes are available through the Agency’s Limited Equity Program to qualified low income households of 1-4 persons.**

Details on the layouts, location, pricing, qualification requirements, restrictions, application process and timeline are available through the developer, which can be found at www.cubix-sf.com or by calling (877) 282-4973.

The deadline to submit an Application Packet for Cubix Yerba Buena Phase 2 is April 22, 2011. Application Packets received after the deadline will not be included in the lottery, but will be processed on a “first come first served” basis *if* there are any homes remaining. Please note that Cubix Yerba Buena previously held a lottery in February 2009 and any application packets submitted in Phase 1 will have priority.

CUBIX YERBA BUENA

QUESTIONS / APPLICATION DROP OFF:

Monday–Friday 9:00am-6:00pm

**Attention: Jen Fritz, Vanguard Properties
2501 Mission Street
San Francisco, CA 94102**

(415) 321-7062

2011 Maximum Income

Household Size	60 % AMI
1	\$42,650
2	\$48,800
3	\$ 54,850
4	\$ 60,950

Please visit www.cubix-sf.com for Cubix Yerba Buena information.



APPLICATION PACKET

Must be completed by ALL Adults (aged 18 and over) in the household
Attach additional pages if needed.

- APPLICATION (pages 2- 8):** *must be completed and signed by ALL adults (aged 18 and over) in the household*

- HOMEBUYER EDUCATION CERTIFICATE (see page 6):**
 - from an approved Housing Counseling Agency OR
 - if you have not completed a workshop, submit proof of enrollment with Application Packet

- PRE-QUALIFICATION LETTER (Preferred Lenders: see page 9):**
 - 30-year fixed rate mortgage with a purchase price of \$99,367
 - letter should list Cubix development
 - household must have a 620 middle credit score
 - You may obtain your credit report at www.annualcreditreport.com. There will be a small fee for scores.

- OTHER REQUIRED ATTACHMENTS:** *submit the following for ALL adults (18 and over) in the household*
 - CA Driver's license, CA ID Card or Passport** (copy)
 - Social Security/Alien Registration Card** (copy)
 - Income/Pay Stubs:** (2) most recent months for ALL sources
 - Wages, Unemployment, Child Support/Alimony, Retirement/Pension, Social Security/Disability, etc.
 - If you are self-employed, submit a year-to-date Profit & Loss Statement
 - Tax Returns*:** (3) most recent years, ALL pages
 - include W-2s, schedules, forms, etc.
 - include 1099-INT forms for the most recent year (provided by your bank at the end of the year)
 - if an account issued a 1099-INT in the most recent year was closed, provide a statement showing proof of closure
 - *If you did not file for any of the requested years- submit a Verification of Non-Filing from the IRS (800-829-1040). This will take 7-10 days- you may submit this form after your Application Packet.
 - Bank Statements:** (3) most recent statements
 - ALL accounts, ALL pages
 - Savings, Checking, Credit Union, CD's, etc.
 - Financial Statements:** (3) most recent statements
 - ALL accounts, ALL pages
 - Retirement/401k/IRA, Stocks, Bonds, Mutual funds, etc.

**You must submit a complete Application Packet to be considered.
Please contact the Sales Office at (877) 282-4973 for assistance.**

APPLICATION DROP OFF:

**Monday-Friday 9:00am-6:00pm
Attention: Jen Fritz, Vanguard Properties
2501 Mission Street San Francisco, CA 94102
415-321-7062**

APPLICANT INFORMATION

Primary Applicant	Household Member #2
Name:	Name:
Preferred Contact Phone #: () -	Preferred Contact Phone #: () -
Alternate Phone #: () -	Alternate Phone #: () -
Email Address:	Email Address:
Social Security #:	Social Security #:
Marital/Domestic Partner Status:	Marital/Domestic Partner Status:
Present Address (Street, City, Zip Code):	Present Address (Street, City, Zip Code):
Monthly Rent Payment: \$	Monthly Rent Payment: \$
If less than 2 years, Former Address (Street, City, Zip Code):	If less than 2 years, Former Address (Street, City, Zip Code):
Household Member #3	Household Member #4
Name:	Name:
Preferred Contact Phone #: () -	Preferred Contact Phone #: () -
Alternate Phone #: () -	Alternate Phone #: () -
Email Address:	Email Address:
Social Security #:	Social Security #:
Marital/Domestic Partner Status:	Marital/Domestic Partner Status:
Present Address (Street, City, Zip Code):	Present Address (Street, City, Zip Code):
Monthly Rent Payment: \$	Monthly Rent Payment: \$
If less than 2 years, Former Address (Street, City, Zip Code):	If less than 2 years, Former Address (Street, City, Zip Code):

ETHNICITY/RACE

Check ALL boxes that apply to household

<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawai'ian	<input type="checkbox"/> White
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Latino

PREFERENCES

Preference is given to the following groups of individuals, in order of priority, at Cubix. Check ONE of the boxes.

<input type="checkbox"/> Preference 1: Certificate of Preference Holder	<input type="checkbox"/> Preference 2: San Francisco Resident or Employee	<input type="checkbox"/> Preference 3- Other
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**Please Note- The Agency Requires That You Disclose ALL Income.
Failure To Disclose May Result In Disqualification.**

EMPLOYMENT INFORMATION

Primary Applicant		Household Member #2	
Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$

If employed in more than 1 position, please list:

Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$

Household Member #3

Household Member #4

Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$

If employed in more than 1 position, please list:

Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$

11) Do You Receive Any Other Income? Yes No

If yes, please list ALL sources below.

OTHER INCOME			
Wages, Additional Jobs, Unemployment, Child Support, Alimony, Retirement/Pension, Social Security, Disability, etc.			
Primary Applicant		Household Member #2	
Source	Monthly Amount	Source	Monthly Amount
	\$		\$
	\$		\$
Household Member #3		Household Member #4	
Source	Monthly Amount	Source	Monthly Amount
	\$		\$
	\$		\$

12) Have You Disclosed ALL Sources Of Income? Yes No

HOMEBUYER EDUCATION CERTIFICATE- Approved Housing Counseling Agencies		
Please Indicate Your Housing Counseling Agency:		
<input type="checkbox"/> Asian, Inc. (415)928-5910 www.asianinc.org	<input type="checkbox"/> SFHDC (415)822-1022 www.sfhdc.org	<input type="checkbox"/> MEDA (415)282-3334 www.medasf.org
<input type="checkbox"/> CCCSF (800)777-7526 www.cccssf.org	<input type="checkbox"/> LGBT Center (415)856-5658 www.sfcenter.org	
Note: Certificates issued by SFUrbanCHC within the last 2 years will be accepted.		
If you would like assistance in locating a Homebuyer Education Class, please contact Homeownership SF at www.homeownershipsf.org or 415-202-5463.		

ASSET TEST
<p>Please note that the Agency will perform an asset test to determine imputed income from assets. The amount calculated in this test will be included in Total Gross Annual Income, even though your assets may not yield that actual income. Prior to performing the asset calculation, the Agency does the following:</p> <ul style="list-style-type: none"> • \$15,000 is subtracted from total assets to account for savings needed for down payment/closing costs; • 50% of retirement and pension funds are included to account for any assumed penalties and marginal tax.

determines that the amount of gift funds listed put you over the Program income limit, we will allow you to decrease this amount (as long as funds are not in your name) to bring you back under the income limit.

**APPLICANT ACKNOWLEDGEMENT AND
PERSONAL INFORMATION DISCLOSURE AUTHORIZATION**

Must be completed by ALL Adults (aged 18 and over) in the household

- I agree to provide documentation required by the Agency to verify Program eligibility of all household members.
- I verify that I intend to occupy this home as my primary residence.
- I understand that if I am approved to purchase a unit through the Agency, I will be required to sign several documents including a Promissory Note, Deed of Trust, and Declaration of Restrictions and Option to Purchase Agreement.
- By my signature below, I hereby authorize the San Francisco Redevelopment Agency to release to the Developer and/or Sales Agent, Lender and their employees and agents, my personal information contained in this Application Packet for the purpose of determining eligibility for the Agency's Limited Equity Program. I understand that this information, except for my name, address and phone number, will not be shared with or sold to any other third parties. My name, address and phone number may be disclosed pursuant to the Agency's Public Records Policy adopted by Agency Resolution #182-2005.
- I have listed ALL persons in my household.
- I have provided acceptable verification of ALL current income.
- I have also disclosed ALL assets held by each household member, and have provided documentation thereof.
- I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the purchase. I declare under penalty of perjury that the information on this application is true, correct and complete to the best of my knowledge.

Signatures:

Primary Applicant Signature

Primary Applicant Printed Name

Date

Household Member #2 Signature

Household Member #2 Printed Name

Date

Household Member #3 Signature

Household Member #3 Printed Name

Date

Household Member #4 Signature

Household Member #4 Printed Name

Date

**CUBIX YERBA BUENA PHASE 2
PREFERRED LENDERS**

You are REQUIRED to submit a Pre-Qualification Letter with your Application Packet from one of the following banks: Bank of America OR Wells Fargo Bank.

You may use any loan officer at any of these banks; however, the specific loan officers listed below have demonstrated an understanding of the Agency’s Limited Equity Program.

After you have submitted an Application Packet with a Pre-Qualification Letter from a Preferred Lender, you may choose to use an alternate lender for the purchase of a unit. In choosing an alternate lender, you do so at your own risk and please note that you will be required to notify your lender that this opportunity is part of the Agency’s Limited Equity Program. Prior to submitting your application, if you have been denied by ALL of the preferred lenders, you may request an exception from the Agency and seek an alternate lender.

Please Indicate Your Preferred Lender:
<input type="checkbox"/> Bank of America <input type="checkbox"/> Wells Fargo

Bank of America	Wells Fargo
Kiki Theodorides	Jason Chapin
225 Bush Street, Suite 150 San Francisco, CA 94104 415-992-9981	201 Mission Street, Suite 2200 San Francisco, CA 94105 415-247-1247
kiki.theodorides@bankofamerica.com	jason.d.chapin@wellsfargo.com