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

CONTACT INFORMATION

REQUESTER'S INFORMATION:

NAME

DATE OF BIRTH

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

CURRENT ADDRESS

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

Address Line Two

City	*State*	*Zip Code*

MAILING ADDRESS   ☐ *Check if same as current*

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

Address Line Two

City	*State*	*Zip Code*

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

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

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

$ _____

COP DISPLACEMENT INFORMATION

(This section is required to conduct an address and head of household (likely a Parent/Guardian in the 1960's or 1970's) archive search. You may also list: other adult household members, siblings who have a COP Certificate, and the name of the landlord or owner. 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*

*(*Don't remember your former address? Try accessing your SFUSD transcripts or refer to your Birth Record.)*

SF ADDRESS 1 WHERE DISPLACEMENT OCCURRED

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

SF ADDRESS 2 WHERE DISPLACEMENT OCCURRED

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

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

These optional questions will <u>not</u> 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)
- ○ Hispanic/Latino
- ○ Not Hispanic/Latino

Which best describes your race? (select one)

○ American Indian/Alaskan Native	○ American Indian/Alaskan Native <u>and</u> Black/African American
○ Asian	○ American Indian/Alaskan Native <u>and</u> White
○ Black/African American	○ Asian <u>and</u> White
○ Native Hawaiian/Other Pacific Islander	○ Black/African American <u>and</u> White
○ White	○ Other/Multiracial

Which best describes your gender? (Check one that best describes your current gender identity)
- ☐ Female
- ☐ Male
- ☐ Genderqueer/Gender Non-binary
- ☐ Trans Female
- ☐ Trans Male

Not listed – please specify: _____

Which was your sex at birth? (Check one)
- ☐ Female
- ☐ Male

Which best describes your sexual orientation or sexual identity? (Check one)
- ☐ Bisexual
- ☐ Gay/ Lesbian/Same-Gender Loving
- ☐ Questioning/Unsure
- ☐ Straight/ Heterosexual
- ☐ 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

Please check the box of the type of housing in which you are interested:
- ☐ **Rental**
- ☐ **Homeownership**
- ☐ **Both**

Please check the box most associated with your housing needs (Check all that apply):
- ☐ **Family**
- ☐ **Individual**
- ☐ **Senior**
- ☐ **ADA Accommodation-** *(Circle: Mobility- Hearing- Vision)*

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 TRANSCRIPTS FROM THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND TWO OF THE FOLLOWING: SOCIAL SECURITY CARD, BIRTH CERTIFICATE, STATE ISSUED ID)

_____   _____
APPLICANT'S SIGNATURE   TODAY'S DATE