

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



**CERTIFICATE OF PREFERENCE
SEARCH REQUEST APPLICATION**

Mark Farrell
Mayor

Kate Hartley
Director

Complete this application only if you have been displaced from Western Addition or Bayview Hunters Point in the 1960's or 1970's by the Former San Francisco Redevelopment Agency (Agency).

TODAY'S DATE: _____
mm/dd/yy

Please check the one for which you are applying:

New Certificate Replacement Copy

Referring Housing Counselor (see SF Housing Resource Guide)

Name _____
See Authorization Form

REQUESTER'S INFORMATION:

NAME _____ **DATE OF BIRTH** _____

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

CURRENT ADDRESS				MAILING ADDRESS <input type="checkbox"/> Check if same as current			
Street No.	Street Name	Street Type	Unit #	Street No.	Street Name	Street Type	Unit #
Address Line Two				Address Line Two			
City	State	Zip Code		City	State	Zip Code	

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

Area Code Phone Number Area Code Phone Number

HOUSEHOLD SIZE **PRIMARY LANGUAGE** **GROSS ANNUAL INCOME** (helps identify household needs)

_____ \$ _____

(This section is required to conduct an address and head of the household (likely a Parent/Guardian in the 1960's or 1970's) archive search. Please provide as much information as possible) **APPROXIMATE DATE OF DISPLACEMENT** _____

HEAD OF HOUSEHOLD (of DISPLACEMENT ADDRESS) INFORMATION: _____
mm/dd/yy

NAME

1) Title First Name Maiden Name Last Name Relationship

2) Title First Name Maiden Name Last Name Relationship

SF ADDRESS 1 WHERE DISPLACEMENT OCCURRED				SF ADDRESS 2 WHERE DISPLACEMENT OCCURRED			
Street No.	Street Name	Street Type	Unit #	Street No.	Street Name	Street Type	Unit #

CONTACT INFORMATION

COP DISPLACEMENT INFORMATION

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Help us ensure we are meeting our goal to serve all people

These optional questions will not affect your eligibility for A Certificate of Preference in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which best describes your ethnicity? (select one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino		
<hr/> Which best describes your race? (select one) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> American Indian/Alaskan Native <i>and</i> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <i>and</i> White <input type="radio"/> Black/African American <input type="radio"/> Asian <i>and</i> White <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Black/African American <i>and</i> White <input type="radio"/> White <input type="radio"/> Other/Multiracial		
Which best describes your gender? (Check one that best describes your current gender identity) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male Not listed – please specify: _____	Which was your sex at birth? (Check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Which best describes your sexual orientation or sexual identity? (Check one) <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Not listed - please specify: _____

Please find more information on the demographic information requested at www.sfmohcd.org

Please provide the following preference information:

HOUSING NEEDS	<i>Please check the box of the type of housing in which you are interested:</i> <input type="checkbox"/> Rental <input type="checkbox"/> Homeownership <input type="checkbox"/> Both
	<i>Please check the box most associated with your housing needs (Check all that apply):</i> <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Senior <input type="checkbox"/> ADA Accommodation
	Do you have a preference to live in a particular neighborhood in San Francisco? If so, where? _____

SIGNATURE	I UNDERSTAND ALL STATEMENTS ARE MADE FOR THE PURPOSE OF APPLYING FOR A CERTIFICATE OF PREFERENCE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY RELEVANT SOURCE. (INCLUDING TWO OF THE FOLLOWING: SOCIAL SECURITY CARD, BIRTH CERTIFICATE, STATE ISSUED ID)	
	_____ APPLICANT'S SIGNATURE	_____ TODAY'S DATE