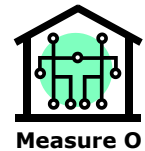


Measure O

MEASURE O ELIGIBILITY APPLICATION



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM
APPLICATION CHECKLIST**



*This application will be used to determine a prospective applicant's eligibility to either buy or rent a Measure O unit. Complete the attached Affordable Housing application and compile all required documentation listed on the **application checklist**. Once complete email Elizabeth Hutton from the Housing Authority at elizabethh@hacosantacruz.org to schedule an application intake appointment. Please note that incomplete applications or applications with missing documentation will not be accepted and the intake appointment will be rescheduled. Application packets will only be accepted during the scheduled intake appointment. No email attachments will be accepted, and no dropped-off application packets will be accepted.*

Check all documents submitted:

1. ☐ **Referral Letter:** Seller/landlord must fill out, sign and date; and provide the letter to the applicant prior to the scheduled intake appointment.
2. ☐ **Processing Fee:** Submit a check in the amount of \$250.00 made payable to the Housing Authority. The check must be from the seller or landlord of the property - no checks will be accepted from the applicant. **More time for review and processing may be necessary if additional information is required and/or if application is incomplete upon submittal.** HA will notify applicant and owner/agent if additional processing time is required.
 - If more than 1 hour is required, HA retains the right to track additional time and charge Property Owner accordingly. Any additional charges shall be paid by Property Owner prior to the HA's issuance of the Certification Letter. For each quarter of an hour (15 mins) over the initial 1 hour, \$33.50 may be charged.
3. ☐ **Eligibility Application:** Fill out, date and sign. Provide all requested information.
4. ☐ **Authorization to Release Information:** Fill out, date and sign. This form authorizes the Housing Authority to collect information necessary to determine your eligibility.
5. ☐ **Verification of Employment (VOE):** The applicant must submit the **three (3) most recent, consecutive months'** paystubs and/or benefit paystubs, with year-to-date gross income for each adult (ages 18 or older) in the household. If a household member has two or more jobs, submit wage statements for each employer. Additional statements can be requested at the discretion of the Housing Authority. If a household member does not have pay wage statements they must submit the Verification of Employment Affidavit that they do not have income. Submit an affidavit for every adult household member who does not have earned income.
6. ☐ **Profit and Loss Statement:** Required only if self-employed; must be prepared by a certified accountant or bookkeeper on their letterhead. Must also submit complete, signed copies of **three (3) most recent** federal income tax returns - must be signed in ink by applicant, no photocopied signatures.
7. ☐ **Verification of Deposit (VOD):** A VOD must be provided for each depository. The applicant must submit the household's total assets according to monthly statements and other valuations for the **three (3) months prior to the application date**. Additional statements can be requested at the discretion of the Housing Authority. If you do not provide this documentation when submitting your application, this will cause a delay in processing your application.

The following sources require verification forms:

- | | |
|---|--|
| ☐ Interest | ☐ Retirement benefits |
| ☐ Dividends | ☐ Rental income |
| ☐ Bonuses | ☐ Disability payments |
| ☐ Social security payments | ☐ Unemployment insurance payments |
| ☐ Checking accounts | ☐ Savings Accounts |

8. ☐ **Alimony or Child Support:** *Provide a copy of most recent alimony or child support court decree indicating current payment schedule. If separated, submit legal separation documents showing the payment schedule and amount.*
9. ☐ **Stocks and Bonds:** *Submit a copy of each or provide a Statement of Value from a broker, bank or certified public accountant.*
10. ☐ **Real Estate:** *For all real estate owned, submit a Statement of Estimated Value prepared by a real estate broker on letterhead, bank statements or a report from the County Assessor Office.*
11. ☐ **Federal Income Tax Returns:** *Submit a copy of the three (3) most recent federal income tax returns - must be signed in ink by applicant, no photocopied signatures, tax return transcripts not accepted. Include all appropriate Schedules, W2 and 1099 forms. If any adult member of the household was not required to file a tax return in the most recent filing year, they must complete the attached "Income Tax Affidavit".*
12. ☐ **Lender and Title Company Information:** *For purchasers of Measure O units only. Also submit copy of draft Purchase Agreement if available.*
13. ☐ **Renter Affidavit:** *Rental Applicants must provide information regarding their relationship to the landlord of the Measure O unit.*
14. ☐ **Buyer Affidavit:** *Buyer Applicants must provide information regarding their relationship to the seller of the Measure O unit.*

The above information is required of all adult household members - eligibility is calculated based upon income from all household members. The information must be verified by supporting documentation.

