

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).

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 #	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**

_____ \$ _____

APROXIMATE 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

