

**City of Marina**

**Below Market Rate  
Rental Housing Program**

**Administrative Policies and Procedures**



*Revised 2021*



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## Introduction

These Administrative Policies and Procedures of the City of Marina’s Below Market Rate (BMR) Rental Housing Program implement Chapter 17.45, “Affordable Housing” of the Marina Municipal Code. These procedures apply to the owners and property management personnel of rental property containing BMR units. Information on program procedures is included for current and prospective renters of BMR units.

These Procedures may be amended and updated from time to time. The City Attorney may approve minor revisions to forms within the Procedures as an administrative matter. Please refer to the footer date and the City’s website [www.cityofmarina.org](http://www.cityofmarina.org) to ensure the version of these Procedures is the most current available.

## Section A. Definitions

**Applicant/Co-Applicant:** a Head of Household and any adult members of his/her household aged 18 or older (“Co-Applicant(s)”) who is/are interested in renting and residing in a BMR home, as evidenced by their signature(s) on a BMR program application submitted to the City. “Applicant” may be used herein to refer to the Applicant’s entire Household and/or all adults in the Household, as the context requires. Primary Applicant refers to the first-named party on the application form, who must be the Head of Household, as defined herein. Co-Applicants are all other adult members of the Household aged 18 years or older.

**Annual Income:** The gross annual income of all household members over 18 are considered when determining eligibility. The definition of what is and is not included in annual income will be in accordance with the definition described in the U.S. Code of Federal Regulations in effect at the time of the application. The current definition can be located on the website of the U.S. Department of Housing and Urban Development at:

<https://www.govinfo.gov/content/pkg/CFR-2000-title24-vol1/pdf/CFR-2000-title24-vol1-sec5-609.pdf>

The following table presents the current Part 5 Annual Income inclusions as stated in the Code of Federal Regulations in effect at the date of adoption of these policies and procedures.

### Income Inclusions

General Category	Statement from 24 CFR 5.609 (b) Annual income includes, but is not limited to:
Income from wages, salaries,	(1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation



tips, etc.	for personal services
Business Income	<p>(2) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family</p>
Interest & Dividend Income	<p>(3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph <b>24 CFR 5.609 (b)(2)</b> of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD</p>
Retirement & Insurance Income	<p>(4) The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph <b>24 CFR 5.609 (c)(14)</b> – Income Exclusions)</p>
Unemployment & Disability Income	<p>(5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph <b>24 CFR 5.609 (c)(3)</b> – Income Exclusions).</p>
Welfare Assistance	<p>(6) Welfare section assistance payments.</p> <ul style="list-style-type: none"><li>i. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:<ul style="list-style-type: none"><li>a. Qualify as assistance under the TANF program definition at 45 CFR 260.31; and</li><li>b. Are not otherwise excluded under paragraph <b>24 CFR 5.609 (c)</b> – Income Exclusions.</li></ul></li><li>ii. If the welfare assistance payment includes an amount specifically</li></ul>



	<p>designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ol style="list-style-type: none"> <li>a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus</li> <li>b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.</li> </ol>
Alimony, Child Support, & Gift Income	<b>(7)</b> Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling
Armed Forces Income	<b>(8)</b> All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph <b>24 CFR 5.609 (c)(7)</b> – Income Exclusions).

### **Income Exclusions**

This following table presents the Part 5 Annual Income exclusions as stated in the Code of Federal Regulations in effect on the date of adoption of these Policies and Procedures.

<b>General Category</b>	<b>Statement from 24 CFR 5.609 (c) Annual income does not include the following:</b>
Income of Children	<b>(1)</b> Income from employment of children (including foster children) under the age of 18 years
Foster Care Payments	<b>(2)</b> Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
Inheritance and Insurance Income	<b>(3)</b> Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph <b>24 CFR 5.609(b)(5)</b> - Income Inclusions).
Medical Expense	<b>(4)</b> Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member



Reimbursement	
Income of Live-in Aides	<b>(5)</b> Income of a live-in aide (as defined in 24 CFR5.403)
Student Financial Aid	<b>(6)</b> Subject to item 9 of the list of exclusions, the full amount of student financial assistance paid directly to the student or to the educational institution
"Hostile Fire" Pay	<b>(7)</b> The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
Self-Sufficiency Program Income	<b>(8)</b> <ul style="list-style-type: none"><li>i. Amounts received under training programs funded by HUD</li><li>ii. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)</li><li>iii. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and that are made solely to allow participation in a specific program</li><li>iv. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time</li><li>v. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program</li></ul>
Gifts	<b>(9)</b> Temporary, nonrecurring, or sporadic income (including gifts)
Reparation Payments	<b>(10)</b> Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era



Income from Full-time Students	(11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse)
Adoption Assistance Payments	(12) Adoption assistance payments in excess of \$480 per adopted child
	(13) Reserved
Social Security & SSI Income	(14) Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.
Property Tax Refunds	(15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
Home Care Assistance	(16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home
Other Federal Exclusions	<p>(17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in <b>24 CFR 5.609(c)</b> apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. The below list was published on <b>May 20, 2014</b>.</p> <ul style="list-style-type: none"> <li>i. The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));</li> <li>ii. Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (e.g., employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);</li> <li>iii. Certain payments received under the Alaska Native Claims Settlement Act (43U.S.C.1626[c]);</li> <li>iv. Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);</li> <li>v. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42</li> </ul>





	<p>U.S.C. 8624(f));</p> <p>vi. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, 90 Stat. 2503-04);</p> <p>vii. The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-8) This exclusion does not include proceeds of gaming operations regulated by the Commission;</p> <p>viii. Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under Federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall not be considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109-11, section 327) (as amended);</p> <p>ix. Payments received from programs funded under Title V of the Older Americans Act of 1965 (42 U.S.C. 3056g);</p> <p>x. Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange liability litigation, M.D.L. No. 381 (E.D.N.Y.) (Pub. L. 101-201 and 101-39);</p> <p>xi. Payments received under the Maine Indian Claims Settlement Act of 1980 (Public Law 96-420, 25 U.S.C. 1721) pursuant to 25 U.S.C. 1728(c);</p> <p>xii. The value of any childcare provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);</p> <p>xiii. Earned income tax credit (EITC) refund payments received on or after January 1, 1991 (26 U.S.C. 32(l)) for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32[l]);</p> <p>xiv. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero</p>
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	Reservation (Pub. L. 95-433);
xv.	Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));
xvi.	Any allowance paid under the provisions of 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802-05) children of women Vietnam veterans born with certain birth defects (38 U.S.C. 1821), and children of certain Korean service veterans born with spina bifida (38 U.S.C. 1821);
xvii.	Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602);
xviii.	Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931);
xix.	Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C.1780(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC));
xx.	Payments, funds or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990 (25 U.S.C. 1774f(b));
xxi.	Deferred amounts from Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts(42 U.S.C.§1437a(b)(4));
xxii.	Compensation received by or on behalf of a veteran for service-connected disability, death, dependency, or indemnity compensation as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111-269) to the definition of income applicable to programs authorized under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101) and administered by the Office of Native American Programs;
xxiii.	A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled Elouise Cobell et al. v. Ken Salazar et al., al., 816 F.Supp.2d 10 (Oct 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111 291);
xxiv.	Any amounts in an “individual development account” as provided by the Assets for Independence Act, as amended in 2002 (Pub. L. 107-110, 42 U.S.C. 604(h)(4));
xxv.	Per capita payments made from the proceeds of Indian Tribal Trust Cases



	<p>as described in PIH Notice 2013-30 “Exclusion from Income of Payments under Recent Tribal Trust Settlements” (25 U.S.C. 117b(a)); and,</p> <p>xxvi. Major disaster and emergency assistance received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended) and comparable disaster assistance provided by the States, local government, and disaster assistance organizations (42 U.S.C. 5155(d))</p>
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**Asset:** An asset is a cash or non-cash item that can be converted to cash. The value of necessary items such as furniture and automobiles are not included in the determination of asset value. The definition of what is and is *not* included in Assets generally follows the current definition described in the U.S. Code of Federal Regulations and provided on the website of the U.S. Department of Housing and Urban Development.

The following table is primarily derived from the current Part 5 Asset inclusions and exclusions as stated in the Code of Federal Regulations. [24 CFR Part 5]

<b>Part 5 Annual Income Net Family Asset Inclusions and Exclusions</b>
<p><b>Inclusions</b></p> <ol style="list-style-type: none"><li>1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.</li><li>2. Cash value of revocable trusts available to the applicant.</li><li>3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family’s primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.</li><li>4. Cash value of stocks, Treasury bills, certificates of deposit, mutual funds and money market accounts.</li><li>5. Individual retirement, 401(K), and Keogh accounts (even if withdrawal would result in a penalty). While an individual is employed, count only amounts the family can withdraw without retiring or terminating employment. After retiring or terminating employment, count as an asset any amount the employee elects to receive as a lump sum.</li><li>6. Annuity where the applicant has the option of withdrawing a balance (even if withdrawal would result in a penalty).</li><li>7. Retirement and pension funds.</li><li>8. Cash value of life insurance policies available to the individual before death (e.g.,</li></ol>



surrender value of a whole life or universal life policy).

9. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
10. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, cash from sale of assets, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
11. Mortgages or deeds of trust held by an applicant.
12. Assets disposed of for less than fair market value (e.g. property) when the fair market value of all assets given away during the past two years exceeds the gross amount received by more than \$1,000.

### **Exclusions**

1. Necessary personal property, except as noted in number eight (8) of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.
8. Assets disposed of for less than fair market value as a result of foreclosure, bankruptcy, divorce, or separation.
9. IRA, Keogh, and similar retirement savings accounts where benefits are being received through periodic payments
10. Lump sum payments where the money is used for something that is not an asset— e.g. a car or a vacation or education.

**Area Median Income (AMI)/Median Family Income (MFI):** The midpoint in the income distribution with a specific geographic area. Income eligibility limits are established by the U.S. Department of Housing and Urban Development (HUD) and the California Department of Housing and Community Development (HCD). "Area" means metropolitan area of Non-metropolitan County.

**Household:** All those persons – related or unrelated – who occupy a single housing property.

**Living in Marina:** occupying and renting, at time of application, a bona fide rental dwelling unit (or owning and occupying a manufactured home and renting a mobile home space in a mobile



home park) within the Marina city limits, as evidenced by Valid Third-party Documentation (lease, a California driver's license or identification card showing street address (not post office box) of such residence, current California vehicle registration card, or gas/electric/water bills).

**Low-Income Household:** Households with total income of all Household members combined, as determined using the Part 5 method, that does not exceed the Program's income limits, adjusted for actual Household size, which are based on 80% of Area Median Income for Monterey County; and whose total combined assets do not exceed the Program's asset limits.

**Median Income:** Median family income of the county of Monterey, as annually estimated by the United States Department of Housing and Urban Development pursuant to Section 8 of the United States Housing Act of 1937. Median income limits, as adjusted for household size, are revised annually and published by the State Department of Housing and Community Development.

**Moderate-Income Household:** Households with total income of all Household members combined, as determined using the Part 5 method, that does not exceed the Program's income limits, adjusted for actual Household size, which are based on 120% of Area Median Income for Monterey County; and whose total combined assets do not exceed the Program's asset limits.

**Very Low-Income Household:** Households with total income of all Household members combined, as determined using the Part 5 method, that does not exceed the Program's income limits, adjusted for actual Household size, which are based on 50% of Area Median Income for Monterey County; and whose total combined assets do not exceed the Program's asset limits.

**Workforce Income Household:** Households with total income of all Household members combined, as determined using the Part 5 method, that does not exceed the Program's income limits, adjusted for actual Household size, which are based on 150% of Area Median Income for Monterey County; and whose total combined assets do not exceed the Program's asset limits.

**Working in Marina:** earning one's primary source of annual income (salary, wages, commissions) through employment by a Marina employer licensed and permitted by the City, at a primary work-site in Marina; or through operation of a Marina-based business that is licensed and permitted by the City at time of application. Working in Marina does NOT include volunteer or unpaid work, or self-employment consisting solely of operating a business entity established solely for the purposes of investment in a rental property. Income earned in Marina must be verified by your paycheck stubs, tax returns, and/or other documentation described in the application forms.

## **Section B. Determining Eligibility**

The City of Marina BMR Rental Housing Program provides rental-housing opportunities to very low, low, moderate and workforce income households. To be eligible to participate in the program you must meet the following requirements:

- Have a total household income that does not exceed allowable limits



- Not exceed a total of \$100,000 in household assets (excluding retirement accounts)

Under no circumstances will the City of Marina permit discrimination against any applicant or program participant based upon race, color, religion, creed, age, disability, sex, sexual orientation, marital status, source of income, ancestry, veterans status, or national origin.

## **Income Limits**

All BMR units shall be rented to very low, low, moderate, or workforce income households, as determined by a properties Affordable Housing Agreement. The annual income of all household members 18 years of age or older is considered when determining eligibility.

Only those households having a gross income below the established income limits, adjusted for family size, are eligible to occupy BMR rental units, either upon initial rent-up or upon filling any subsequent vacancy. Potential tenants whose previous income exceeded established income limits but are now at or below those limits must provide three months of paycheck stubs to verify their new income eligibility prior to renting a BMR unit. If after initial occupancy a renter household's income increased above the qualifying income limit, the property owner may increase the household's rent to a different affordable rent if the renter meets the income qualification, or the property owner may increase the rent to a market rate rent if the renter does not qualify, but only after renting another available unit to a household meeting the required income level at an affordable rent.

The U.S. Department of Housing and Urban Development and HCD updates the income limits that define very low, low, moderate, or workforce income households periodically. Current maximum incomes for each income category by household size are available on the City's website at [www.cityofmarina.org](http://www.cityofmarina.org) or on the State of California Housing and Community Development website at <http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits.shtml>.

The definition of what is and is not included in annual income follows the current definition described in the U.S. Code of Federal Regulations and provided in the definitions section of this Program and on the website of the U.S. Department of Housing and Urban Development.

## **Assets**

Total household assets are limited to \$100,000 (excluding retirement accounts). An asset is a cash or non-cash item that can be converted to cash. The value of necessary items such as furniture and automobiles are not included. (Note: it is the income earned – e.g. interest on a savings account – not the asset value, which is counted in annual income.) An asset's cash value is the market value, less reasonable expenses required to convert the asset to cash. Reasonable expenses include penalties or fees for converting financial holdings or the cost associated with selling real property. The cash value (rather than the market value) of an item is counted as an asset.



## **Section C. Applying to the BMR Rental Program Wait List**

The City maintains a list of properties that are required to provide BMR rental units. Eligible applicant(s) may contact any or all of the properties participating in the program and apply to their BMR Rental Program Wait List. To apply, eligible applicant(s) must submit Form R-1, Eligibility Information Form for Waiting List directly to the property manager/owner at the property they are interested in. Only completed applications will be accepted by the property manager/owner.

The Eligibility Information Form for Waiting List includes documents the intended household, annual household income and determining household Priority Preference Point eligibility.

No more than 5% (or one unit if less than one) of the BMR units at the property may be occupied by employees of the property manager/owner provided the manager is income eligible. Any employee of the property manager/owner must be on the BMR Rental Program Wait List Log.

Property manager/owner will place applicants on the BMR Rental Program Wait List first in accordance with the number of preference points assigned to the applicant pursuant to the section below and then in order of receipt of the application.

Within 10 days of submission of a complete Eligibility Information Form for Waiting List, the property manager must determine whether the renter is eligible for BMR rental housing. If an applicant is not eligible, the property manager shall notify the applicant in writing and state the reason for ineligibility. If the applicant is not satisfied with the information provided by the property manager, the applicant may contact the City BMR Housing Administrator to review the application decision.

When an applicant has expressed interest in an available unit, the applicant shall submit Form R-3, Rental Program Application. If requested by the property manager, the BMR applicant renter may be required to complete a standard rental application.

### **Geographic Preference (Priority)**

The Program provides a geographic preference (“Priority”) to BMR rental applicants with the following Geographic Preferences, in order of Priority:

1. People who work at least thirty-five (35) hours per week in a business or agency with a physical location within the City of Marina (see definition of Work in Marina).
2. Employees of the City of Marina including reserve police officers and volunteer firefighters who work at least thirty-five (35) hours per week for the City of Marina?
3. Public and private educational institution employees that work at least thirty-five (35) hour per week at an educational institution within the City of Marina.
4. People who live in Marina (see definition of Live in Marina).



## Determining Priority Point Preference

One point will be assigned to a household based on each characteristic which will assist in determining the ranking of each applicant to the BMR Waiting List. Households may qualify for points based on meeting more than one characteristic but may not obtain more than one point for each category for a particular characteristic regardless of the number of household members meeting the particular characteristic. To obtain the preference point, applicants must include documentation to support the preference when submitting their Eligibility Information Form for Waiting List (Form R-1). If an applicant cannot provide the required documentation when submitting the Waiting List Application, property managers may not give the applicant the preference point.

Under no circumstances will the City of Marina permit discrimination against any applicant or program participant based upon race, color, religion, creed, age, disability, sex, sexual orientation, marital status, source of income, ancestry, veteran status, or national origin.