Lack of documentation will delay processing of your application and require that the intake appointment be rescheduled until the application is complete.

Submission of incomplete applications may result in additional processing fees.

The completed application and the seller/landlord's check must be present during the intake appointment at the Housing Authority of the County of Santa Cruz at 2160 41st Avenue, Capitola, CA 95010.

continued next page

SPECIAL NOTICES:

- 1. APPLICANTS MUST SIGN THE APPLICATION IN INK.**
- 2. APPLICANTS MUST RE-SIGN PHOTOCOPIES OF PRIOR YEARS' FEDERAL TAX IN INK.**
- 3. ALL SCHEDULES, W2S, AND 1099S SUBMITTED WITH THE ORIGINAL RETURNS MUST BE INCLUDED WITH THIS APPLICATION.**
- 4. EMAILS WITH TENANT ELIGIBILITY DOCUMENTS ATTACHED WILL NOT BE ACCEPTED BY THE HOUSING AUTHORITY. ALL SUCH DOCUMENTS MUST BE PRESENT DURING THE INTAKE APPOINTMENT WITH THE HOUSING AUTHORITY.**
- 5. THE HOUSING AUTHORITY IS UNABLE TO RETURN ORIGINAL DOCUMENTS TO YOU.**



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM
LETTER OF REFERRAL FOR MEASURE O BUYER/RENTER**



Date: _____

Housing Authority of the County of Santa Cruz
2160 41st Avenue
Capitola, CA 95010

RE: Letter of Referral for Measure O Buyer/Renter

Measure O Unit Address: _____

This letter is to refer _____ ("Applicant") as a potential buyer or renter of the Measure O unit listed above. Please verify that this Applicant's income and assets do not exceed the maximum allowed by the applicable City of Santa Cruz resolution governing the unit.

Enclosed is my \$250.00 check for processing the eligibility application.

Name of Seller/Landlord:	
Seller/Landlord Mailing Address:	
Seller/Landlord Email Address:	
Seller/Landlord Phone: Fax:	
Applicant Status:	Please check the appropriate box: ☐ Buyer ☐ Renter
Applicant Name:	
Applicant Mailing Address:	
Applicant Phone:	

Signature of Seller/Landlord



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM
ELIGIBILITY APPLICATION**



This application will be used to determine your eligibility to either buy or rent a Measure O unit. Provide all information requested and email Elizabeth Hutton from the Housing Authority to schedule an intake appointment: elizabethh@hacosantacruz.org. Application packets will only be accepted during the scheduled intake appointment. No email attachments will be accepted, and no dropped-off application packets will be accepted.

A. Applicant Information

1. Legal Name: _____
Applicant Name Social Security Number
2. Current Residence: _____
Street Address City, State, Zip
3. Applicant Telephone: _____
Home Phone Work Phone Cell Phone

B. Co-Applicant Information

1. Legal Name: _____
Applicant Name Social Security Number
2. Current Residence: _____
Street Address City, State, Zip
3. Applicant Telephone: _____
Home Phone Work Phone Cell Phone

C. Unit Information:

1. Unit Type: (check one) ☐ For Purchase ☐ For Rent
2. Address: _____
Street Address

City, State, Zip
3. Assessor's Parcel Number: _____
4. Approximate square footage: _____
5. Number of bedrooms: _____

6. Number of bathrooms: _____

D. Applicant Employer Information

1. Employer Name: _____

2. Employer Address: _____

3. Employer Phone: _____

4. Employment Start Date: _____

5. Number of Hours Worked Per Week: _____

6. Gross Monthly Income (before deductions): \$ _____

E. Co-Applicant Employer Information

1. Employer Name: _____

2. Employer Address: _____

3. Employer Phone: _____

4. Employment Start Date: _____

5. Number of Hours Worked Per Week: _____

6. Gross Monthly Income (before deductions): \$ _____

F. Family Composition - list all members of household, including Applicant and Co-Applicant

Household Member	Birth Date	Social Security	Relation to Applicant
			Applicant
			Co-Applicant

G. Applicant Income and Assets: (please provide income and asset information requested in table below)

Applicant eligibility is calculated using the gross income of all adult members of the household. Gross income (as defined by Revenue Ruling 86-124 of the Internal Revenue Code) is the applicant's annual gross income. Annual gross income is the sum of gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay plus any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc.; and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Income from assets must also be counted.

