

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



Edwin M. Lee
Mayor

PLUS HOUSING APPLICATION

Please complete in English and mail to or drop off at MOHCD

Kate Hartley
Acting Director

APPLICANT INFORMATION

YOUR NAME

DATE OF BIRTH

First Name Middle Name Last Name MM/DD/YY

How many people are in your personal household?

What is the total annual household gross income (total before taxes) from all sources for everyone in your household? \$

YOUR ADDRESS

All primary applicants must provide an address.

If you are homeless, provide either the shelter address or an address close to where you stay.

<p>Residence Address We cannot accept a PO box here.</p> <p>_____ Street No. Street Name Street Type Unit</p> <p>_____ City State Zip Code</p>		<p>Mailing Address (if different from residence address – you may use a PO box)</p> <p>_____ Street No. Street Name Street Type Unit</p> <p>_____ City State Zip Code</p>	
<p>Your Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p>_____ (Area Code) Phone Number</p>		<p>Second Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p>_____ (Area Code) Phone Number</p>	
<p>Your Email (leave blank if you don't have one)</p> <p>_____</p>			

YOUR LIVING SITUATION

Which best describes your situation in the last 30 days?

<p><input type="checkbox"/> I live in stable housing. <input type="checkbox"/> I live in transitional housing.</p> <p><input type="checkbox"/> I'm in another temporary housing situation.</p> <p>How much is your rent per month (or program fee if in transitional housing)? \$ _____</p> <p>Do you currently receive a rent subsidy? If so, how much is it? \$ _____</p>	<p><input type="checkbox"/> I'm homeless and not paying rent.</p>
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WHO CAN WE CONTACT IF WE CANNOT REACH YOU? (optional)

First Name Last Name (Area Code) Phone Number Email

Street # Street Name Street Type Unit City State Zip Code

How Do You Know This Person?

Family Member Friend Other _____

Social Worker or Housing Counselor - NAME OF AGENCY: _____

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HOUSING SUPPORT

Please indicate the type of support you're seeking (select one or both). If you don't select either, we'll assume you're interested in both.

YES, I'm interested in Rental Subsidies

Most available (full) subsidies allow the recipient to simply pay a portion of their monthly income (usually 30%) toward rent, but the total monthly rent must fall below allowable maximum rent caps. Other subsidies, noted below, provide a flat monthly amount to the recipient. Note of course that eligibility criteria and amount of financial assistance may vary. Please see detailed descriptions of each subsidy on the Plus Housing website at www.sfmohcd.org/plus-housing.

Please check any of the following specific subsidies you DON'T want (they will not be offered to you):

Full Subsidies

- NOT a full HOPWA Subsidy (managed by MOHCD)
- NOT a Section 8 Voucher (MOHCD and San Francisco Housing Authority)
- NOT a full General Fund Subsidy (San Francisco AIDS Foundation (SFAF) and Dept. of Public Health (DPH))

Partial/Shallow Subsidies

- NOT a partial (up to \$400) General Fund Subsidy (SFAF and DPH)
- NOT a partial (up to \$250) HOPWA Subsidy (Catholic Charities)

YES, I'm interested in Supportive Housing Units

These are units in affordable housing buildings throughout San Francisco with a range of on-site supportive services that vary by building site. Note of course that eligibility criteria may vary. Please see detailed descriptions of each building on the Plus Housing website at www.sfmohcd.org/plus-housing.

Please check any of the following specific units you DON'T want (they will not be offered to you):

Bayview/Hunter's Point

- NOT Bayview Commons – 4445 Third St.

Bernal Heights/Mission

- NOT Planetree Housing – 154 Coleridge St.
- NOT Baker Places 214 Dolores – 214 Dolores St.
- NOT Apollo Hotel – 422 Valencia St.

Civic Center/Mid-Market

- NOT Derek Silva Community – 20 Franklin St.

Duboce Triangle/Haight Ashbury

- NOT One Church – 1 Church St.
- NOT Baker Supported Living – 1761 Page St.

SOMA

- NOT A Woman's Place – 1049 Howard St.
- NOT Dudley Apartments – 172 Sixth St.
- NOT Mission Creek Senior Community – 225 Berry St.
- NOT Rene Cazenave Apartments – 25 Essex St.
- NOT Rich Sorro Commons – 150 Berry St.
- NOT 8th and Howard – 1190 Howard St.

Tenderloin

- NOT Alexander Residence – 230 Eddy St.
- NOT Ellis Street Apartments – 864 Ellis St.
- NOT West Hotel – 141 Eddy St.

SUBSIDY AND HOUSING CHOICES

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TERMS

Consent to Terms and Agreement to Share Information

If your application is a top-priority application according to the program criteria, all of the information you provided will be verified to confirm your eligibility for the program, and you will be required to provide additional information, including proof of your health status, and income and rent documentation. Confirmed applicants will be referred to a housing case worker for a brief assessment to ensure placement with an appropriate housing resource. Please note that certain housing resources may have additional eligibility criteria for which you may be required to provide additional information.

By signing (electronically or in print) below, I hereby agree to provide the information required above when requested, declare that all the information provided is true and accurate to the best of my knowledge, and acknowledge that **any false statements will result in the removal of my application from consideration.** In addition, I hereby acknowledge and consent to the San Francisco Mayor's Office of Housing and Community Development (MOHCD) sharing the information provided in this application form, including personal information, with authorized personnel (only) of MOHCD's Plus Housing partners, and only as needed to process my application. For a current list of those partners, please see www.sfmohcd.org/plus-housing-partners. This consent remains in effect until withdrawn in writing by letter to MOHCD.

This application does not guarantee housing or subsidy placement.

SIGNATURE

PRINTED NAME

DATE

How did you hear about Plus Housing? Counselor MOHCD Website Flyer Friend Other _____

Help us ensure we are meeting our goal to serve all people

These *optional* questions will not affect your housing eligibility. Answers are confidential and used only for statistical purposes.

<p>Which best describes your gender? (Check one that best describes your current gender identity)</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer/Gender Non-binary</p> <p><input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male</p> <p><input type="checkbox"/> Not listed – please specify: _____</p>	<p>Which was your sex at birth? (Check one)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>Which best describes your sexual orientation or sexual identity? (Check one)</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay/ Lesbian/Same-Gender Loving</p> <p><input type="checkbox"/> Questioning/Unsure</p> <p><input type="checkbox"/> Straight/ Heterosexual</p> <p><input type="checkbox"/> Not listed - please specify: _____</p>
<p>Which best describes your ethnicity? (select one)</p> <p><input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino</p>		
<p>Which best describes your race? (select one)</p> <p><input type="radio"/> American Indian/Alaskan Native</p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> Black/African American</p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> White</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Asian <i>and</i> White</p> <p><input type="radio"/> Black/African American</p> <p><input type="radio"/> Black/African American <i>and</i> White</p> <p><input type="radio"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="radio"/> Other/Multiracial</p> <p><input type="radio"/> White (Caucasian)</p>		