## Household Composition

A household is comprised of one or more persons who may or may not be related. Every person who is on the lease (a lessee), must live in the unit, must go through every step of the eligibility process, and must agree to comply with the program requirements. All adult members of the household must be on the lease. A child will be considered part of the household when the child lives with a single parent for at least 75% of the time or in instances of joint custody, at least 50%. A copy of the divorce decree may be requested to document joint custody arrangements.

## Eligibility for Unit Size According to Household Size

The number of people declared to be in the household and their age, gender and familial relationships will be considered to determine the specific number of bedrooms in the unit each household will be eligible to rent. In most circumstances the maximum number of people in the unit is twice the number of bedrooms plus one, but exceptions may be made depending upon the age of children and other factors. Households may be considered for unit sizes according to the following:

Number of Bedrooms	Minimum Household Size	Maximum Household Size
Studio	One	Two
One	One	Three
Two	Two	Five
Three	Three	Seven
Four	Four	Nine

The property manager/owner will review the composition of each household to determine the appropriate number of bedrooms for that household. Applicant(s) may state whether they are willing to accept a unit with fewer bedrooms than the unit size they are eligible for. Due to the





limited availability of BMR rental units, applicant(s) shall be allocated the smallest size unit appropriate for their household size, as listed above.

### **Annual Re-certification on the Waiting List**

The property manager/owner will contact applicants on the BMR Rental Program Wait List annually to request submission of an Annual Re-certification of Eligibility for Waiting List Form (Form R-2). The purpose of the re-certification is to determine if the applicant(s) is still eligible and interested in renting a BMR unit. If the form is not returned within 30-days, the property manager/owner must attempt to contact the applicant(s) at all available telephone numbers before removing the applicant(s) from the BMR Rental Program Wait List.

BMR applicant(s) must update the property manager/owner when their current mailing address, telephone contact information, and changes in the applicant(s) place of employment, household composition, or any increase/decrease in income that may affect the applicant(s) eligibility to remain on the BMR Rental Program Wait List.

## **Section D. Renting a BMR Unit**

### **Availability of a BMR Unit**

When a BMR unit becomes available, the property manager/owner will contact households on the BMR Rental Program Wait List according to their priority and the order in which Eligibility Information Forms for Waiting List were received. If an applicant(s) is not interested, the next prospective renter on the BMR Rental Program Wait List will be contacted until a prospect rents the unit. If an applicant is not interested, they will be moved to the bottom of the rank list in accordance with the Preferences they are eligible for. After contacting a prospective renter about three different units, the prospect will be dropped from the BMR Rental Program Wait List if they have not leased a unit. It is the property manager/owner responsibility to use the BMR Rental Program Wait List Log (Form R-9) to document all attempts to offer a BMR unit to a prospective renter.

If an applicant(s) is interested in renting a BMR unit, they must first submit a complete Rental Program Application (Form R-3) and all verifiable documentation to support program eligibility.

### **Documentation of Eligibility**

During the process of certifying eligibility and remaining on the waiting list, applicants who intentionally made false statements or misrepresent the facts will be barred from renting a BMR unit in Marina in the future.

### **Documentation of Income**

To ensure that income is within program eligibility, applicants are required to fully complete the Income Reporting Table of Form R-3 – Rental Program Application. The gross annual income of all household members 18 years or older are considered when determining eligibility. The



types of income to be verified and the type of documentation that will be requested include a signed copy of the most recent tax return with all pages and W2s, as well as:

<b>Source of Income</b>	<b>Documentation</b>
Wages, Salaries, Tips, Commissions, etc.	Copies of the last three consecutive months' paycheck stubs (may be required to submit additional copies depending on pay structure) or other verification of employment
Business income	Two prior year's tax returns with full supporting documentation or 1 year of returns and verification of income by a CPA, including profit/loss statement and financial statement with self-affidavit of anticipated current year earnings
Interest and dividend income	Copies of 2 recent statements
Retirement and Insurance Income	Verification from source
Unemployment & Disability Income	Verification from source
Welfare Assistance	Verification from source
Alimony, Child Support and Gift Income	Interlocutory decree which indicates specified payment or proof of non-payment (lien filed) or award letter
Armed Forces Income	Copies of the last four paychecks or other verification of employment

### **Documentation of Assets**

The assets of all household members 18 years of age or older are considered when determining eligibility. All assets over \$5,000 are included in the eligibility determination.

- Total household assets are limited to \$100,000 (excluding retirement accounts).

The following are types of assets to be verified and the type of documentation required for each asset type.

<b>Liquid Cash Asset</b>	<b>Documentation</b>
Checking Account, Savings Account, Mutual Fund/Money Market Fund, Certificates of Deposit	Copies of two most recent statements indicating deposits, interest rates
Stocks, including Options	Copy of each stock certificate or proof of purchase and statement of current value; for stock prices attach a copy of recent dated newspaper or online source that shows the value of each company's stocks



Bonds, including Savings Bonds	Copies of each
Real estate property/mobile homeowner/ equity in a cooper where applicant resides	Letter from a licensed broker or bank financing the property estimating market value of property; most recent loan statement indicating amounts paid and amounts owed, or other documentation as requested.

Other Cash Assets	Documentation
Life Insurance	Copy of Policy and two most recent statements
Gift	Gift letter
Personal Loan	Letter or loan agreement
Other	Verification

### Documentation to Support Priority Preference Points

The applicant(s) must submit copies of all verifiable documentation to support priority preference points. The following are examples of the preference characteristics and the type of documentation that the City will consider as verifiable proof.

Documentation (One of the following must be submitted
Copies of current lease, residential telephone bill, utility bill, etc. Signed tax returns A written statement from the landlord or property manager/own Copies of paycheck(s) IRS W-2s or 1099 forms Employment verification statement(s) from Human Resources

### Determining Initial Rents

Maximum initial rents for BMR units are calculated according to a formula described in the Marina Municipal Code Chapter 17.45. However, financing for construction of some BMR housing developments may require rents established on a basis that may vary from the City BMR rent schedule established by the City Council.

Section 17.45.060.1 of the Marina Municipal Code, Affordable Housing Costs, provides for affordable rents to be established in accordance with CA H&S Code Section 50053(b), which includes:

**Very low-income households** the product of 30 percent times 50 percent of the area median income adjusted for family size appropriate for the unit.



**Low income households** whose gross incomes exceed the maximum income for very low-income households, the product of 30 percent times 60 percent of the area median income adjusted for family size appropriate for the unit. In addition, for those lower income households with gross incomes that exceed 60 percent of the area median income adjusted for family size, it shall be optional for any state or local funding agency to require that affordable rent be established at a level not to exceed 30 percent of gross income of the household.

**Moderate-income households** the product of 30 percent times 110 percent of the area median income adjusted for family size appropriate for the unit. In addition, for those moderate-income households whose gross incomes exceed 110 percent of the area median income adjusted for family size, it shall be optional for any state or local funding agency to require that affordable rent be established at a level not to exceed 30 percent of gross income of the household.

For all income categories, the household size appropriate for the unit, for purposes of determining income eligibility, equals the number of bedrooms of the unit plus 1 (see Income Limits Section above). For example, for a two-bedroom unit the appropriate household size is three.

Annually, rent increases and decreases are monitored for compliance with City and financing agency guidelines to maintain affordability of the BMR units.

The tenants are responsible for the payment of all rents on a timely basis. Any dispute between the tenant and property owner for non-payment of rents shall be resolved by the parties in accordance with State law. The City is not the arbiter of such disputes.

*Inclusive Fees and Utilities:* Rent includes all charges related to occupancy of the unit including utilities, parking fees, fees for use of common facilities and other fees and charges. If utilities are not paid by the property owner, the rent for the BMR units must be adjusted downward to allow for a utility allowance calculated in accordance with the utility allowances published by the Monterey Housing Authority annually.

## **Lease Requirements and Restrictions**

The BMR Property Owner and/or Manager shall attach to every lease the Addendum to BMR Lease (Form R-4).

## **Section E. Living in Your BMR Unit**

### **Changes in Occupancy**

The property manager/owner shall ensure that the original lessee(s) remains in occupancy of the unit during the term of the lease. Subletting or substitution by the original lessee(s) is not permitted. In the event that the original lessee(s) fails to occupy a unit for a period in excess of



60-days, the lease shall automatically terminate, and the property manager/owner shall notify all other occupants to vacate the unit within 30-days of a written notice.

A BMR renter who is relocating in order to purchase a home through the City's BMR Home Ownership Program may terminate a lease without penalty, as long as a 30-day notice is provided to the property manager/owner.