The income to be taken into account in determining annual gross income is income of the applicant (mortgagors) and any other person who is expected to both (1) live in the residence being financed and (2) to be secondarily liable on the mortgage. If the co-borrower, co-signer, or co-habitor meets both requirements in the sentence above, include his/her income in gross income calculations. Income includes the income of both spouses as well as all household members 18 years of age and over.

GROSS ANNUAL INCOME WORKSHEET

Gross Annual Income - see <i>Exhibit "A"</i> for list of income inclusions/exclusions				
Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Other Income	d. Asset Income
				Enter line 4 amount from Gross Annual Asset Table (below) here. 
1 Totals	a. \$ _____	b. \$ _____	c. \$ _____	d. \$ _____
2. Gross Annual Income: (Enter total of Box 1a through 1d)				2. \$ _____

Gross Annual Assets - see <i>Exhibit "B"</i> for list of asset inclusions			
Household Member	Asset Description	Current Cash Value	Actual Income From Asset
3. Total Cash Value of Assets		3. \$ _____	
4. Total Actual Income From Assets			4. \$ _____

Checking, Saving, Money Market Accounts Etc.			
Depository Name/Address	Account Type	Account No.	Balance/Value

Submit a Verification of Deposit for all accounts shown above. Use separate Verification of Deposit form if more than one depository.

H. Applicant Certifications - Purchase of a Measure O Unit *(if applying for rental eligibility, skip this section and move on to Section I)*

The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to purchase a Measure O unit hereby certifies the following:

1. Applicant understands and agrees that the Measure O unit contemplated for purchase by Applicant will be used as Applicant’s principal place of residence within sixty days after close of escrow. Applicant certifies that the unit will not be used as an investment property or a vacation home.
2. Applicant will notify the City of Santa Cruz in writing if the unit ceases to be Applicant’s principal place of residence.
3. Applicant understands and agrees that the City of Santa Cruz will impose conditions on the occupancy of the unit set forth in the Affordable Housing Declaration of Restrictions or the Affordable Housing Developer Agreement governing the unit.
4. Applicant’s gross annual income as stated above is \$ _____.
5. The total purchase price of the unit, including land, and if applicable, commissions, builders fees, hook-up fees, architectural fees, site improvements, discount points paid by seller, work credit, subcontracted items, or construction loan interest, but excluding any closing costs and permanent financing charges is \$ _____.
6. No additional agreement, either verbal or written, or understood, is presently contemplated for the completion of or the addition to the unit unless the estimated cost of the completion and/or addition is included in the purchase price.
7. No portion of Applicant’s acquisition financing of the unit is or will be provided from the proceeds of a qualified mortgage bond.

8. No person related to Applicant has or is expected have an interest as a creditor in the acquisition loan for the unit.
9. Applicant understands that Applicant may seek financing from any lender of Applicant's choosing.
10. Applicant understands that the decision to provide acquisition financing is completely within the discretion of the lender to whom Applicant applies for a loan. Neither the City of Santa Cruz nor the Housing Authority of the County of Santa Cruz play a role in the lender's decision to make a loan to Applicant nor the amount of said loan.
11. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant's eligibility for the purchase of a Measure O unit.
12. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
13. Applicant understands and agrees that, in addition, any material misstatement or false statement which affects Applicant's eligibility will result in a denial of Applicant's Application.

I declare under penalty of perjury in the State of California that the foregoing is true and correct.

Applicant Signature

Date

Applicant's Printed Name

Co-Applicant Signature

Date

Co-Applicant's Printed Name

Additional Certification:

Applicant(s) has signed all copies of federal tax returns in ink, and all schedules, W2s, and 1099s originally submitted to the Internal Revenue Service have been included with this Measure O Eligibility Application.

Applicant Signature

Date

Co-Applicant Signature

Date

I. Applicant Certifications - Rental of a Measure O Unit *(skip this section if applying for purchase eligibility)*

The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to rent a Measure O unit hereby certifies the following:

1. Applicant understands and agrees that the City of Santa Cruz will impose conditions on the occupancy of the unit as set forth in the Affordable Housing Declaration of Restrictions or Affordable Housing Development Agreement governing the unit.
2. Applicant’s gross annual income as stated above is \$ _____.
3. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant’s eligibility for the rental of a Measure O unit.
4. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
5. Applicant understands and agrees that, in addition, any material misstatement or false statement which affects Applicant’s eligibility will result in a denial of Applicant’s Application.

