Mayor's Office of Housing and Community Development
City and County of San Francisco

ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION

Edwin M. Lee
Mayor

Olson Lee
Director

Application for Ellis Act Housing Preference Program

Thank you for your interest in applying for an affordable housing preference certificate through the San Francisco Ellis Act Housing Preference Program (EAHP).

It is important to understand both the guidelines for applying and qualifying for an EAHP certificate. For program details, please review the City and County of San Francisco Ellis Act Housing Preference Program Procedures Manual 2014. It can be found on our website at:
http://www.sfmohcd.org/index.aspx?page=1259

You can complete the EAHP application, affidavit, and other required forms online (simply type into the fields on this pdf). After typing your information, print the forms, and then sign/date wherever applicable (you will not be able to save information entered, so be sure to print the application packet before closing it). If, for some reason, you are unable to complete the application online, you may print it out and complete it by hand. A hand written application may be submitted to MOHCD by any of the means mentioned below.

When you have printed out the complete application, sign it and then return it to MOHCD by email to eahpcertificate@sfgov.org. Please make sure to attach any other required documents.

You may also submit a completed application packet in person, by mail or fax to:

EAHP
Mayor's Office of Housing and Community Development
1 South Van Ness, Fifth Floor
San Francisco, CA 94103

Fax (415) 701-5501

For specific questions regarding this program or assistance in completing the application please call (415) 701 5613. We will strive to return your call within 48 hours.

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ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION

Complete this application only if you have been evicted due to the Ellis Act and you have lived at the displaced address more than 10 years. If you are suffering from a life threatening illness or are disabled, you may be eligible for a certificate if you have lived at the displaced address for at least 5 years prior to eviction due to the Ellis Act.
See eligibility rules at: http://www.sfmohcd.org/index.aspx?page=1259

CONTACT INFORMATION

NAME _____ _____ _____ **DATE** _____

Title *First Name* *Middle Name* *Last Name* *mm/dd/yy*

CURRENT ADDRESS

_____ _____ Heights _____
Street No. *Street Name* *Street Type* *Unit #*

_____
Address Line Two

_____ [select] _____
City *State* *Zip Code*

MAILING ADDRESS ☐ Check if same as current address

_____ _____ Heights _____
Street No. *Street Name* *Street Type* *Unit #*

_____
Address Line Two

_____ [select] _____
City *State* *Zip Code*

DAYTIME PHONE _____ _____ **EVENING PHONE** _____ _____ **EMAIL ADDRESS** _____

Area Code *Phone Number* *Area Code* *Phone Number*

ELLIS ACT EVICTION INFORMATION

ADDRESS WHERE ELLIS ACT EVICTION OCCURRED

_____ _____ Heights _____
Street No. *Street Name* *Street Type* *Unit #*

_____
Address Line Two

_____ [select] _____
City *State* *Zip Code*

ELLIS ACT EVICTION ADDRESS HISTORY

Date of Move In	Date NOI* Was Filed	Date of Move Out
_____	_____	_____
mm/dd/yy	*mm/dd/yy*	*mm/dd/yy*

*Date the Notice of Intent to Withdraw (NOI) was filed by your landlord with the San Francisco Rent Board

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ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION
(continued)

ELLIS ACT HOUSING PREFERENCE CERTIFICATE ELIGIBILITY INFORMATION

LEASE NAMES & DURATION AT ELLIS ACT EVICTION ADDRESS	
1. Have you lived at the displaced address for at least 10 years? ◯ YES ◯ NO 2. Is the date your tenancy commenced on the Notice of Intent to Withdraw (NOI) filed by your landlord? *If you are unsure whether or not the date your tenancy commenced appears on the NOI, please contact the San Francisco Rent Board at 415-252-4602.* ◯ YES ◯ NO	*If you answered YES to question 1 and YES to question 2, then the NOI will be considered sufficient evidence of occupancy from the date listed as the beginning of your tenancy until the NOI filing date. You do not need to provide the NOI with this application. You may skip to the Affidavit of Continuous Occupancy.* *If you answered YES to question 1 and NO to question 2 and your name is listed on the lease of the displaced address, then the lease agreement will be considered sufficient evidence of occupancy for the entire period after its inception until the NOI filing date (in this case, please include a copy of the lease agreement with your application).* *If you answered YES to question 1 and NO to question 2 and your name is not listed on the lease of the displaced address or you do not have a lease, Proof of Occupancy will be required for each year of your tenancy up to the required minimum of 10 years (5 years for those who are disabled or have a life-threatening illness – see questions 3 through 5). Acceptable Proof of Occupancy documents are listed on the attached "Acceptable Ellis Act Housing Preference Documentation" sheet (documentation is required only for each **year** of occupancy – not each month).* *If you answered NO to question 1, please answer question 3.*