If an additional occupant (roommate, family member, etc.) moves into the unit for a period in excess of 30-days, he/she is then considered part of the existing household. The BMR renter must notify the property manager/owner; however, they may not, in any instance be added to the lease as a lessee. The entire household's eligibility (including new occupant(s) 18 years of age or older) must be re-evaluated to determine continuation in the program.

If the newly formed household's income/assets exceed eligibility requirements, then the property manager/owner shall give each renter a 60-day written notification advising that they no longer qualify for the BMR program and that rent on the unit thereafter will be at market rate as determined by management. If the household decides to continue occupancy of the unit at market rate rent, the property manager/owner is then responsible for assigning a new BMR unit to the program.

### **Annual Re-Certification of Renter's Occupancy and Income**

The BMR renter must continue to occupy the unit for the duration of the lease. At least once a year, 30-days prior to the anniversary of the BMR renter's move-in, the property manager/owner will obtain a re-certification from the BMR renter using the BMR Renter Annual Certification of Occupancy and Income (Form R-5). It is the property manager/owner responsibility to ensure that the form is complete and that all supporting documentation has been received prior to re-certifying the BMR renter's eligibility.

### **Failure to provide Re-Certification Documents**

If the BMR renter fails to provide the completed certification forms and supporting documentation to the property manager/owner within 30-days of the written request for the certification, then the lease shall automatically terminate. The property manager/owner shall give each BMR renter a 30-day written notification advising that the renter no longer qualify for the BMR program for failure to submit the required re-certification documentation. The rent on the unit thereafter will be at market rate as determined by management. If the tenants wish to remain in the unit, at market rate rent, it is the property manager/owner's responsibility to assign a new BMR unit to the program and to send written notification to the City of any changes in the designation of BMR units within 30-days of such change. If the property manager/owner is unable to designate another comparable BMR unit within 30-days, then the tenant will be required to vacate the BMR unit.

### **Increased Annual Income/Assets**

If it has been determined that a household's income or assets have exceeded program eligibility, the property manager/owner shall give each renter a 30-day written notification advising that the



renter no longer qualify for the BMR program due to ineligibility. Below are the thresholds used to determine income/asset ineligibility:

- **Income:** Total household income cannot exceed 140% of the income band they initially qualified for. For example, a low-income tenant cannot exceed 140% of 80 % of AMI.
- **Assets:** Total household assets are limited to \$100,000 (excluding retirement accounts).

In order for the renter to remain in the BMR unit they currently occupy at the increased market rent, the property manager/owner must immediately designate another comparable unit as a BMR unit to be leased under the controlled rental price and requirements of the BMR program. If the property manager/owner is unable to designate another comparable BMR unit within 30-days, then the property owner/manager must lease the next available unit to a BMR eligible tenant. Management must notify the City of the BMR renter's increase in income, whether the renter will occupy the unit at market rent, and the designation of the BMR replacement unit within 30-days. The replacement unit must be rented to a qualified BMR tenant in accordance with these guidelines. This process is summarized as follows:

<b>When a Tenant Becomes Ineligible</b>	
30-days prior to termination of lease	Manager requires Annual Re-Certification of Eligibility
Renter 140% is over income, lease on BMR unit terminates	If a substitute BMR unit is available, Manager gives 60-days' notice that the renter will sign a new lease at market rent
Renter is over income, lease on BMR unit terminates	If a substitute BMR unit is not available, property manager/owner leases next available unit to a BMR eligible tenant.

## **Section F. Property Owner and Manager Requirements**

The property manager/owner of each rental development with BMR units is required to administer the BMR units in accordance with Chapter 17.45 of the Marina Municipal Code and these Administrative Procedures. City staff is available to assist owners and managers, and to provide information concerning implementation of these procedures. Consistent with MMC Chapter 17.45, there is an annual Administrative Monitoring fee that BMR property owners are required to remit to the City. This fee will be updated from time to time in the City-wide Fee Schedule.

### **Affordable Housing Agreement**

Affordable Housing Agreement requirements are contained in Chapter 17.45 of the Marina Municipal Code.

### **Initial Rents**

The basis of maximum rents is described in the previous section.



## **Section 8 Rents**

The rent that may be charged to households holding a “Section 8” Certificate or Voucher shall be as established by the Housing Authority of the County of Monterey and may differ from the BMR rents established by the City of Marina.

## **Rent Increases and Adjustments**

Rent increases must be kept within allowable levels. The annual change in the BMR rental prices to be charged by applicants or project owners not participating in federal “Section 8” or similar programs shall be based on the increase in Area Median Income.

The City will notify the managers of approved maximum rents once each year. The revised maximum rents apply only if a vacant unit is rented by a new BMR resident. Rents for existing BMR residents may not be increased by more than 5% of their current rental rate and only once in a 12-month period, including those tenants with month-to-month leases.

## **Transfer to Future Buyers**

Future owners of the property will abide by all of the administrative procedures and by the conditions in the recorded Regulatory Agreement for the entire 55-year period from date of recordation.

## **Owner/Manager Certifications**

Prior to the rental of the first BMR unit on a property, the property owner and property manager will sign certifications of receipt of these Administrative Procedures with a statement of intent to manage the BMR units according to these procedures. The Certification Form is Form R-6 of these procedures. Subsequent owners and property managers may be asked to sign certifications of receipt of these procedures.

## **Substitution of BMR Units**

If a BMR unit is substituted, it is the property manager/owner responsibility to send written notification to the City of any changes in the designation of BMR units within 30-days of such change.

## **Property Manager/Owner Provides BMR Rental Program Wait List to City**

Each owner/manager of BMR rental property will establish two waiting lists at their property: one for those prospective tenants that are eligible for Priority Preference Point and a second wait list for all applicants. No less often than quarterly on January 15, April 15, July 15 and October 15 (or the following Monday should the due date fall on a weekend) the property manager/owner will provide a copy of the most up to date Form R-9 – BMR Rental Program Wait List Log, together with Form R-8 – Quarterly BMR Wait List Certification by Rental Property Owners to the City.



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## **Filling Vacancies**

The BMR waiting list at each property must be used to fill vacancies of BMR units. When a BMR unit becomes vacant, the property owner/manager will contact households on the wait list in priority order. If an applicant is not interested in leasing, the next prospective renter on the wait list will be contacted until the unit is rented.

## **Lease Addendum**

The BMR Property Owner and/or Manager shall attach to every lease the Addendum to BMR Lease (Form R-4). Leases may be month to month or any term.

## **Annual Reports**

Annually, on April 1 of each year (or the following Monday should the due date fall on a weekend), the property manager/owner will report to the City on the status of BMR rental units by submitting a BMR Rental Property Owner Annual Report (Form R-7). In addition, property manager/owner must submit completed, and attach copies of the all BMR Renter Annual Certification of Occupancy and Income (Form R-5).

## **City Audits and Monitoring**

The City will conduct periodic field audits at each rental property to verify compliance with BMR Program Administrative Procedures. The City shall have access to the property's records and books pertaining to any unit restricted by the program within five (5) working days of notice to the owner or manager. Property managers and owners will make records available to City auditors or their representatives as requested.

## **Enforcement**

The City may institute any appropriate legal actions or proceedings necessary to ensure compliance herewith, including but not limited to actions to revoke, deny or suspend any permit or development approval. The City shall be entitled to all attorney's fees arising out of any action or proceeding to ensure compliance.

Any individual who rents a restricted unit in violation of the provisions of this chapter shall be required to forfeit all monetary amounts so obtained. Such amounts shall be added to the City's Affordable Housing Trust Fund.

## **Retention of Records**

Managers shall retain records of BMR tenants for 3 years after the Tenant has vacated the unit.





## **Changes in Management and Ownership**

Property owners and managers shall report transfers of ownership within 48-hours, changes in management companies/agents and on-site managers to the City of Marina's BMR Housing Administrator.

## **Expiration of Program Restrictions – Tenant Notification**

Owners of BMR Rental Units shall comply with the requirements of Government Code Section 65863.10 et seq with respect to tenant notification prior to the expiration of the BMR Program Restrictions,. The term of all existing leases must be honored by the complex even if the term extends beyond the expiration of the BMR restrictions. New BMR tenants who begin renting a BMR unit that expires within 6 months must be notified prior to leasing.

## **Appendices**

### **City of Marina Below Market Rate Rental Program Applications & Forms**

Form R-1 – Eligibility Information Form for Waiting List

Form R-2 – Annual Re-Certification of Eligibility for Waiting List

Form R-3 – Rental Program Application

Form R-4 – Addendum to BMR Lease

Form R-5 – BMR Renter Annual Certification of Occupancy and Income

Form R-6 – Rental Property Owner’s and/or Managing Agent Certification of Receipt of  
BMR Administrative Policies and Procedures

Form R-7 – BMR Rental Property Owner Annual Report

Form R-8 – Quarterly BMR Wait List Certification by Rental Property Owners

Form R-9 – BMR Rental Program Wait List Log

Form R-10 – Certification of No Existing Wait List



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## Form R-1 – Eligibility Information Form for Waiting List

Please fill out this form completely. Any incomplete pre-applications will not be processed. This pre-application will be used to determine whether you are eligible for occupancy. This is a preliminary application and gives no lease or rental rights. All correspondence will be mailed to the most current address listed on this pre-application.

