



Exhibit E – City of Mountain View Below Market Rate (BMR) Housing Program Preference/Priority Criteria Form (for Home Buyers)

The City's Inclusionary Housing Ordinance establishes a priority system for allocating the limited number of affordable homeownership units. Priority shall be given to income eligible individuals who meet The City of Mountain View agreement to one set of preferences for all projects with some exceptions*.

Tiers: (both Live and/or Work are equal)

- Tier 1 Live in the city of Mountain View
- Tier 1 Work in the City of Mountain View

The preference system will be used to establish a ranking of applicants. An eligible household will be ranked according to where they live/work. While an applicant who works within the city limits will have priority over an applicant who does not.

The City of Mountain View has a Preference/Priority Requirement for all BMR Units (Preferences/Priorities must be met by the applicants and co-applicants that will be on title on the subject property)

BMR PREFERENCE/PRIORITY CRITERIA								
Preference/Tier 1: Live in the City of Mountain View		Live in the city of Mountain View						
Preference/Tier 1: Work in the City of Mountain View		Work in the City of Mountain View						
		Questions	Answers	Required Supplemental Documentation				
PREFERENCE/TIER 1 Live in the City of Mountain View	Mour	ou live within the City of htain View CITY limits? s, who does? he primary applicant (name):	Please check one: Yes No	If yes, please provide: ☐ A signed letter from Human Resource Department verifying that your employer is within the CITY limits. It should also reflect your start date, hours per week worked, and it should indicate if you passed probation. If you are self-employed submit a copy of your business license for the most current year.				





PREFERENCE/TIER 1	•	in the City Limits		If yes, please provide:
Mork in the City of	the City of M	ountain View	check one:	□ A signed letter from Human
Work in the City of Mountain View	If yes, who do	es?	□ Yes	Resource Department verifying the employer/company name and
Wodinali View	•	y applicant (name		location of the employer. It should
) appa (a		also reflect your start date, and
	□ The co-app	olicant (name):	_	hours per week worked, and it
				should indicate if you passed
				probation.
				□ Job Offer Letter with the
				company's name and the Humar
				Resource Department's contact
			_	information. It must include the
				start date and be signed and dated
				☐ If you are self-employed submit a
				copy of your business license for
				the most current year.
				" (()
Check this box if none of the	e preterences	apply to the pr	imary applicant o	or co-applicant (s).
□ I/we (the primary applica	nt or co-applic	rants) don't qua	- lify for any of the	nreferences/nriority
in we the phinary applicat	ког со аррис	arns) dorr qua	my for arry or the	preferences/priority.
I/We (the primary applicant	or co-applica	ants) certify tha	t I/we meet the fo	ollowing preference/priority:
	-1			
PRIMARY APPLICANT:	□ 1 st Tier	□ 2 nd Tier	□ 3rd Tier □	none
Co- APPLICANT:	□ 1 st Tier	□ 2 nd Tier	□ 3rd Tier □	none
OU- ALL LIOANT.				Tione
Additional CO- APPLICANT:	□ 1 st Tier	□ 2 nd Tier	□ 3rd Tier	□ none
				his form is true and complete.
				ormation. I/we also understand
to be considered. No proof				n <u>and</u> the preference criteria form
to be considered. No proof	- 140 101111 - 1	io i reference/i	riority.	
Date				
Annihonet Names			Ci ava atrona	
Applicant Name:			Signature	
Co- Applicant Name:			Signature	
A LUC I A U CAU			0.	
Additional Applicant Name:			Signature	
Additional Applicant Name:				