I declare under penalty of perjury in the State of California that the foregoing is true and correct.

Applicant Signature

Date

Applicant’s Printed Name

Co-Applicant Signature

Date

Co-Applicant’s Printed Name

Additional Certification:

Applicant(s) has signed all copies of federal tax returns in ink, and all schedules, W2s, and 1099s originally submitted to the Internal Revenue Service have been included with this Measure O Eligibility Application.

Applicant Signature

Date

Co-Applicant Signature

Date

J. Lender Certification - *(skip this section if applying for rental eligibility)*

Must be completed by the lender from whom the Applicant is applying for a loan to purchase the Measure O unit;

Lender hereby certifies that to the best of its knowledge and belief, the information and certifications contained within this application are consistent with the information submitted by Applicant in connection with Applicant's application for acquisition financing from Lender.

Lender/Mortgage Company Name

Signature of Loan Officer/Mortgage Broker

Printed Name of Loan Officer/Mortgage Broker

K. Applicant Race/Ethnicity *(please provide information requested)*

Applicant	Co-Applicant
☐ Decline to answer	☐ Decline to answer
☐ White	☐ White
☐ Black/African American	☐ Black/African American
☐ Black/African American AND White	☐ Black/African American AND White
☐ Asian	☐ Asian
☐ Asian AND White	☐ Asian AND White
☐ American Indian or Alaska Native	☐ American Indian or Alaska Native
☐ American Indian or Alaska Native AND White	☐ American Indian or Alaska Native AND White
☐ American Indian or Alaska Native AND Black/African American	☐ American Indian or Alaska Native AND Black/African American
☐ Native Hawaiian or Other Pacific Islander	☐ Native Hawaiian or Other Pacific Islander
☐ Other	☐ Other
☐ Hispanic/Latino (Mexican/Chicano)	☐ Hispanic/Latino (Mexican/Chicano)
☐ Hispanic/Latino (Puerto Rican)	☐ Hispanic/Latino (Puerto Rican)
☐ Hispanic/Latino (Cuban)	☐ Hispanic/Latino (Cuban)
☐ Hispanic/Latino (Other)	☐ Hispanic/Latino (Other)

EXHIBIT “A”

ANNUAL INCOME INCLUSIONS AND EXCLUSIONS 24 CFR PART 5

Part 5 Income Inclusions - This table presents the Part 5 income inclusions as stated in Section 5.609 of Title 24 of the Code of Federal Regulations.

General Category	CFR	Description
1. Broad Definition	24 CFR § 5.609(a)(1)	All amounts, not specifically excluded (see “ <u>Income Exclusions</u> ,” below), received from all sources by each member of the family 18 years or older or is the head of household or spouse of the head of household, plus unearned income by or on behalf of each dependent who is under 18 years of age.
2. Imputed Returns	24 CFR § 5.609(a)(2)	When the value of net family assets exceeds \$50,000 (which amount HUD will adjust annually in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers) and the actual returns from a given asset cannot be calculated, imputed returns on the asset based on the current passbook savings rate, as determined by HUD.

Part 5 Income Exclusions - This table presents the Part 5 income exclusions as stated in Section 5.609 of Title 24 of the Code of Federal Regulations.

General Category	CFR	Description
1. Assets	24 CFR § 5.609(b)(1)	Any imputed return on an asset when net family assets total \$50,000 or less (which amount HUD will adjust annually in accordance with Consumer Price Index for Urban Wage Earners and Clerical Workers) and no actual income from the net family assets can be determined.
2. Trust Distributions	24 CFR § 5.609(b)(2)	(i) For an irrevocable trust or revocable trust outside of family or household control, excluded from the definition of net family assets under § 5.603(b): A. Distributions of the principal, or corpus, of the trust; and B. Distributions of income from the trust used to pay the costs of health and medical care expenses for a minor. (ii) For a revocable trust under the control of the family or household, any distributions from the trust; except that any actual income earned by the trust, regardless of whether it is distributed, shall be considered income to the family at the time it is received by the trust.
3. Minors’ Earned Income	24 CFR § 5.609(b)(3)	Earned income of children under the age of 18.
4. Foster Children/Adults Payments	24 CFR § 5.09(b)(4)	Payments received for the care of foster children or foster adults, or State and Tribal kinship or guardianship care payments.
5. Insurance Payments and Settlements for Personal or Property Loss	24 CFR § 5.09(b)(5)	Including, but not limited to payments through health insurance, motor vehicle insurance, and workers’ compensation.

