

Bill Sorro Community Addendum to the MOHCD
Affordable Housing Application

14 of the 66 units at Bill Sorro Community are federally funded for individuals with developmental disabilities.

All applicants must submit this addendum with their application.

**Please read the definition below, check the box that applies to your household,
and sign:**

The head of household, spouse or one or more adult occupant must meet the following definition of disability, as this property is designated for a special population as defined in the HUD Handbook 4350.3, Chapter 3, Section 2, Figures 3-5 and 3-6.

- 1) A person with a developmental disability , as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language
 - (C) Learning,
 - (D) Mobility, Self-direction,
 - (E) Capacity for independent living, and
 - (F) Economic self-sufficiency; and
 - (v) Reflects the person’s need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
 - (vi) The above will be evidenced by the HUD Verification of Disability When Eligibility of Admission is based on Disability form provided at time of initial interview.

**One or more adults in my household meets the above definition of a
developmentally disabled individual: YES _____ NO _____**

Signature

Date

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



**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

Edwin M. Lee
Mayor

Olson Lee
Director

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
(All applications containing any person who appears on more than one application
will be removed from the lottery)

YOUR NAME

YOUR DATE OF BIRTH

First Name

Middle Name

Last Name

mm/dd/yy

Address of the listing for which you are applying:
(REQUIRED FOR LOTTERY) Bill Sorro Community - 1009 Howard Street

How many people will
live in your unit?

What is the total annual household gross (before taxes)
income from all sources for every person in your household?

\$

Do you or another member of your household have a housing voucher or subsidy? Yes No

APPLICANT INFORMATION

YOUR RESIDENCE ADDRESS

We cannot accept a PO box here.

Street No. Street Name Street Type Unit
City State Zip Code

YOUR MAILING ADDRESS - you may use a PO box
(if different from residence address)

Street No. Street Name Street Type Unit
City State Zip Code

YOUR PHONE #

Home Work Cell

YOUR SECOND PHONE #

Home Work Cell

YOUR EMAIL

(leave blank if you don't have one)

Area Code Phone Number

Area Code Phone Number

SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional)

PHONE NUMBER

First Name

Last Name

(Area Code) Phone Number

HOW DO YOU KNOW THIS PERSON?

Family Member Friend Other _____

Social Worker or Housing Counselor **NAME OF AGENCY:** _____

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**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

(continued)

Thinking about the past 30 days, what best describes your living situation?

CURRENT LIVING SITUATION

I'm renting a room, apartment, or house.

This includes living in a supportive housing unit or SRO for which you pay.

How much is your rent per month? \$ _____

I live in a home that I own

I live in a home that a household member owns, and I do not pay rent

I'm homeless.

Includes living outside, or in your car, or staying at a shelter, or in a motel/hotel paid for with an emergency voucher.

I have somewhere to stay, but it isn't permanent.

Includes staying with friends or family, living in a motel/hotel, or living in a medical or other facility, and those who have received an eviction notice for their current residence.

How long have you been in a temporary housing or homeless situation? _____

When was the last time you had a stable, long-term living situation (6 months ago, 2 years ago, etc.)?

Who else will live in the unit for which you are applying, including minors?

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING
All applications containing any person who appears on more than one application will be removed from the lottery.

HOUSEHOLD MEMBER INFORMATION

First Name Middle Name Last Name Date of Birth (mm/dd/yy)

First Name Middle Name Last Name Date of Birth (mm/dd/yy)

First Name Middle Name Last Name Date of Birth (mm/dd/yy)

First Name Middle Name Last Name Date of Birth (mm/dd/yy)

At least one member of my household (including me) has served in the U.S. Military

At least one member of my household (including me) requires a unit with ADA-Accessible features

If checked, please specify needed features and indicate mobility impaired and/or hearing/vision impaired:

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**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

(continued)

HOUSEHOLD PREFERENCE INFORMATION

Does anyone in your household have any of the following preferences? (check all that apply)

If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the project posting to find out which preferences apply.

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the preferences below. To prove eligibility, **one** of the listed documents must be submitted with your application:

Live in San Francisco Preference

- Telephone bill (land line only)
- Cable or internet bill
- Gas or Electric bill
- Garbage bill
- Water bill
- Paystub (listing home address)
- Public benefits record
- School record

Work in San Francisco Preference

- Paystub (showing employer address in San Francisco)
- Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City

Neighborhood Resident Housing Preference
This preference applies only to new projects.
At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying. To prove eligibility, **one** of the following must be submitted with your application:

- Telephone bill (land line only)
- Cable or internet bill
- Gas or Electric bill
- Garbage bill
- Water bill
- Paystub (listing home address)
- Public benefits record
- School record

N/A - This preference does not apply to Bill Sorro

Documentation must list the household member's name and current address and be **dated within 45 days** of the date of this application.

Rent Burdened Or Assisted Housing Preference – N/A - This preference does not apply to Bill Sorro
San Francisco households that are currently spending more than 50% of their income for housing, or that reside in public housing or Project Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. **Households who qualify for this preference must meet the building's minimum income requirements.** To prove eligibility, the following must be submitted with your application (we will verify the amount of rent you pay after the lottery):

- ~~For Residents of HUD Assisted Housing:~~ a copy of your current lease agreement
- ~~For Rent Burdened:~~ copy of current lease AND proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are **not** acceptable as proof of rent payments

Displaced Tenant Housing Preference
If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction in 2010 or later.

N/A - This preference does not apply to Bill Sorro

Certificate of Preference
If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s.

Name of COP Holder: _____

If you have not heard of these preferences, you most likely do not have one. Please call 415-701-5613 if you think you qualify for either.



