

## Exhibit E - City of San Ramon Affordable Housing Preference Criteria

The City establishes a priority system for allocating the limited number of affordable ownership units. In order to apply for a preference, the person claiming the priority must be a person that will be listed on title (as owner) of the property they are applying for.

The preference system will be used to establish a ranking of applicants. An applicant Household with at least one member, who will take title to the property, and who meets the criteria will have priority. Applicant Households comprised of members who do not meet the criteria may still apply for and occupy a BMR unit if there are no eligible preference holders in the applicable Opportunity Drawing.

BMR PRIORITY/PREFERENCE CRITERIA	
Priority/Preference 1:	<ul style="list-style-type: none"> <li>Veteran honorably discharged from any branch of the United States Armed Forces; or</li> <li>Certified First Responders (sworn police officers, firefighter, rescue worker, or any other person who provides emergency response, first aid care, or other medically related assistance) who are employed in such capacity that provides service in the City of San Ramon as defined by <a href="#">AB 1945</a>, Chapter 68</li> <li>Public Service Employee employed by a local government agency that provides services in the City of San Ramon (see partial list*)</li> </ul> <p>Employees must work 20-Hours per week and have been employed for at least one year at the time of application.</p>
Priority/Preference 2: Special Needs Groups:	<ol style="list-style-type: none"> <li>1. Seniors (age 65 or older),</li> <li>2. Persons with Disabilities (Verified through SSA Disability Benefit Award Letter)</li> <li>3. Single-Parent Households,</li> <li>4. Large Households (5 or more members), and</li> <li>5. Qualified Homeless (CFR Section 578.3 of Title 24)</li> </ol>

**\*Partial List of Public Service Employees includes individual employed by:** City of San Ramon, SRV Unified School District, SRV Fire Protection District, Central Contra Costa Sanitary District, Dublin San Ramon Services District, County Library, DVC Community College, Contra Costa County Departments (County Clerk, District Attorney’s Office, Health Department, etc.), County Connection (Bus/Transit Provider), and Contra Costa Transportation Authority.

**IMPORTANT:** In order to properly prioritize applicants, HouseKeys requests documents/materials supplemental to the items listed on the program application Document Checklist. In order for the primary applicant or co-applicants to be considered for a City Preference you must submit the supplemental materials with the Program application. If the documentation requested on this application is not sufficient to prove you meet one of the Preference/priority categories, please make sure you include additional evidence/documentation to ensure your preference. If you don’t provide clear and substantial evidence/documentation with the application along with this form when you submit your Program Application Package you will not be eligible for the Preference you claim to meet. Additional proof or clarification cannot be submitted or accepted separately; everything must be

included in the packet when you submit it for review. The Program Administrator has the right to request other supporting documents for clarification or for determining preference/priority eligibility.

**Please answer the questions in each sanction and attach the supporting documentation.**

	<b>Questions</b>	<b>Answers</b>	<b>Supplemental Documentation Needed</b>
<p><b>Priority/Preference 1</b></p> <p>Veteran honorably discharged from any branch of the United States Armed Forces</p>	<p>Are you a veteran who was discharged honorably from any branch of the United States Armed Forces?</p> <p>If yes, who does?</p> <p><input type="checkbox"/> The primary applicant (name): _____</p> <p><input type="checkbox"/> The co-applicant (name): _____</p>	<p>Please check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>If yes, please provide one of the following:</b></p> <p><input type="checkbox"/> Submit a copy of your honorably discharged certificate</p>
<p><b>Priority/Preference 1</b></p> <p><b>Certified First Responders that meet certain criteria</b></p> <p>Certified First Responders (sworn police officers, firefighter, rescue worker, or any other person who provides emergency response, first aid care, or other medically related assistance) who are employed in such capacity that provides service in the City of San Ramon</p>	<p>Are you employed as a Certified First Responder (sworn police officer, firefighter, rescue worker, or any other person who provides emergency response, first aid care, or other medically related assistance) AND are you employed in such capacity that you provide service in the City of San Ramon?</p> <p>Employees must work 20-Hours per week and have been employed for at least one year at the time of application.</p> <p>If yes, who does?</p> <p><input type="checkbox"/> The primary applicant (name): _____</p> <p><input type="checkbox"/> The co-applicant (name): _____</p>	<p>Please check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>If yes, please provide:</b></p> <p><input type="checkbox"/> Submit a letter from your employer, on company letter head verifying that you work in such capacity <b>for at least 20</b> hours a week <b>AND</b> have been employed <b>at least one year</b> from the time you applied for the Home Buyer Program. It must be signed and dated by the HR Manager. It should include your full name, job title, start date, the number of hours you work in the City of San Ramon per week, the name of the agency, agency address and contact information.</p> <p>It must have all the data points to be a valid letter.</p> <p><input type="checkbox"/> Current Verification of Employment and paystubs</p>