**Application Submittal Date:** \_\_\_\_\_

### 1. Applicant(s) Contact Information

Applicant Full Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ # Years: \_\_

Home/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_ # Years: \_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Full Name: \_\_\_\_\_

Co-Applicant Address: \_\_\_\_\_ # Years: \_\_

Home/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Co-Applicant Employer \_\_\_\_\_ # Years: \_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Are the Applicant or Co-Applicant an Owner or Property Management Employee of the Complex? [ ] Yes [ ] No

### 2. Household Composition

a. Total Household Size: \_\_\_\_\_ Adults (18+): \_\_\_\_\_ Minors: \_\_\_\_\_

b. Do you expect any additions to the household within the next twelve (12) months due to adoption, unborn child, etc.? [ ] Yes [ ] No

c. Total number of household members anticipated to reside in the unit within the next twelve months: \_\_\_\_\_



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

d. Unit size requested (see Eligibility for Unit Size According to Household Size Section of the BMR Administrative Policies):

- Studio                     1 Bedroom                     2 Bedroom  
 3 Bedroom                     4 Bedroom                     5 Bedroom

### 3. Priority Preference Points

Applicants are entitled to one preference point for each priority preference they qualify for, as described in **Section B** of the BMR Rental Program. Households are eligible for one point per preference category only.

My household qualifies for \_\_\_\_\_ preference points. Do not check if no verifiable documentation is available.

The applicant(s) must submit copies of all verifiable documentation to support priority preference points. The following are examples of the preference characteristics and the type of documentation that the City will consider as verifiable proof.

<b>Documentation (One of the following must be submitted</b>
Copies of current lease, residential telephone bill, utility bill, etc. Signed tax returns A written statement from the landlord or property manager/own Copies of paycheck(s) IRS W-2s or 1099 forms Employment verification statement(s) from Human Resources

### 4. Household Income, Assets, and Subsidies

a. **INCOME:** Indicate below income received from all sources by all members of the household. See Documentation of Income Section of the BMR Administrative Policies for requirements.

**Total Household's Estimated Annual Income:** \$ \_\_\_\_\_

b. **ASSETS:** Indicated below the total estimate value of all net household assets for all members, including minors, of the household. See Documentation of Assets Section of the BMR Administrative Policies for requirements.

**Total Household's Assets:** \$ \_\_\_\_\_

c. **SUBSIDIES:** Do you have a Section 8 Certificates or Rental Subsidy?

Yes  No



**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**5. Certifications of Applicant(s)**

I/We understand that:

- \_\_\_\_\_ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority points for the City of Marina Below Market Rate Rental Program; otherwise this information is confidential.
- \_\_\_\_\_ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.
- \_\_\_\_\_ C. That if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- \_\_\_\_\_ D. That the information provided in this application to the BMR Rental Wait List is true and correct.
- \_\_\_\_\_ E. That the combined household income is below the maximum household income.
- \_\_\_\_\_ F. That I/We will occupy the BMR Rental unit as my/our primary residence.

Executed the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_ in the City of Marina, California.

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

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Reasonable Accommodations:** BMR Property Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call BMR Property Management at (831)\_\_\_\_\_.



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### Form R-2 – Annual Re-Certification of Eligibility for Waiting List

Please fill out this form completely. Any incomplete re-certification pre-applications will not be processed. This pre-application will be used to determine whether you are eligible for occupancy. This is a preliminary application and gives no lease or rental rights. All correspondence will be mailed to the most current address listed on this pre-application.

**Application Submittal Date:** \_\_\_\_\_

#### Applicant(s) Contact Information

Applicant Full Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ # Years: \_\_

Home/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_ # Years: \_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Full Name: \_\_\_\_\_

Co-Applicant Address: \_\_\_\_\_ # Years: \_\_

Home/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Co-Applicant Employer: \_\_\_\_\_ # Years: \_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Are the Applicant or Co-Applicant an Owner or Property Management Employee of the Complex? [ ] Yes [ ] No

#### **6. Household Composition**

a. Total Household Size: \_\_\_\_\_ Adults (18+): \_\_\_\_\_ Minors: \_\_\_\_\_

b. Do you expect any additions to the household within the next twelve (12) months due to adoption, unborn child, etc.? [ ] Yes [ ] No

c. Total number of household members anticipated to reside in the unit within the next twelve months: \_\_\_\_\_



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

d. Unit size requested (see Eligibility for Unit Size According to Household Size Section of the BMR Administrative Policies):

- Studio                       1 Bedroom                       2 Bedroom  
 3 Bedroom                       4 Bedroom                       5 Bedroom

### 7. Priority Preference Points

Applicants are entitled to one preference point for each priority preference they qualify for, as described in **Section B** of the BMR Rental Program. Households are eligible for one point per preference category only.

My household qualifies for \_\_\_\_\_ preference points. Do not check if no verifiable documentation is available.

The applicant(s) must submit copies of all verifiable documentation to support priority preference points. The following are examples of the preference characteristics and the type of documentation that the City will consider as verifiable proof.

<b>Documentation (One of the following must be submitted)</b>
Copies of current lease, residential telephone bill, utility bill, etc. Signed tax returns A written statement from the landlord or property manager/own Copies of paycheck(s) IRS W-2s or 1099 forms Employment verification statement(s) from Human Resources

### 8. Household Income, Assets, and Subsidies

e. **INCOME:** Indicate below income received from all sources by all members of the household. See Documentation of Income Section of the BMR Administrative Policies for requirements.

**Total Household's Estimated Annual Income:** \$ \_\_\_\_\_

f. **ASSETS:** Indicated below the total estimate value of all net household assets for all members, including minors, of the household. See Documentation of Assets Section of the BMR Administrative Policies for requirements.

**Total Household's Assets:** \$ \_\_\_\_\_

g. **SUBSIDIES:** Do you have a Section 8 Certificates or Rental Subsidy?

Yes  No



**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**9. Certifications of Applicant(s)**

I/We understand that:

\_\_\_\_\_ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority points for the City of Marina Below Market Rate Rental Program; otherwise this information is confidential.

\_\_\_\_\_ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.

\_\_\_\_\_ C. That if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

\_\_\_\_\_ D. That the information provided in this application to the BMR Rental Wait List is true and correct.

\_\_\_\_\_ E. That the combined household income is below the maximum household income.

\_\_\_\_\_ F. That I/We will occupy the BMR Rental unit as my/our primary residence.

Executed the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_ in the City of Marina, California.

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

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Reasonable Accommodations:** BMR Property Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call BMR Property Management at (831)\_\_\_\_\_.





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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### Form R-3 – Rental Program Application

Completed Applications should be returned to the following apartment complex:

Apartment Complex: \_\_\_\_\_

Apartment Complex Address: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

**TO APPLICANTS: Please fill out this form completely. If any information is found to be false or incomplete, the application will not be processed. Use additional pages if more space is needed.**

Our acceptance of the initial application does not indicate eligibility or constitute an offer to rent an apartment. Final eligibility will be determined after processing a completed application packet.

#### Other important instructions:

- The application and Questionnaire (if applicable) must be **COMPLETE** and **WRITTEN IN PEN** or **TYPED ONLY**. All adult household members over 18 years of age must sign the application and questionnaire.
- Everyone 18 years of age and older must sign the Certification of Applicant(s) Section 6 and Authorization to Release Information form.
- For City-owned apartment projects, there is a non-refundable application processing fee and credit and criminal background report fee for all Household Members 18 years of age and older. The fee is \$\_\_\_\_.00 per application.
- The City of Marina reserves the right to deny or terminate assistance to applicants and/or residents in all assisted housing programs if family members engage in drug related criminal activities or in violent criminal activities. The standard of proof is a preponderance of evidence.
- **Reasonable Accommodations:** BMR Property Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call BMR Property Management at (831)\_\_\_\_\_.



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## 1. Application Documentation

Provide the requested documentation in the order listed below for applicant, co-applicant (if applicable) and household members 18 and older (“HH” member). Attach this Checklist and all requested information to your application.

