### 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

Please ch		ich you are applying:	Referring Agency/ Housing (	
REQUEST	ER'S INFORMATION	,		See Authorization Fo
NAME				DATE OF BIRTH
Title	First Name	Middle Name	Last Name	mm/dd/y
CURREN	IT ADDRESS		MAILING ADDRESS	Check if same as curre
Street No	o. Street Name	Street Type Unit #	Street No. Street Name	Street Type Uni
Address I	Line Two		Address Line Two	
City		State Zip Code	City	State Zip Cod
		Area Code Phone Numbe	GROSS ANNUAL INCOME	
			\$	
HEAD OF NAME	_	DISPLACEMENT ADDRESS) II	OXIMATE DATE OF DISPLACE NFORMATION:	EMENTmm/dd/y
HEAD OF NAME	HOUSEHOLD (of E		OXIMATE DATE OF DISPLACE	MENT
HEAD OF NAME  1) Title  2) Title	First Name First Name	DISPLACEMENT ADDRESS) II	OXIMATE DATE OF DISPLACE NFORMATION:	Relationship

#### 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

#### 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)				
	nt 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:				
	ans Male						
Not lis	sted – please specify:						
Which best describes your ethnicity? (select one)							
O 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 Nat	tive <u>ana</u> write				
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	Discourse the share was at a second at the second with second as second as (Charle all the stands).						
ž	Please check the box most associated with your housing needs (Check all that apply):  □ Family □ Individual □ Senior □ ADA Accommodation						
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						
D.	RELEVANT SOURCE. (INCLUDING TWO OF THE FOLLOWING: SOCIAL SECURITY CARD, BIRTH CERTIFICATE, STATE ISSUED ID)						
SIGNATURE							
SIG	ADDITIONALTIC CIONATURE						
	APPLICANT'S SIGNATURE		TODAY'S DATE				