General Category	CFR	Description
6. Reimbursements for Health and Medical Care Expenses	24 CFR § 5.09(b)(6)	Amounts received by the family that are specifically for, or in reimbursement of, the cost of health and medical care expenses for any family member.
7. Lawsuit Settlements	24 CFR § 5.09(b)(7)	Any amounts recovered in any civil action or settlement based on a claim of malpractice, negligence, or other breach of duty owed to a family member arising out of law, that resulted in a member of the family becoming disabled.
8. Live-in Aide, Foster Children/Adults Income	24 CFR § 5.09(b)(8)	Income of a live-in aide, foster child, or foster adult as defined in §§ 5.403 and 5.603, respectively.
9. Financial Assistance	24 CFR § 5.09(b)(9)	(i) Any assistance that Section 479B of the Higher Education Act of 1965 (HEA), as amended (20 U.S.C. 1087uu), requires to be excluded from a family's income; and, (ii) Student financial assistance for tuition, books, and supplies (including supplies and equipment to support students with learning disabilities or other disabilities), room and board, and other fees required and charged to a student by an institution of higher education (as defined under Section 102 of the HEA (20 U.S.C. 1002)) and, for a student who is not the head of household or spouse, the reasonable and actual costs of housing while attending the institution of higher education and not residing in an assisted unit. (A) Student financial assistance means a grant or scholarship received from: (1) the Federal government; (2) a State, Tribe, or local government; (3) a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); (4) a business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity); or, (5) an institution of higher education. (B) Student financial assistance does not include: (1) Any assistance that is excluded by paragraph (i), above; (2) Financial support provided to the student in the form of a fee for services performed (e.g., work study or teaching fellowship that is not excluded pursuant to paragraph (i), above; (3) Gifts, including gifts from family or friends; (4) Any amount of the scholarship or grant that, either by itself or in combination with assistance excluded under this paragraph (ii) or paragraph (i), above, exceeds the actual covered costs of the student. The actual covered costs of the student are the actual costs of tuition, books and supplies (including supplies and equipment to support students with learning disabilities or other disabilities), room and board, or other fees required and charged to a student by the education institution, and, for a student who is not the head of household or spouse, the reasonable

General Category	CFR	Description
		and actual costs of housing while attending the institution of higher education and not residing in an assisted unit. See paragraph (ii)(E), below, for more information. (C) For purposes of this paragraph (ii), student financial assistance must be: (1) Expressly for tuition, books, room and board, or other fees required and charged to a student by the education institution; (2) Expressly to assist a student with the costs of higher education; or, (3) Expressly to assist a student who is not the head of household or spouse with the reasonable and actual costs of housing while attending the education institution and not residing in an assisted unit. (D) For purposes of this paragraph (ii), student financial assistance may be paid directly to the student or to the educational institution on the student's behalf. Student financial assistance paid to the student must be verified by the responsible entity as student financial assistance consistent with this paragraph (ii). (E) When the student is also receiving assistance excluded under paragraph (i), above, the amount of student financial assistance under this paragraph (ii) is determined as follows: (1) If the amount of assistance excluded under paragraph (i), above, is equal to or exceeds the actual covered costs under paragraph (ii)(B)(4), above, none of the assistance described in this paragraph (ii) is considered student financial assistance excluded from income under this paragraph (ii)(E). (2) If the amount of assistance excluded under paragraph (i), above, is less than the actual covered costs under (ii)(B)(4), above, the amount of assistance described in this paragraph (ii) that is considered student financial assistance excluded under this paragraph is the lower of: • The total amount of student financial assistance received under this paragraph (ii), or • The amount by which the actual covered costs under paragraph (ii)(B)(4), above, exceeds the assistance excluded under paragraph (i), above.
10. Educational Savings Account & Baby Bonds	24 CFR § 5.09(b)(10)	(i) Income and distributions from any Coverdell educational savings account of or any qualified tuition program under IRS sections 529 and 530; and, (ii) Income earned by government contributions to, or distributions from, "baby bond" accounts created, authorized, or funded by Federal, State, or local government.
11. Military	24 CFR § 5.09(b)(11)	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.