DURATION AT ELLIS ACT EVICTION ADDRESS IF LESS THAN 10 YEARS	
3. Have you lived at the displaced address for at least 5 years? ◯ YES ◯ NO	*If you answered NO to question 3, you are not eligible for an Ellis Act Housing Preference Certificate; please see eligibility information at:* http://www.sfmohcd.org/index.aspx?page=1259 *If you answered YES to question 3, please answer questions 4 & 5.*

ELIGIBILITY IF AT ELLIS ACT EVICTION ADDRESS LESS THAN 10 YEARS (BUT AT LEAST 5 YEARS)	
4. Are you disabled? ◯ YES ◯ NO 5. Are you suffering from a life-threatening illness? ◯ YES ◯ NO	*If you answered YES to question 4, please see the "Proof of Disability Status" section of the attached "Acceptable Ellis Act Housing Preference Documentation" sheet.* *If you answered YES to question 5, please see the "Proof of Life-Threatening Illness" section of the attached "Acceptable Ellis Act Housing Preference Documentation" sheet.* *If you answered YES to both questions 4 and 5, you need to provide only proof of disability documentation.* *If you answered NO to both questions 4 and 5 and you have lived at the displaced address less than 10 years, then you are not eligible for an Ellis Act Housing Preference Certificate; please see eligibility information at:* http://www.sfmohcd.org/index.aspx?page=1259

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ELLIS ACT HOUSING PREFERENCE PROGRAM

AFFIDAVIT OF CONTINUOUS OCCUPANCY

I, (name here) _____ , have continuously lived at (Ellis Act eviction address here) _____ for a minimum of 10 months of each year starting (move-in date) _____ through the date my landlord filed a *Notice of Intent to Withdraw* with the San Francisco Rent Board on (file date) _____. During this period, I did not sublease or in any other way vacate this unit for more than two months in any given year.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and accurate. I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for the Ellis Act Housing Preference Program. I acknowledge that a material misstatement fraudulently or negligently made in this Affidavit or in any other statement made by me in connection with the application under the Ellis Act Displacement Emergency Assistance Ordinance (#277-13) will result in the City's denial of my application.

_____ _____

APPLICANT'S SIGNATURE *DATE*

ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION
INSTRUCTIONS

STATISTICAL INFORMATION

Please provide the following statistical information:

Gender _____ **Age** _____ **Primary Language** _____

Household Size _____ *people* **Gross Annual Income (Individual)** $_____ *per year*

Ethnicity (Select One):

- ◯ Hispanic/Latino
- ◯ Not Hispanic/Latino

Race (Select One):

- ◯ American Indian/Alaskan Native
- ◯ Asian
- ◯ Black/African American
- ◯ Native Hawaiian/Other Pacific Islander
- ◯ White
- ◯ American Indian/Alaskan Native *and* Black/African American
- ◯ American Indian/Alaskan Native *and* White
- ◯ Asian *and* White
- ◯ Black/African American *and* White
- ◯ Other/Multiracial

SIGNATURE

AFFIDAVIT

❑ I have signed the "Affidavit of Continuous Occupancy" on page 3 of this application.

ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF APPLYING FOR AN ELLIS ACT HOUSING PREFERENCE CERTIFICATE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

_____ _____

APPLICANT'S SIGNATURE DATE

SEE INSTRUCTIONS / NEXT STEPS ON THE NEXT PAGE

ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION
INSTRUCTIONS

INSTRUCTIONS

NEXT STEPS

After typing your information into the fields on this pdf packet, print the forms, and then sign/date wherever applicable (you will not be able to save information entered into the fields, so be sure to print before closing this window).

Make sure you complete and sign the "Affidavit of Continuous Occupancy" on page 3 of this application.

Collect all supporting documents (note: we will process only complete signed applications; applications missing information, signatures, or supporting documents will be considered incomplete and will not be processed).

Submit your complete signed application and supporting documents via one of the following:

By email (preferred) EAHPcertificate@sfgov.org	By fax (415) 701-5501
By mail or in person EAHP Program / Mayor's Office of Housing and Community Development 1 South Van Ness Avenue, 5th Floor San Francisco, CA 94103	

Please allow two weeks for processing your complete application packet. MOHCD will contact you in writing with your eligibility status (MOHCD will require a copy of a valid form of government-issued identification prior to the release of your Ellis Act Housing Certificate).

ELLIS ACT HOUSING PREFERENCE CERTIFICATE APPLICATION

ACCEPTABLE ELLIS ACT HOUSING PREFERENCE DOCUMENTATION

The following is a list of documentation and requirements that will be accepted as proof of continuous occupancy, disability, and life-threatening illness:

All records must bear the applicant's name and the address as they appear on the Notice of Intent to Withdraw. All mail or documents must be verifiable by the source. MOHCD reserves the right to reject any documentation as questionable or unverifiable.