	Applicant	Co-Applicant	HH Member
<b>INCOME</b>			
Copies of the last <b>TWO (2)</b> most recent signed Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of the last <b>THREE (3)</b> consecutive months’ paycheck stubs (may be required to submit additional copies depending on pay structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/VA/Retirement/Annuities Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Verification Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability/SSI/Unemployment Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spousal/Child Support – Provide copies of Interlocutory Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends, Interest: Copies of <b>THREE (3)</b> recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring contributions from other sources verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSETS</b>			
Checking Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Fund/Money Market Fund: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of Deposit (COD): <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks: Copy of Certificates of Proof of Purchase <b>AND</b> current statement <b>AND</b> any documentation of current value (online, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds: Provide list of Bonds with Amount and Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assets with value greater than \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock option verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Required Documents</b>			
Copies of your social security card, birth certificates or driver’s license or passport for each household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of preferences that you have claimed under the Resident Selection Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 2. Contact Information

#### APPLICANT

Full Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

# Years at address: \_\_\_\_\_ [ ] Own [ ] Rent

**If living at current address for less than three (3) years, list all previous addresses:**

Full Address: \_\_\_\_\_ Duration \_\_\_\_\_ [ ] Own [ ] Rent

Full Address: \_\_\_\_\_ Duration \_\_\_\_\_ [ ] Own [ ] Rent

#### CO-APPLICANT

Full Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

# Years at address: \_\_\_\_\_ [ ] Own [ ] Rent

**If living at current address for less than three (3) years, list all previous addresses:**

Full Address: \_\_\_\_\_ Duration \_\_\_\_\_ [ ] Own [ ] Rent

Full Address: \_\_\_\_\_ Duration \_\_\_\_\_ [ ] Own [ ] Rent



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 3. Household Information

List below all persons who will be living in the unit in the next 12 months.

Household members	Age	Birthdate	Sex	Relationship to Applicant

Do you expect any additions to the household within the next twelve (12) months due to adoption, unborn child, etc.?

Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_

Do you have full custody of your child(ren)?  Yes  No

If no, please explain custody arrangements: \_\_\_\_\_

Is a household member enrolled, or will enroll as a part-time or full-time student?  Yes  No

Name of Household Member: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 4. Employment Information

<b>APPLICANT</b>
Employer: _____ Self Employed: ___ Full Address: _____ Job Title: _____ Phone: _____ Dates of Employment (mm/dd/yyyy – mm/dd/yyyy): _____ Income Received from this source: \$ _____ [ ] weekly [ ] every 2 weeks [ ] bimonthly [ ] other Gross Annual Income: \$ _____
<b>CO-APPLICANT</b>
Employer: _____ Self Employed: ___ Full Address: _____ Job Title: _____ Phone: _____ Dates of Employment (mm/dd/yyyy – mm/dd/yyyy): _____ Income Received from this source: \$ _____ [ ] weekly [ ] every 2 weeks [ ] bimonthly [ ] other Gross Annual Income: \$ _____
<b>[ ] APPLICANT [ ] CO-APPLICANT [ ] HOUSEHOLD MEMBER</b>
Employer: _____ Self Employed: ___ Full Address: _____ Job Title: _____ Phone: _____ Dates of Employment (mm/dd/yyyy – mm/dd/yyyy): _____ Income Received from this source: \$ _____ [ ] weekly [ ] every 2 weeks [ ] bimonthly [ ] other Gross Annual Income: \$ _____
<b>[ ] APPLICANT [ ] CO-APPLICANT [ ] HOUSEHOLD MEMBER</b>
Employer: _____ Self Employed: ___ Full Address: _____ Job Title: _____ Phone: _____ Dates of Employment (mm/dd/yyyy – mm/dd/yyyy): _____ Income Received from this source: \$ _____ [ ] weekly [ ] every 2 weeks [ ] bimonthly [ ] other Gross Annual Income: \$ _____



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 5. Income and Assets

List the Gross Annual Income of all Household Members 18-years of age and older. Attach additional sheets if needed.

Income Source	Applicant	Co-Applicant	HH Member	Total
Wages, Salaries, Tips, etc.	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony, Child Support & Gift	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

Are any members of the Household currently not employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s): \_\_\_\_\_

Are any members of the Household currently not receiving income from any sources?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s): \_\_\_\_\_



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

Please check this box if your household does not have any assets at this time. [ ]

List the Assets of all Household Members 18-years of age and older. Attach additional sheets if needed

<b>Assets Readily Available</b>						
<i>Applicant (A)</i>			<i>Co-Applicant (CA)</i>		<i>HH Member over 18 (HM)</i>	
A	CA	HM	Name of Bank	Account Type	Account #	Balance
						\$
						\$
						\$
						\$
<b>Cash Value of Stocks/Bonds</b>						
A	CA	HM	Name of Institution	Account Type	Account #	Value
						\$
						\$
<b>Cash Value of Mutual Funds/Money Market Accounts</b>						
A	CA	HM	Name of Institution	Account Type	Account #	Value
						\$
						\$
<b>Certificates of Deposit</b>						
A	CA	HM				Value
						\$
						\$
<b>Cash on Hand/Or Other</b>						
A	CA	HM				Value
						\$
<b>Total of All Sources Listed Above</b>						\$

Have you and/or any household members disposed of any real property within the past three years? Yes [ ] No [ ]

If yes, type of real estate property disposed: \_\_\_\_\_

Value of real property: \$\_\_\_\_\_



**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**6. Certification of Applicant(s)**

I/We understand that:

- \_\_\_\_\_ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority points for the City of Marina Below Market Rate Rental Program; otherwise this information is confidential.
- \_\_\_\_\_ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.
- \_\_\_\_\_ C. That if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

- \_\_\_\_\_ D. That the information provided in this application to the BMR Rental Application is true and correct.
- \_\_\_\_\_ E. That the combined household income is below the maximum household income.
- \_\_\_\_\_ F. That I/We will occupy the BMR Rental unit as my/our primary residence.

Executed the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_ in the City of Marina, California.

**household members 18 years and over must sign and date**

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

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

HH Member \_\_\_\_\_ Date: \_\_\_\_\_

HH Member \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION.

<p>Organization requesting release of information:  <b>City of Marina BMR Housing Program</b></p>	<p>This form cannot be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for a Copy of Tax Form.</p>
<p><b>Purpose:</b>                  City of Marina BMR Housing Program may use this authorization and the information obtained with it, to administer and enforce program rules and policies.</p> <p><b>Authorization:</b>                  I authorize the release of any information (Including documentation and other materials) pertinent to eligibility for or participation under any program funded through the above-name agencies.</p> <p>I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.</p> <p>I authorize only the City of Marina BMR Housing Administrator to obtain information on wages or unemployment compensation from State Employment Security Agencies.</p> <p><b>Exchange of Information:</b>                  I authorize City of Marina BMR Housing Administrator to share and receive information about me or my family, which directly applies to my eligibility for a participation in assisted housing programs. This exchange of information may be with the following people/agencies:</p> <p>Resident Manager/Contact Person                  Client Services Coordinator                  Youth Services Coordinator                  Your Medical Physician                  Other immediate family members not living at the development                  Maintenance Staff</p>	<p><b>Individuals or Organization That May Release Information</b></p> <p>Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:</p> <ul style="list-style-type: none"> <li>Bank and Other Financial Institutions</li> <li>Courts</li> <li>Law Enforcement Agencies</li> <li>Credit Bureaus</li> <li>Employers, Past and Present</li> <li>Landlords</li> <li>Providers of:                         <ul style="list-style-type: none"> <li>Alimony</li> <li>Child Care</li> <li>Child Support</li> <li>Credit</li> <li>Handicapped Assistance</li> <li>Medical Care</li> <li>Pensions/Annuities</li> </ul> </li> <li>Schools and Colleges</li> <li>U.S. Social Security Administration</li> <li>U.S. Department of Veterans Affairs</li> <li>Utility Companies</li> <li>Welfare Agencies</li> </ul> <p><b>Conditions</b>                  I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization, I also understand that my participation in the BMR Program may be denied or terminated.</p>



**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

<b>Information Covered - Inquires may be made about:</b> Child Care Expenses Credit History Criminal Activity Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits Handicapped Assistance Expense Identify and Martial Status Medical Expense Social Security Numbers Residences and Rental History	
<b>Print Name of the Head of Household (1), Signature of Head of Household and Date: (1)</b>  <b>(X)</b> <b>Date</b>	<b>Print Name of Spouse or other Adult Member in Household (2), Signature of Spouse or Adult Member of Household and Date: (2)</b>  <b>(X)</b> <b>Date</b>
<b>Print Name of Spouse or other Adult Member in Household (3), Signature of Spouse or Adult Member of Household and Date: (3)</b>  <b>(X)</b> <b>Date:</b>	<b>Print Name of Spouse or other Adult Member in Household (4), Signature of Spouse or Adult Member of Household and Date: (4)</b>  <b>(X)</b> <b>Date</b>



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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### Form R-4 – Addendum to BMR Lease

Property Name: \_\_\_\_\_

In accordance with the City of Marina Administrative Policies and Procedures of the Below Market Rate Housing Program, this addendum is an attachment to the Lease Agreement dated \_\_\_\_\_

Between \_\_\_\_\_ and  
(lessor)

\_\_\_\_\_ for the unit  
(lessee)

designated as \_\_\_\_\_  
(Complete Address) (Unit Number)

### LEASE RESTRICTIONS

Notwithstanding any other provisions of this lease, the following shall apply:

1. The term of this lease shall commence on \_\_\_\_\_, 20\_\_ and shall continue from that date:
  - a. on a month-to-month basis and continue for successive terms of one month each until either Lessor or Lessee terminate the tenancy in accordance with the terms of the lease.
  - b. for a period of months expiring on \_\_\_\_\_, 20\_\_. The lessee may terminate the lease by providing a written 30-day notice to manager without penalty, to purchase a home through the City's Below Market Rate Home Ownership Program.
  