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	Questions	Answers	Supplemental Documentation Needed
<p><b>Priority/Preference 1</b></p> <p><b>Public Service Employees that meet certain criteria</b></p> <p>Public Service Employee employed by a local government agency that provides services in the City of San Ramon (see partial list)</p>	<p>Are you employed as a Public Service Employee by a local government agency that provides services in the City of San Ramon?</p> <p>Employees must work 20-Hours per week and have been employed for at least one year at the time of application.</p> <p>If yes, who does?</p> <p><input type="checkbox"/> The primary applicant (name): _____</p> <p><input type="checkbox"/> The co-applicant (name): _____</p>	<p>Please check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If yes, please provide:</b></p> <p><input type="checkbox"/> Submit a letter from your employer, on company letter head verifying that you work in such capacity <b>for at least 20</b> hours a week <b>AND</b> have been employed <b>at least one year</b> from the time you applied for the Home Buyer Program. It must be signed and dated by the HR Manager. It should include your full name, job title, start date, the number of hours you work in the City of San Ramon per week, the name of the agency, agency address and contact information.</p> <p><input type="checkbox"/> Current Verification of Employment and paystubs</p>
<p><b>Priority/Preference 2</b></p> <p><b>Special Needs Groups:</b></p> <p>Seniors Age 65 and Older</p>	<p>Are you a senior (age 65 or older) at time of application?</p> <p>If yes, who does?</p> <p><input type="checkbox"/> The primary applicant (name): _____</p> <p><input type="checkbox"/> The co-applicant (name): _____</p>	<p>Please check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If yes, please provide:</b></p> <p><input type="checkbox"/> Copy of valid ID such as a CA Driver License, CA ID card or US Passport.</p>
<p><b>Priority/Preference 2</b></p> <p><b>Special Needs Groups:</b></p> <p>Persons with Disabilities (Verified through SSA Disability Benefit Award Letter)</p>	<p>Are you a person that has a disability?</p> <p>If yes, who does?</p> <p><input type="checkbox"/> The primary applicant (name): _____</p> <p><input type="checkbox"/> The co-applicant (name): _____</p>	<p>Please check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If yes, please provide:</b></p> <p><input type="checkbox"/> A copy of a current* Disability Benefit Award Letter issued by SSA.</p> <p>*not more than 30 days old</p>

	Questions	Answers	Supplemental Documentation Needed
<b>Priority/Preference 2</b>  <b>Special Needs Groups:</b>  Single Parent Household	Are you a person single parent?  If yes, who does? <input type="checkbox"/> The primary applicant (name): _____  <input type="checkbox"/> The co-applicant (name): _____	Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide:</b> <input type="checkbox"/> Divorce decree or court order <input type="checkbox"/> Child's Birth Certificate(s)
<b>Priority/Preference 2</b>  <b>Special Needs Groups:</b>  Large Households of 5 or more members	Is your household composed of 5 people or more?  If yes, what is your household size including yourself? _____ total members	Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide:</b> <input type="checkbox"/> Most Recent 2 years tax returns
<b>Preference/Priority 2</b>  <b>Special Needs Groups:</b>  Qualified Homeless (CFR Section 578.3 of Title 24)	Are you a person qualified as homeless?  If yes, who does? <input type="checkbox"/> The primary applicant (name): _____  <input type="checkbox"/> The co-applicant (name): _____	Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide:</b> <input type="checkbox"/> a 3 <sup>rd</sup> party current verification signed by a qualified agency to indicate you are a "qualified homeless" according to CFR Section 578.3 of Title 24

**I/We (the primary applicant or co-applicants) certify that I/we meet the following *Priority/Preference*:**

- |                           |   |   |                               |
|---------------------------|---|---|-------------------------------|
| PRIMARY APPLICANT:        | <input type="checkbox"/> 1 <sup>st</sup> Preference | <input type="checkbox"/> 2 <sup>nd</sup> Preference | <input type="checkbox"/> none |
| Co- APPLICANT:            | <input type="checkbox"/> 1 <sup>st</sup> Preference | <input type="checkbox"/> 2 <sup>nd</sup> Preference | <input type="checkbox"/> none |
| Additional CO- APPLICANT: | <input type="checkbox"/> 1 <sup>st</sup> Preference | <input type="checkbox"/> 2 <sup>nd</sup> Preference | <input type="checkbox"/> none |
| Additional CO- APPLICANT: | <input type="checkbox"/> 1 <sup>st</sup> Preference | <input type="checkbox"/> 2 <sup>nd</sup> Preference | <input type="checkbox"/> none |

**Certifications:**

- I/we certify under penalty of perjury that all of the information stated on this form is true and complete. I/we have made no misrepresentations, nor did I omit any pertinent information.
- I/we also understand that I/we must submit clear and substantial evidence with the application and the preference criteria form in order to be considered. No proof - No form - No Preference.
- I/we also understand that any applicant or household member with a conflict of interest is not be eligible for the program.

Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

Co- Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

Additional Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

Additional Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_