

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



**DISPLACED TENANT HOUSING PREFERENCE  
CERTIFICATE APPLICATION**

**Edwin M. Lee**  
Mayor

**Olson Lee**  
Director

**DTHP Program Application Instructions**

Thank you for your interest in applying for an affordable housing preference certificate through the San Francisco Displaced Tenant Housing Preference Program (DTHP).

It is important to understand both the guidelines for applying and qualifying for a DTHP certificate. For program details, please review the City and County of San Francisco Affordable Housing Preference Program Procedures Manual. It can be found on our website at:

<http://sfmohcd.org/displaced-tenant-housing-preference-program>

You can complete the DTHP application, affidavit, and other required forms online (simply type into the fields on this pdf). After typing your information, print the forms, and then sign/date wherever applicable (you will not be able to save information entered, so be sure to print the application packet before closing it). If, for some reason, you are unable to complete the application online, you may print it out and complete it by hand. A hand written application may be submitted to MOHCD by any of the means mentioned below.

Tenants displaced due to fire must also submit a Fire Displacement Verification form signed by a public safety official.

When you have printed out the complete application, sign it, scan it, and then return it to MOHCD by email to [DTHPcertificate@sfgov.org](mailto:DTHPcertificate@sfgov.org). Please make sure to attach any other required documents.

You may also submit a completed application packet in person, by mail or fax to:

DTHP  
Mayor's Office of Housing and Community Development  
1 South Van Ness, Fifth Floor  
San Francisco, CA 94103

Fax (415) 701-5501

For specific questions regarding this program or completing the application please call (415) 701-5613. We will strive to return your call within 48 hours.



## DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

Complete this application only if you have been evicted due to an Ellis Act or Owner Move-In (OMI) eviction in San Francisco on or after January 1, 2010, or if you have been displaced due to a fire in San Francisco and cannot return to the unit within six months of the displacement. See eligibility rules at <http://sfmohcd.org/displaced-tenant-housing-preference-program-0>

CONTACT INFORMATION

NAME				DATE
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>mm/dd/yy</i>
<b>CURRENT ADDRESS</b>		<b>MAILING ADDRESS</b> <input type="checkbox"/> Check if same as current address		
<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>Street #</i> <i>Street Name</i> <i>Street Type</i> <i>Unit</i>
<i>Address Line Two</i>		<i>Address Line Two</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	
<b>DAYTIME PHONE</b>		<b>EVENING PHONE</b>		<b>EMAIL ADDRESS</b>
<i>Area Code</i>	<i>Phone Number</i>	<i>Area Code</i>	<i>Phone Number</i>	

**DISPLACEMENT TYPE:**  Ellis Act  Owner Move-In (OMI)  Fire Displacement

EVICTION INFORMATION

ADDRESS WHERE DISPLACEMENT OCCURRED	DISPLACEMENT ADDRESS HISTORY		
<i>Street #</i> <i>Street Name</i> <i>Street Type</i> <i>Unit</i>	<b>Date of Move In</b>	<b>Date Eviction Notice* Was Filed</b>	<b>Date of Move Out</b>
<i>Address Line Two</i>			
<i>City</i> <i>State</i> <i>Zip Code</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>

\*Date the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) was filed by your landlord with the San Francisco Rent Board. For OMI Evictions, if the Eviction Notice was not filed with the Rent Board, enter the date that the Eviction Notice was served to you.

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# DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE ELIGIBILITY INFORMATION

## COMPLETE THIS SECTION ONLY IF DISPLACED THROUGH AN ELLIS ACT OR OMI EVICTION

<p>Is your name listed on the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) filed with the Rent Board?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p> <p><b>If you answered yes</b>, no further documentation is required.</p> <p><b>If you answered no</b>, you must submit documentation as described here:</p>	<p><b>Any two of the documents described below (must be dated within 45 days prior to the date that the NOI or Eviction Notice was filed with the Rent Board or served on the tenant)</b></p> <p>Eviction Notice for the withdrawn unit.          Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)          Paystub          Public benefits records (e.g. SSI/SSP, MediCal, GA, Unemployment Insurance, CalFresh)          School records</p> <p>All records must bear the applicant's name and the address as it appears on the Notice of Intent to Withdraw or Eviction Notice. All documents must be verifiable by the source. MOHCD reserves the right to reject any documentation as questionable or unverifiable.</p>
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## COMPLETE THIS SECTION ONLY IF DISPLACED DUE TO A FIRE

<p>Are you currently displaced due to a fire?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p> <p><b>If you answered no</b>, you do not qualify for this preference.</p> <p>Are you unable to return to the unit for six months from the date of displacement?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p> <p><b>If you answered no</b>, you do not qualify for this preference.</p> <p><b>If you answered yes</b>, you must submit documentation as described here:</p>	<ul style="list-style-type: none"> <li>▪ <b>Copy of Order to Vacate</b></li> <li>OR</li> <li>▪ <b>Copy of Signed Lease</b></li> <li>OR</li> <li>▪ <b>Any two of the documents described below (must be dated within 45 days prior to the date of the fire displacement). Copies may be obtained by agencies if needed.</b></li> </ul> <p>Utility bill (landline phone, cable, internet, water, gas, electric, or garbage)          Paystub          Public benefits records (e.g. SSI/SSP, MediCal, GA, Unemployment Insurance, Foodstamps)          School records</p> <p>All records must bear the applicant's name and the address as they appear on the Fire Displacement Verification form. All documents must be verifiable by the source. MOHCD reserves the right to reject any documentation as questionable or unverifiable.</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ <b>A Fire Displacement Verification form (found on Page 5) completed by a public safety official.</b></li> </ul>
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## DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