2. The BMR unit:
  - a. Must be continuously occupied by the primary BMR certified lessee signing this Lease addendum as their primary residence, and
  - b. Annually the tenant shall complete and provide to the property owner/manager the Annual Certification of Occupancy and Income by BMR Renter(s) confirming that the tenant continues to occupy the unit on a full-time continuous basis as their primary residence.

Failure to complete and provide the Annual Certification of Occupancy and Income by BMR Renter(s) within thirty (30) days of a written request from the property owner/manager shall cause this lease to automatically terminate, and the tenant(s) must thereupon vacate the unit



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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

within thirty (30) days of a written notice from the property owner/manager unless tenant is notified in writing by property owner/manager that Section 5 of this addendum shall apply.

3. Tenant shall, annually, prior to renewal of this lease, re-certify their eligibility and verify under penalty of perjury under the laws of the State of California that the household continues to meet the eligibility criteria for occupancy of a BMR rental unit. In the event that the tenant's household no longer meets the eligibility criteria for occupancy of a BMR rental unit, as a result of increased income or other factor, then at the end of the lease term, the tenant must vacate this unit, unless tenant is notified in writing by property owner/manager that Section 5 of this addendum shall apply.
4. A new lessee may be added to the lease. If the initial certified BMR occupants and lessees fail to occupy the unit, the new tenants cannot be substituted. If a lessee fails to occupy the unit for a period in excess of sixty (60) days this lease shall automatically terminate, become null and void and all other occupants must vacate the unit within thirty (30) days written notice from the property owner/manager unless tenants are notified in writing by property owner/manager that Section 5 of this addendum shall apply.
5. If the tenant fails to comply with Sections, 2, 3, or 4 above, the property owner/manager may immediately designate another comparable unit as a BMR unit to be leased under the controlled rental price and requirements of the BMR program. If a comparable unit is designated, then the lessee need not vacate this unit, but may continue to lease this unit at the current market rent. As of this date, the market rent of a comparable unit is \$ per month and is subject to change.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager's Printed Name



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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### Form R-5 – BMR Renter Annual Certification of Occupancy and Income

Recertification Application for (Complex): \_\_\_\_\_

Final Day to Return Completed Applications is: \_\_\_\_\_

Applications Must Be Returned to: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

**Please fill out this form completely. If any information is found to be false or incomplete, the application will not be processed. Use additional pages if more space is needed.**

#### Other important instructions:

- The Annual Certification (if applicable) must be **COMPLETE** and **WRITTEN IN PEN** or **TYPED ONLY**. All adult household members must sign the application and questionnaire over 18 years of age.
- Everyone 18 years of age and older must sign the Certification of Applicant(s) Section 6 and Authorization to Release Information form.
- The City of Marina reserves the right to deny or terminate assistance to applicants and/or residents in all assisted housing programs if family members engage in drug related criminal activities or in violent criminal activities. The standard of proof is a preponderance of evidence.
- **Reasonable Accommodations:** BMR Property Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call BMR Property Management at (831)\_\_\_\_\_.



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## 1. Application Documentation

Provide the requested documentation in the order listed below for applicant, co-applicant (if applicable) and household members 18 and older (“HH” member). Attach this Checklist and all requested information to your application.

	Applicant	Co-Applicant	HH Member
<b>INCOME</b>			
Copies of the most recent signed Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of the last <b>THREE (3)</b> consecutive months’ paycheck stubs (may be required to submit additional copies depending on pay structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/VA/Retirement/Annuities Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Verification Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability/SSI/Unemployment Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spousal/Child Support – Provide copies of Interlocutory Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends, Interest: Copies of <b>THREE (3)</b> recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring contributions from other sources verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSETS</b>			
Checking Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Accounts: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Fund/Money Market Fund: <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of Deposit (COD): <b>TWO (2)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks: Copy of Certificates of Proof of Purchase <b>AND</b> current statement <b>AND</b> any documentation of current value (online, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds: Provide list of Bonds with Amount and Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assets with value greater than \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock option verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Required Documents</b>			
Copies of your social security card, birth certificates or driver’s license or passport for each household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of preferences that you have claimed under the Resident Selection Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 2. Contact Information

Lessee Full Name: \_\_\_\_\_

Lessee Address: \_\_\_\_\_

Home/Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lessee Employer: \_\_\_\_\_ # Years: \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Lessee Full Name: \_\_\_\_\_

Co-Lessee Address: \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Co-Lessee Employer: \_\_\_\_\_ # Years: \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Household Members 18 years and older**

HH Member Full Name: \_\_\_\_\_

HH Member Address: \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

HH Member Employer: \_\_\_\_\_ # Years: \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

HH Member Full Name: \_\_\_\_\_

HH Member Address: \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

HH Member Employer: \_\_\_\_\_ # Years: \_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 3. Household Information

List below all persons who will be living in the unit in the next 12 months.

Household members	Age	Birthdate	Sex	Relationship to Applicant

Do you expect any additions to the household within the next twelve- (12) months due to adoption, unborn child, etc.?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

Do you have full custody of your child(ren)?  Yes  No

If no, please explain custody arrangements: \_\_\_\_\_

Is a household member enrolled, or will enroll as a part-time or full-time student?  Yes  No

Name of Household Member: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_





## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### 4. Income and Assets

List the Gross Annual Income of all Household Members 18-years of age and older. Attach additional sheets if needed.

Income Source	Applicant	Co-Applicant	HH Member	Total
Wages, Salaries, Tips, etc.	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony, Child Support & Gift	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

Are any members of the Household currently not employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s): \_\_\_\_\_

Are any members of the Household currently not receiving income from any sources?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s): \_\_\_\_\_



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

Please check this box if your household does not have any assets at this time. [ ]

List the Assets of all Household Members 18-years of age and older. Attach additional sheets if needed

<b>Assets Readily Available</b>						
<i>Applicant (A)</i>			<i>Co-Applicant (CA)</i>		<i>HH Member over 18 (HM)</i>	
A	CA	HM	Name of Bank	Account Type	Account #	Balance
						\$
						\$
						\$
						\$
<b>Cash Value of Stocks/Bonds</b>						
A	CA	HM	Name of Institution	Account Type	Account #	Value
						\$
						\$
<b>Cash Value of Mutual Funds/Money Market Accounts</b>						
A	CA	HM	Name of Institution	Account Type	Account #	Value
						\$
						\$
<b>Certificates of Deposit</b>						
A	CA	HM				Value
						\$
						\$
<b>Cash on Hand/Or Other</b>						
A	CA	HM				Value
						\$
<b>Total of All Sources Listed Above</b>						\$

Have you and/or any household members disposed of any real property within the past three years? Yes [ ] No [ ]

If yes, type of real estate property disposed: \_\_\_\_\_

Value of real property: \$\_\_\_\_\_



**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**5. Certification of Applicant(s)**

I/We understand that:

\_\_\_\_\_ A. Any and all information provided will be used to determine eligibility for substantial public benefits and any and all information contained in the records kept by the City can and will be used for monitoring, auditing and establishing (my/our) eligibility and priority points for the City of Marina Below Market Rate Rental Program; otherwise this information is confidential.

\_\_\_\_\_ B. We will be required to provide verifiable documentation to support the statements made herein prior to renting a BMR Unit.

\_\_\_\_\_ C. That if any of these false statements or misrepresentations on this application, I/We will relinquish all rights to participate in the BMR Rental Program.

I/We certify the following:

\_\_\_\_\_ D. That the information provided in this application to the BMR Renter Annual Certification of Occupancy and Income is true and correct.

\_\_\_\_\_ E. That the combined household income is below the maximum household income.

