



SCAN THE QR
CODE FOR MORE
INFORMATION ON
COMPLETING YOUR
APPLICATION

2025 BMR HOUSING WAITING LIST APPLICATION

Only one application per household

Directions: Complete all sections. Print clearly. If incomplete or illegible, the form cannot be processed.

CONTACT INFORMATION

Applicant's Name: _____

Head of Household: Yes No

Mailing Address: _____

Email Address*: _____

*Email addresses are not shared with any outside organizations

Telephone Numbers:

Cell phone: _____

Other phone: _____ (home/work)

Is the Head of Household the best contact person for the BMR program?

Yes

No, please use _____

**** All household members must be US citizens or have a valid green card.**

HOUSEHOLD COMPOSITION

Please attach a separate sheet for additional household members

#	NAME	RELATIONSHIP	AGE
1			
2			
3			
4			
5			
6			

Does at least one member of the household live or work in Palo Alto? ___ Yes ___ No

If Yes, provide employer name and working address _____

NOTE: Only the Stanford Medical Center and Stanford Shopping Center are in Palo Alto. Employment or residency at Stanford University or within the City of East Palo Alto DOES NOT give an applicant preference. These regions are not in the Palo Alto City boundaries.

Is any member of the household mobility-impaired? ___ Yes ___ No

UNIT SIZE DESIRED:

Number of bedrooms desired for which household qualifies: (Check all that apply)

1 Bedroom _____

2 Bedroom _____ * only households of 2 or more are eligible to purchase a 2 bed BMR home.

3 Bedroom _____ ** only households of 3 or more are eligible to purchase a 3 bed BMR home.

4 Bedroom _____ *** only households of 4 or more are eligible to purchase a 4 bed BMR home.

INCOME AND ASSETS

Approximate Annual Household GROSS (before taxes) Income for ALL household members 18 or over:

HOUSEHOLD MEMBER	EMPLOYMENT	GROSS ANNUAL INCOME
	TOTAL GROSS INCOME	

Note: Gross income includes all sources of revenue, including wages, interest, commissions, dividends, bonuses, child/spousal support, SSI and unemployment.

HOUSEHOLD ASSETS (not including retirement funds)

FINANCIAL INSTITUTION	TYPE OF ACCOUNT (Savings / Checking / Investment)	AMOUNT
	TOTAL AMOUNT	

Does any household member own real estate? ___ Yes ___ No

If yes, please list the address and approximate value: _____

All household members who are older than 18, certify that:

We are aware that attendance at a Below-Market-Rate House Buying seminar is required before we are eligible to purchase a unit in the program.

We are also aware that official communications from Alta Housing will be e-mailed and not be mailed.

We certify that all of the information in this application is true and complete to the best of our knowledge.

We are aware that submission of this application does not guarantee our household a place on the BMR waiting list.

Signature of all household members (over 18 years old):

Date: _____

Please return this form BY FRIDAY, FEBRUARY 28, 2025 at 4 pm (no other income and asset documentation should be attached) in person or by mail to:

Elizabeth Rodriguez-Cruz
BMR Administrator
Alta Housing
Sobrato Center for NonProfits
3460 West Bayshore Road, Suite 104
Palo Alto, CA 94303

OPTIONAL

How did you find out about BMR waiting list application open period:

- Newspaper
- Online
- Flyer
- Friend
- City Website
- Other _____

For statistical purposes, the City of Palo Alto has requested that we ask you for racial background of those served by the BMR program. Please indicate which applies to you:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White