General Category	CFR	Description
12. Plan to Attain Self-Sufficiency (PASS)	24 CFR § 5.09(b)(12)(i)	Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income (SSI) eligibility and benefits because they are set aside for use under a PASS.
13. Reimbursements From Other Publicly Assisted Programs	24 CFR § 5.09(b)(12)(ii)	Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (e.g., special equipment, clothing, transportation, child care, etc.) to allow participation in a specific program.
14. Resident Services Stipend	24 CFR § 5.09(b)(12)(iii)	Resident service stipends not to exceed \$200 per month. This is a modest amount provided to 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.
15. Employment Training Programs	24 CFR § 5.09(b)(12)(iv)	Incremental earnings and benefits from training programs funded by HUD or qualifying Federal, State, Tribal, 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 unless those amounts are excluded under § 5.609(b)(9)(i), above.
16. Reparations for Persecution	24 CFR § 5.09(b)(13)	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.
17. Earned Income of Dependent Students	24 CFR § 5.09(b)(14)	Earned income of dependent full-time students in excess of the amount of the deduction for a dependent in 24 CFR § 5.611.
18. Adoption Assistance Payments	24 CFR § 5.09(b)(15)	Adoption assistance payments for a child in excess of the amount of the deduction for a dependent in 24 CFR § 5.611.
19. Deferred SSI, Social Security Benefits, or Department of Veteran Affairs Disability Benefits	24 CFR § 5.609(b)(16)	Deferred periodic amounts from SSI and Social Security benefits that are received as a lump sum, or in prospective monthly amounts, or any deferred Department of Veteran Affairs benefits that are received in a lump sum amount or in prospective monthly amounts.
20. Veterans	24 CFR § 5.609(b)(17)	Payments related to aid and attendance for veterans under 38 U.S.C. 1521.
21. Property Tax Rebates	24 CFR § 5.609(b)(18)	Refunds or rebates under State or local law for property taxes paid on the dwelling unit.
22. State Payments to Allow Individuals with Disabilities to Live at Home	24 CFR § 5.609(b)(19)	Payments made or authorized by a State Medicaid agency (including through a managed care entity) or other State or Federal agency to a family to enable a family member who has a disability to reside in the family's assisted unit. Authorized payments may include payments to a member of the assisted family through the State Medicaid agency (including through a managed care entity) or other State or Federal agency for caregiving services the family member provides to enable a family member who as a disability to reside in the family's assisted unit.

General Category	CFR	Description
23. Loan Proceeds	24 CFR § 5.609(b)(20)	The net amount disbursed by a lender to or on behalf of a borrower under the terms of a loan agreement received by the family or a third party (e.g., proceeds received by the family from a private loan to enable attendance at an educational institution or to finance to purchase of a car).
24. Tribal Claims Payments	24 CFR § 5.609(b)(21)	Payments received by Tribal members as a result of claims relating to the mismanagement of assets held in trust by the United States, to the extent such payments are also excluded from gross income under the Internal Revenue Code or other Federal law.
25. Federally Mandated Income Exclusions	24 CFR § 5.609(b)(22)	Amounts that HUD is required by Federal statute to exclude for 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 § 5.609(b) apply. HUD will publish an updated notice in the Federal Register to identify the benefits that qualify for this exclusion. Updates will be published when necessary.
26. Housing "Gap" Payments	24 CFR § 5.609(b)(23)	Replacement housing "gap" payments made in accordance with 49 CFR part 24 that offset increased out of pocket costs of displaced persons that move from one Federally subsidized housing unit to another Federally subsidized housing unit. Such replacement housing "gap" payments are not excluded from annual income if the increased cost of rent and utilities is subsequently reduced or eliminated, and the displaced person retains or continues to receive the replacement housing "gap" payments.
27. Nonrecurring Income	24 CFR § 5.609(b)(24)	Income that will not be repeated in the coming year based on information provided by the family. Income received as an independent contractor, day laborer, or seasonal worker is not excluded from income, even if the source, date, or amount of the income varies. Nonrecurring income includes: (i) Payments from U.S. Census Bureau for employment (relating to decennial census or the American Community Survey) lasting no longer than 180 days and not culminating in permanent employment. (ii) Direct Federal or State payments for economic stimulus or recovery. (iii) Amounts directly received by the family as a result of State refundable tax credits or State tax refunds at the time they are received. (iv) Gifts for holidays, birthdays, or other significant life events or milestones (e.g., wedding gifts, baby showers, anniversaries). (v) Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization. (vi) Lump-sum additions to net family assets, including but not limited to lottery or other contest winnings.
28. Civil Rights Settlements and Judgements	24 CFR § 5.609(b)(25)	Civil rights settlements or judgements, including settlements or judgements for back pay.
29. Retirement Plan	24 CFR § 5.09(b)(26)	Income received from any account under an IRS-recognized retirement plan, including individual retirement arrangements (IRAs), employer retirement plans, and retirement plans for self-employed individuals; except that any distribution of periodic payments from these accounts shall be income at the time they are received by the family.

