

## PARTICIPATION IN THE CITY OF BERKELEY INCLUSIONARY HOUSING/BELOW MARKET RATE PROGRAM

## **ACKNOWLEDGEMENT FORM**

[Note to Property Owner: Please attach this form, signed by Property Owner or Representative and BMR Renter, as an addendum to the executed lease]

## Dear BMR Renter:

You are eligible to participate in the City of Berkeley's Inclusionary Housing/Below Market Rate program and have been approved by the City of Berkeley and the Property Owner to live in a Below Market Rate (BMR) Unit located at  (Address of Property/Unit Number).
The City's BMR Units are rent-restricted and are available at a rent that is affordable to very
low and low-income households, as defined by the City of Berkeley Inclusionary Housing
Ordinance and accompanying Inclusionary Housing/BMR Program Guidelines.
In order to participate in the program, you were required to certify your income to determine if you met the income limit for this particular unit. To ensure your continued participation, you will be required to meet the BMR requirements and to recertify your household income annually before your lease anniversary date. Refusal to comply with this requirement may result in your being disqualified from the program, and the rent for your unit may be increased to market-rate rent.

Please review the list of general program parameters and BMR Renter responsibilities below. Initial each line acknowledging you understand the program requirements.

## **General Program Parameters**

for the Property.
The initial lease term must be one year. Subsequent terms may be month-to-month, depending on the terms of the original agreement reached by the Property Owner and BMR Renter.

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needed.

lease annivers	be subject to an annual rent increase on or after the original ary date, and only after the Property Owner has received City ur income recertification.
	may only be implemented at the end of a 12-month period, ne lease term, and are capped at the BMR Rent as approved
BMR Renter Responsibiliti	ies, Eligibility, and Annual Recertification
	at the purpose of the Below Market-Rate Program is to g for low- and moderate-income households.
	at I must maintain eligibility for the entire period I have a gibility requires that I:
<ul> <li>Reside in the Inclusion residence.</li> </ul>	onary Unit at least 10 months of the year as my permanent, sole
<ul> <li>Occupy the Unit as m and as long as I have</li> </ul>	ny sole, permanent residence within 60 days of lease execution the the BMR lease.
•	nterest in any residence, either as an investment or alternate
<ul> <li>Am legally able to ex</li> </ul>	ecute contracts (i.e., at least 18 years old). ead of Household, including full-time students, cannot be claimed
	nother person's tax returns.
<ul> <li>Demonstrate that I ar company.</li> </ul>	m not employed by the property owner or property management
<ul> <li>Meet minimum occup</li> </ul>	pancy standards (meaning the number of people for the unit size).
<ul> <li>Report changes in the household composition</li> </ul>	e members of my household and be recertified based on my new on.
	rately report my income on the City-provided form every nowledge that failure to do so is a substantial violation of a f my lease.
documentation do so is a subs to provide inco	the first year and every five years thereafter, I will provide of my income as part of my certification, and that failure to stantial violation of a material term of my Lease. I also agree me documentation as may be requested by the City and/or to the annual recertification during the in-between years, if

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I understand that at the time of my annual recertification, m rise up to 200% of the limit at which I was originally certified be eligible for the Program (i.e., for 50% AMI units, household increase to 100%; for 80% AMI units, household income management.	d and I will still old income may		
I understand that at the time of my annual recertification, if exceeds the BMR income limits of the level at which my BN designated, I am considered "Over-Income", and it is a subject of a material term of my Lease.	/IR unit is		
I understand that I may be evicted pursuant to <a href="BMC 13.76.">BMC 13.76.</a> ° substantial violation of a material term of my lease including to, those listed in this Agreement, ("Participation In The City Inclusionary Housing/Below Market Rate Program").	g, but not limited		
I understand the following procedures apply to Over-Income	e Households:		
<ol> <li>At the time of my annual income certification and finding that the Owner must give me notice of my Over-Income status.</li> </ol>	I am Over-Income,		
<ol> <li>The Owner will give me a 60-day notice to vacate the Unit so the building to compliance with his/her BMR contractual oblig must then vacate the Unit within the 60-day period. The Own market-rate unit in the building, if available.</li> </ol>	ations to the City. I		
Print Name of Head of Household			
Signature of Head of Household	Date		
Property Address / Unit Number			
For Property Management Staff Use Only I have received the signed statement from the Head of Household an understands the BMR Renter responsibilities per the City's Inclusional Program.	nd confirmed s/he ry Housing/BMR		
Signature of Owner or Representative	Date		