Proof of Continuous Occupancy (one for each year, not for each month of every year)

• Utility bills (phone, cable, internet, water, or gas) or utility company payment history document • Tax returns • Voter registration records • DMV vehicle registration records • School records • Paystubs • Bank statements • Public benefits records (e.g. SSI/SSP, MediCal, GA, Unemployment Insurance, Foodstamps)	• Proof of rent payment from the applicant to the owner or tenant listed on the Notice of Intent to Withdraw. Rent payment must be documented by bank deposit receipt or money order receipt. • Notarized letter or declaration from the property owner listed on the NOI indicating start and end date of tenancy in the unit listed on the NOI. • Eviction Notice • Notice of Intent to Withdraw • Lease

Proof of Disability Status (as applicable)

• Proof of participation in the federal Supplemental Security Income/California State Supplemental Program (SSI/SSP) OR • Doctor's certification from a licensed physician or other medical professional as listed to the right. For doctor's certification of Disability Status, please complete and sign the attached "Authorization to Disclose (Release) Healthcare Information" form.	**Acceptable medical sources for doctor certification are:** • Licensed physicians; • Licensed or certified psychologists only for purposes of establishing mental retardation, learning disabilities, and borderline intellectual functioning; • Licensed optometrists only for purposes of establishing visual disorders; • Licensed speech-language pathologists only for purposes of establishing speech or language impairments. For purposes of this program, SSI/SSP eligibility or doctor's certification requires the applicant to be unable to do substantial, gainful activity because of a mental or physical impairment that can be expected to last for a continuous period of at least 12 months or that will result in death. "Substantial, gainful activity" generally means work with wages in excess of $500 per month.

Proof of Life -Threatening Illness (as applicable)

• For Proof of Life-Threatening Illness, please complete and sign the attached "Authorization to Disclose (Release) Healthcare Information" form.	**Acceptable medical sources for doctor certification are:** • Licensed physicians; For purposes of this program, **the definition of Life-Threatening Illness is**: *A chronic, severe, and life-threatening physical illness that requires continuous medical treatment, for example HIV disease, cancer or severe heart disease*. The condition must meet at least one of the following criteria: 1) substantially impedes the individual's ability to work or perform one or more activities of daily living 2) has a prognosis of 12 months or less

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AUTHORIZATION TO DISCLOSE (RELEASE) HEALTHCARE INFORMATION

Upon receipt of your completed and signed *Authorization to Disclose (Release) Healthcare Information*, the Mayor's Office of Housing and Community Development will send your physician the Medical Condition Verification form to document your life threatening illness or permanent disability. Your physician's office will return the verification form directly to MOHCD.

NAME OF PATIENT _____ _____ _____ **PATIENT BIRTHDATE** _____

First Name *Middle Name* *Last Name* *mm/dd/yy*

NAME OF HEALTH INSURANCE PROVIDER _____ **HEALTH INSURANCE ID #** _____

HEALTHCARE INFORMATION MAY BE DISCLOSED BY:

NAME OF PHYSICIAN RELEASING INFORMATION

_____
Physician's Name

PHYSICIAN'S PHONE NUMBER

_____ _____
Area Code *Phone Number*

PHYSICIAN'S OFFICE ADDRESS

_____ _____ Heights _____
Street No. *Street Name* *Street Type* *Unit #*

_____
Address Line Two

_____ [select] _____
City *State* *Zip Code*

HEALTHCARE INFORMATION MAY BE DISCLOSED TO:
Mayor's Office of Housing and Community Development
1 South Van Ness Avenue, San Francisco, CA 94103
(415) 701-5613 (Ellis Act Housing Preference Hotline)

Please disclose healthcare information for the 5 year period leading up to

_____
Date of Notice of Intent to Withdraw

REASON FOR HEALTHCARE INFORMATION RELEASE REQUEST:
I am requesting that this health information be released to document my eligibility for the Ellis Act Housing Preference Program made possible by the Ellis Act Displacement Emergency Assistance Ordinance (#277-13) of the City and County of San Francisco.

AUTHORIZATION
Information released may include information regarding the testing, diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, chemical dependency or mental/psychiatric illness. I give my specific authorization for this information to be released.

RIGHTS
Generally, entities covered by the Health Insurance Portability and Accountability Act of 1996, may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization. If this authorization is for purposes of determining enrollment, eligibility, underwriting or risk rating prior to enrollment, not signing or revoking this authorization may impact enrollment or benefit determinations. I may revoke this authorization in writing. Once the information I have authorized to be disclosed is disclosed, it may no longer be protected under health information privacy laws. If I revoke my authorization, it will not affect any actions already taken based on this authorization.

_____ _____
PATIENT'S SIGNATURE *DATE*

This authorization expires 90 days from the date signed.