General Category	CFR	Description
30. Family Self Sufficiency Account (FSS)	24 CFR § 5.609(b)(27)	Income earned on amounts placed in a family's FSS.
31. Self-Employment Income	24 CFR § 5.609(b)(28)	Gross income received through self-employment or operation of a business; except that the following shall be considered income to a family member: (ii) 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 business or profession may be deducted, based on straight line depreciation, as provided in IRS regulations; and (iii) 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.

EXHIBIT “B”**NET FAMILY ASSET
INCLUSIONS AND EXCLUSIONS
24 CFR PART 5**

Part 5 Asset Inclusions - This table presents the Part 5 asset inclusions as stated in Section 5.603 of Title 24 of the Code of Federal Regulations.

General Category	CFR	Description
1. Broad Definition	24 CFR § 5.603(b)(1)-(2)	Net family assets is the net cash value of all assets owned by the family, after deducting reasonable costs that would be incurred in disposing real property, savings, stocks, bonds, and other forms of capital investment. • Includes the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received. • In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives consideration not measurable in dollar terms. • Negative equity in real property or other investments does not prohibit the owner from selling the property or other investments, so negative equity alone would not justify excluding the property or other investments from family assets.

Part 5 Asset Exclusions - This table presents the Part 5 asset exclusions as stated in Section 5.603 of Title 24 of the Code of Federal Regulations.

General Category	CFR	Description
1. Necessary Personal Property	24 CFR § 5.603(b)(3)(i)	The value of necessary items of personal property.
2. Non-Necessary Personal Property	24 CFR § 5.603(b)(3)(ii)	The combined value of all non-necessary items of personal property if the combined total value does not exceed \$50,000 (which amount will be adjusted by HUD in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers).
3. Retirement Account	24 CFR § 5.603(b)(3)(iii)	The value of any account under a retirement plan recognized by the IRS, including individual retirement arrangements (IRAs), employer retirement plans, and retirement plans for self-employed individuals.
4. Real Property	24 CFR § 5.603(b)(3)(iv)	The value of real property that the family does not have the effective legal authority to sell in the jurisdiction in which the property is located.
5. Cash	24 CFR § 5.603(b)(3)(v)	Any amounts received in any civil action or settlement based on a claim of malpractice, negligence, or other breach of duty owed to a family member arising out of law, that resulted in a family member being a person with a disability.

General Category	CFR	Description
6. Savings Account	24 CFR § 5.603(b)(3)(vi)	The value of any Cloverdell education savings account, qualified tuition program, and/or Achieving a Better Life Experience (ABLE) account under sections 530, 529, and 529A of the Internal Revenue Code of 1986, respectively; and the value of any “baby bond” account created, authorized, or funded by Federal, State, or local government.
7. Indian Trust Land	24 CFR § 5.603(b)(3)(vii)	Interest in land held in trust by the Bureau of Indian Affairs.
8. Manufactured Home	24 CFR § 5.603(b)(3)(viii)	Equity in a manufactured home where the family receives assistance under 24 CFR 982.
9. Homeownership Option	24 CFR § 5.603(b)(3)(ix)	Equity in property under Homeownership Option for which a family receives assistance under 24 CFR part 982.
10. FSS Accounts	24 CFR § 5.603(b)(3)(x)	Family Self-Sufficiency Accounts
11. Tax Refunds	24 CFR § 5.603(b)(3)(xi)	Federal tax refunds or refundable tax credits for a period of 12 months after receipt by the family.
12. Trust Funds	24 CFR § 5.603(b)(4)	In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, so long as the fund continues to be held in a trust that is not revocable by, or under the control of, any member of the family or household.