\_\_\_\_\_ F. That I/We will occupy the BMR Rental unit as my/our primary residence.

Executed the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_ in the City of Marina, California.

**household members 18 years and over must sign and date**

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

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

HH Member \_\_\_\_\_ Date: \_\_\_\_\_

HH Member \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION.

<p>Organization requesting release of information: <b>City of Marina BMR Housing Program</b></p>	<p>This form cannot be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for a Copy of Tax Form.</p>
<p><b>Purpose:</b> City of Marina BMR Housing Program may use this authorization and the information obtained with it, to administer and enforce program rules and policies.</p> <p><b>Authorization:</b> I authorize the release of any information (Including documentation and other materials) pertinent to eligibility for or participation under any program funded through the above-name agencies.</p> <p>I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.</p> <p>I authorize only the City of Marina BMR Housing Administrator to obtain information on wages or unemployment compensation from State Employment Security Agencies.</p> <p><b>Exchange of Information:</b> I authorize City of Marina BMR Housing Administrator to share and receive information about me or my family, which directly applies to my eligibility for a participation in assisted housing programs. This exchange of information may be with the following people/agencies:</p> <p>Resident Manager/Contact Person Client Services Coordinator Youth Services Coordinator Your Medical Physician Other immediate family members not living at the development Maintenance Staff</p>	<p><b>Individuals or Organization That May Release Information</b></p> <p>Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:</p> <ul style="list-style-type: none"> <li>Bank and Other Financial Institutions</li> <li>Courts</li> <li>Law Enforcement Agencies</li> <li>Credit Bureaus</li> <li>Employers, Past and Present</li> <li>Landlords</li> <li>Providers of:             <ul style="list-style-type: none"> <li>Alimony</li> <li>Child Care</li> <li>Child Support</li> <li>Credit</li> <li>Handicapped Assistance</li> <li>Medical Care</li> <li>Pensions/Annuities</li> </ul> </li> <li>Schools and Colleges</li> <li>U.S. Social Security Administration</li> <li>U.S. Department of Veterans Affairs</li> <li>Utility Companies</li> <li>Welfare Agencies</li> </ul> <p><b>Conditions</b> I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization, I also understand that my participation in the BMR Program may be denied or terminated.</p>



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

<b>Information Covered - Inquires may be made about:</b> Child Care Expenses Credit History Criminal Activity Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits Handicapped Assistance Expense Identify and Martial Status Medical Expense Social Security Numbers Residences and Rental History	
<b>Print Name of the Head of Household (1), Signature of Head of Household and Date: (1)</b>  <b>(X)</b> <b>Date</b>	<b>Print Name of Spouse or other Adult Member in Household (2), Signature of Spouse or Adult Member of Household and Date: (2)</b>  <b>(X)</b> <b>Date</b>
<b>Print Name of Spouse or other Adult Member in Household (3), Signature of Spouse or Adult Member of Household and Date: (3)</b>  <b>(X)</b> <b>Date:</b>	<b>Print Name of Spouse or other Adult Member in Household (4), Signature of Spouse or Adult Member of Household and Date: (4)</b>  <b>(X)</b> <b>Date</b>



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**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**Form R-6 – Rental Property Owner’s and/or Managing Agent Certification of Receipt of BMR Administrative Policies and Procedures**

The undersigned received a copy of the Administrative Policies and Procedures for the City of Marina Below Market Rate (BMR) Housing Program. Further, the undersigned understand that the BMR Administrative Policies and Procedures require compliance with the requirement described in the Procedures.

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Development Name and Site Address

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Signature of Property Owner

Printed Name

---

Date

---

Signature of Co-Owner

Printed Name

---

Date

---

Signature of Property Manager or Owner’s Managing Agent

Printed Name

---

Date



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# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## Form R-7 – BMR Rental Property Owner Annual Report

To: City of Marina City Manager's Office  
Attn: BMR Program Administration  
211 Hillcrest Avenue  
Marina, CA 93933

Re: Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

The Owner hereby certifies the following under penalty of perjury under the laws of the State of California:

The information contained in the attached BMR Rental Property Annual Report is true, accurate and correct as of the date hereof. The tenants who lease BMR rent units meet the eligibility criteria established by the City of Marina.

In Witness Whereof, the undersigned has signed this Report as of \_\_\_\_\_, 20\_\_.

Name of Ownership Entity: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Street Address) (City, State) (Zip)

\_\_\_\_\_  
(Email)

<p>Please include the following attachments as part of your Annual Report: Move-In's (Attachment 13A), Existing Tenants (Attachment 13B), Move-Outs' (Attachment 13C), Vacant Units (Attachment 13D), copies of Annual Certification of Eligibility by BMR Renter (Attachment 9) for all tenants who have lived at the property more than 12 months.</p>
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**Form R-7-1 – BMR Rental Property Annual Report – Move-Ins**

<b>Owner:</b> _____	<b>Date:</b> _____
<b>Property Name:</b> _____	<b>Property Manager:</b> _____
<b>Property Address:</b> _____	<b>Sheet #</b> _____

<b>BMR MOVE-INS</b>											
<b>Since Last Annual Report (From March 1 – February 28)</b>											
Unit Address	Name of All Occupants	Cmplx Emp? (Y/N)	From Wait List? (Y/N)	Unit Size (bds)	HH Size (#)	Date of Initial Lease	Initial Rent	Current Rent	Date of Rent Increase	Initial HH Income	Date Income Certified



## CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

### Form R-7-2 – BMR Rental Property Annual Report – Current Tenants

Owner: _____	Date: _____
Property Name: _____	Property Manager: _____
Property Address: _____	Sheet # _____

CURRENT BMR TENANTS										
Tenants in Place Prior to Last Annual Report (Prior to March 1 of the Previous Year)										
Unit Address	Name of All Occupants	Cmplx Emp? (Y/N)	Unit Size (bds)	HH Size (#)	Date of Move-In	Initial Rent	Prior 12-Month Rent	Current Rent	Annual HH Income	Date Income Certified

# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## Form R-7-3 – BMR Rental Property Annual Report – Move-outs

<b>Owner:</b> _____	<b>Date:</b> _____
<b>Property Name:</b> _____	<b>Property Manager:</b> _____
<b>Property Address:</b> _____	<b>Sheet #</b> _____

<b>BMR MOVE-OUTS</b>					
<b>Since Last Annual Report (From March 1 – February 28)</b>					
Unit Address	Name of All Occupants	Complex Emp? (Y/N)	Unit Size (bds)	Date of Move-Out	Date Available for Rent

# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## Form R-7-4 – BMR Rental Property Annual Report – Move-outs

<b>Owner:</b> _____	<b>Date:</b> _____
<b>Property Name:</b> _____	<b>Property Manager:</b> _____
<b>Property Address:</b> _____	<b>Sheet #</b> _____

<b>BMR MOVE-OUTS</b>			
<b>Since Last Annual Report (From March 1 – February 28)</b>			
<b>Unit Address</b>	<b>Unit Size (bds)</b>	<b>Date of Vacancy</b>	<b>Date Unit Occupied</b>

**CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM**

**Form R-8– Quarterly BMR Wait List Certification by Rental Property Owners**

TO: City of Marina  
Attn: BMR Program Administration  
211 Hillcrest Avenue  
Marina, CA 93933

RE: Property Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

The Owner hereby certifies the following under penalty of perjury under the laws of the State of California:

The information contained in the attached BMR Rental Program Wait List Log is true, accurate and correct as of the date hereof, and that the attached BMR Rental Program Wait List Log meets the eligibility criteria established by the City of Marina. The management of the Wait List is in accordance with the Program Priority Preference Points as established in the City’s BMR Resident Selection Plan.

In Witness Whereof, the undersigned has signed this report as of \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

Name of Ownership Entity: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail Address

Attachment: BMR Rental Program Wait List Log



# CITY OF MARINA BELOW MARKET RATE RENTAL PROGRAM

## Form R-10 – Certification of No Existing Wait List

TO: City of Marina  
Attn: BMR Program Administration  
211 Hillcrest Avenue  
Marina, CA 93933

RE: Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

The undersigned, (Property Manager or Authorized Representative) hereby certifies the following:

- a) A BMR Unit \_\_\_\_\_ became vacant on \_\_\_\_\_.  
(Apartment/Unit #) (Date)
- b) There are currently no applicants on the BMR Wait List with preference points that are interested or available for the above-mentioned unit.
- c) The BMR unit was offered to \_\_\_\_\_, who does not live or work in Marina. However, the total household income and total household assets fall within the Marina BMR eligibility limits.

\_\_\_\_\_  
Complete Property Address

\_\_\_\_\_  
Property Manager or Authorized Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

### Approved:

\_\_\_\_\_  
Name and Title, City of Marina

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone