## Mayor's Office of Housing and Community Development

City and County of San Francisco



# CERTIFICATE OF PREFERENCE SEARCH REQUEST APPLICATION

Edwin M. Lee Mayor

Kate Hartley
Acting 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).

		which you are applying:	Referring Agency/ Housing (	
☐ New (	Certificate	Replacement Copy	Name	See Authorization Fon
REQUES NAME	STER'S INFORMAT	ION:		DATE OF BIRTH
Title	First Name	Middle Name	Last Name	mm/dd/yy
CURRE	NT ADDRESS		MAILING ADDRESS	Check if same as curre
Street N	No. Street Name	Street Type Unit #	Street No. Street Name	Street Type Unit
Address	s Line Two		Address Line Two	
City		State Zip Code	City	State Zip Cod
		Area Code Phone Numb	GROSS ANNUAL INCOME	
			<del>y</del>	
	F HOUSEHOLD (0) NSHIP TO HEAD OF	f DISPLACEMENT ADDRESS) HOUSEHOLD		
RELATIO	• •	•	APROXIMATE DA	
NAME  Title	NSHIP TO HEAD OF	HOUSEHOLD	APROXIMATE DA	(within 5 yr. mm/dd/yy
RELATION NAME  Title  ADDRE	NSHIP TO HEAD OF	HOUSEHOLD	Last Name  ADDRESS 2 WHERE DISPLA	
Title  ADDRE	First Name	Maiden Name PLACEMENT OCCURRED	Last Name  ADDRESS 2 WHERE DISPLA	mm/dd/yy ACEMENT OCCURRED

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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 gender?		Which was your sex at birth?	Which best describes your sexual orientation or			
(Check one that best describes your		(Check one)	sexual identity? (Check one)			
current gender identity)		Female	Bisexual			
Female		Male	Gay/ Lesbian/Same-Gender Loving			
Male			Questioning/Unsure			
Genderqueer/Gender Non-binary			Straight/ Heterosexual			
Trans Female			Not listed - please specify:			
Trans Male						
Not lis	sted – please specify:					
Which	h best describes your ethnicity? (selec	et one)	L			
0	Hispanic/Latino	O Not Hispanic/Latino				
Which best describes your race? (select one)						
O American Indian/Alaskan Native		O American Indian/Alaskan Native <u>and</u> Black/African American				
O Asian		O American Indian/Alaskan Native <u>and</u> White				
O Black/African American		O Asian <u>and</u> White				
O Native Hawaiian/Other Pacific Islander		·	White			
O White		O Other/Multiracial				
Please find more information on the demographic information requested at www.sfmohcd.org						
	Please provide the following prefe	Please provide the following preference information:				
20	Please check the box of the type of housing in which you are interested:					
HOUSING NEEDS	☐ Rental ☐ Hor	meownership [	□ Both			
2						
ž	Please check the box most associated with your housing needs (Check all that apply):					
SO	☐ Family ☐ Individual ☐ Senior ☐ ADA Accommodation					
오	Do you have a preference to live in a particular neighborhood in San Francisco? If so, where?					
	I UNDERSTAND ALL STATEMENTS ARE MADE FOR THE PURPOSE OF APPLYING FOR A CERTIFICATE OF					
퓚	PREFERENCE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY					
1	RELEVANT SOURCE. (INCLUDING TWO OF THE FOLLOWING: SOCIAL SECURITY CARD, BIRTH CERTIFICATE, STATE ISSUED ID)					
SIGNATURE						
SIG	A DDLLCANIT/C CLCALATURE		TODAWS DATE			
	APPLICANT'S SIGNATURE		TODAY'S DATE			