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM**



AUTHORIZATION TO RELEASE INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Signature of Applicant below (use of the term "Applicant" herein includes both Applicant and Co-Applicant) authorizes the Housing Authority of the County of Santa Cruz to obtain any and all information concerning Applicant's employment, benefits, income and assets, and any other sources of income and any other information in connection with Applicant's City of Santa Cruz Measure O Eligibility Application.

This form may be reproduced or photocopied and that copy shall be as effective a consent as the original of this form as signed by Applicant.

Applicant understands that this information is being collected by the Housing Authority of the County of Santa Cruz for the purposes of determining Applicant's eligibility to purchase or rent a Measure O unit and may be shared with the City of Santa Cruz.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Co-Applicant

Date

Printed Name of Co-Applicant



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM**



VERIFICATION OF EMPLOYMENT AFFIDAVIT

(Complete this form only if you did not file a federal income tax return for any of the past three years)

I, the undersigned, do hereby swear, certify, and affirm that:

1. I did not earn income within the last 90 days:

2. The reason I did not earn income in the last 90 days identified above was:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20__ in Santa Cruz, CA

Signature of Tenant

Printed Name of Tenant



**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM**



LENDER AND TITLE COMPANY INFORMATION
(Skip this section if applying for rental eligibility)

LENDER/MORTGAGE BROKER	
Name of Lender/Broker:	Loan Number:
Address of Lender/Broker: _____ <i>Street Address</i> _____ <i>City, State, Zip</i>	Lender/Broker Telephone: Lender/Broker Email:

TITLE COMPANY	
Name of Title Company:	Name of Escrow Officer:
Address of Title Company: _____ <i>Street Address</i> _____ <i>City, State, Zip</i>	Escrow Number: Escrow Officer Telephone: Escrow Officer Email:

Note: This form does not need to be completed by Applicants seeking to rent a Measure O unit.



CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM



RENTAL APPLICANT AFFIDAVIT

(complete this form only if you are a renter of a Measure O unit)

I, the undersigned, do hereby swear, certify, and affirm that:

1. (check all boxes that apply below)

- a. ☐ I am currently a resident of the city of Santa Cruz and have been so for at least the last 12 month period.
- b. ☐ I work in the city of Santa Cruz.
- c. ☐ I do not reside in the city of Santa Cruz but am a current resident in the county of Santa Cruz, and have been so for at least the last 12 month period.
- d. ☐ I work in the county of Santa Cruz.
- e. ☐ Other: _____

2. (check appropriate box below)

- a. ☐ I am
- b. ☐ I am not

an immediate family member or employee of a person who has any equity interest in this Measure O unit. Such a person includes but is not limited to the owner, developer, partner, or investor of the project or unit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20__ in Santa Cruz, CA

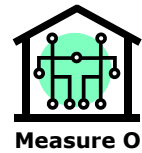
Signature of Applicant

Printed Name of Applicant

Note to Housing Authority Processor: Contact the City of Santa Cruz Housing Program Specialist if box 2a above is checked.



CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM



BUYER APPLICANT AFFIDAVIT

(complete this form only if you are a buyer of a Measure O unit)

I, the undersigned, do hereby swear, certify, and affirm that:

1. *(check appropriate box below)*

- a. ☐ I do
b. ☐ I do not

currently live or work in the city of Santa Cruz.

2. *(check appropriate box below)*

- a. ☐ I am
b. ☐ I am not

an immediate family member or employee of a person who has any equity interest in this Measure O unit. Such a person includes but is not limited to the owner, developer, partner, or investor of the project or unit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20__ in Santa Cruz, CA

Signature of Applicant

Printed Name of Applicant

Note to Housing Authority Processor: Contact the City of Santa Cruz Housing Program Specialist if box 2a above is checked.



CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM



APPLICANT INCOME TAX AFFIDAVIT

(Complete this form only if you did not file a federal income tax return for any of the past three years)

I, the undersigned, do hereby swear, certify, and affirm that:

1. I did not file a federal income tax return for the following years:

_____ *(insert year)*

_____ *(insert year)*

_____ *(insert year)*

2. The reason I did not file a federal income tax return in the years identified above was:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20__ in Santa Cruz, CA

Signature of Applicant

Printed Name of Applicant