

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

Edwin M. Lee  
Mayor

Kate Hartley  
Acting Director



**CERTIFICATE OF PREFERENCE  
SEARCH REQUEST APPLICATION**

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 Agency/ Housing Counselor

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 # _____ Address Line Two _____ City      State      Zip Code	_____ 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 ANNUAL INCOME**

\_\_\_\_\_ \$ \_\_\_\_\_

**HEAD OF HOUSEHOLD (of DISPLACEMENT ADDRESS) INFORMATION:**

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_

APROXIMATE DATE OF DISPLACEMENT

**NAME**

(within 5 yrs)

\_\_\_\_\_ Title      First Name      Maiden Name      Last Name      mm/dd/yy

ADDRESS 1 WHERE DISPLACEMENT OCCURRED	ADDRESS 2 WHERE DISPLACEMENT OCCURRED
_____ Street No.    Street Name      Street Type    Unit # _____ Address Line Two SAN FRANCISCO CA _____ City      State      Zip Code	_____ Street No.    Street Name      Street Type    Unit # _____ Address Line Two SAN FRANCISCO CA _____ City      State      Zip Code

CONTACT INFORMATION

COP DISPLACEMENT INFORMATION