### AFFIDAVIT OF CONTINUOUS OCCUPANCY

#### **For Ellis Act and Owner Move-In Evictions only:**

I, (name here) \_\_\_\_\_, lived at  
(eviction address here) \_\_\_\_\_

at the time my landlord filed a Notice of Intent to Withdraw (Ellis Act eviction) or an Eviction Notice (Owner Move-In eviction) with the San Francisco Rent Board or served me with an Eviction Notice.

#### **For displacement due to a fire only:**

I, (name here) \_\_\_\_\_, lived at  
(displacement address here) \_\_\_\_\_

at the time of the fire. I am currently displaced due to the fire and I cannot return to the unit within a period of six months from the date of the displacement.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and accurate. I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for the Displaced Tenant Housing Preference Program. I acknowledge that a material misstatement fraudulently or negligently made in this Affidavit or in any other statement made by me in connection with the application under the Preferences in Affordable Housing Programs (pursuant to Ordinance No. 0164-16) will result in the City's denial of my application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



# DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

Please provide the following statistical information:

STATISTICAL INFORMATION

**What best describes your gender?**

- Male                       Female
- Trans Male               Trans Female
- Not listed – please specify: \_\_\_\_\_
- Decline to state

**Date of Birth** \_\_\_\_\_

**Primary Language** \_\_\_\_\_

**Household Size** \_\_\_\_\_ *people*

**Gross Annual Income**  
**(Individual)** \$ \_\_\_\_\_ *per year*

**Ethnicity (Select One):**

- Hispanic/Latino
- Not Hispanic/Latino

**Race (Select One):**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- American Indian/Alaskan Native *and* Black/African American
- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African American *and* White
- Other/Multiracial

**ID REQUIREMENT**

- I have provided a copy of a valid government issued ID.

**AFFIDAVIT**

- I have signed the “Affidavit of Continuous Occupancy” on page 3 of this application.

ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF APPLYING FOR A DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

SIGNATURE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



# DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

## FIRE DISPLACEMENT VERIFICATION

MOHCD is reviewing the tenant listed below for eligibility for the Displaced Tenant Housing Preference (DTHP) Program made possible by Administrative Code – Preferences in Affordable Housing Programs (#0164-16). This applicant is claiming eligibility based on displacement from a fire. A public safety official must complete this form. Please contact the Human Services Agency – Emergency Response Unit (170 Otis Street): [kira.barrera@sfgov.org](mailto:kira.barrera@sfgov.org) and 415-557-5311.

NAME				DATE
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>mm/dd/yy</i>

ADDRESS WHERE FIRE DISPLACEMENT OCCURRED				FIRE DISPLACEMENT DATE
<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>mm/dd/yy</i>
<i>Address Line Two</i>				
<i>City</i>	<i>State</i>	<i>Zip Code</i>		

Is the applicant foreseeably displaced from the unit for 6 months from the Displacement Date?

YES       NO

Please explain the current status and circumstance of displacement:

\_\_\_\_\_

### PUBLIC SAFETY OFFICIAL

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

VERIFICATION SIGNATURE

DATE

Please return this completed signed form to:

DTHP Program/MOHCD, 1 South Van Ness Ave., 5<sup>th</sup> Fl., San Francisco, CA 94103 [DTHPcertificate@sfgov.org](mailto:DTHPcertificate@sfgov.org)

For questions, please email or call the DTHP Program, (415) 701-5613  
1 South Van Ness Avenue, 5<sup>th</sup> Fl. San Francisco, CA 94103  
Main Phone (415) 701-5500 • Fax (415) 701-5501 • TDD (415) 701-5503 • [www.sfmohcd.org](http://www.sfmohcd.org)



# DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

## NEXT STEPS FOR APPLICANTS

Print this form, then after writing your information into the fields on this pdf packet, sign and date wherever applicable

Make sure you complete and sign the "Affidavit of Occupancy and Displacement" on page 3 of this application.

Tenants displaced due to fire must also submit the included Fire Displacement Verification form signed by a public safety official.

Collect all supporting documents and a **copy of your ID** (note: we will process only complete signed applications; applications missing information, signatures, or supporting documents will be considered incomplete and will not be processed).

Submit your complete signed application, supporting documents and a **copy of your ID** via one of the following:

<b><u>By email (preferred)</u></b> DTHPcertificate@sfgov.org	<b><u>By fax</u></b> (415) 701-5501
<b><u>By mail or in person</u></b> DTHP Program / Mayor's Office of Housing and Community Development 1 South Van Ness Avenue, 5 <sup>th</sup> Floor San Francisco, CA 94103	

MOHCD will contact you in writing with your eligibility status.

INSTRUCTIONS